

## WELCOME

to Hebrew SeniorLife "BASICS."

This newsletter has been developed to help you meet some of the basic requirements for mandatory education. These topics are required by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), the Massachusetts Department of Public Health, and the Occupational Safety and Health Administration (OSHA). In order to satisfy your safety requirements, you must read this newsletter, complete the Post-Test, and return it to your supervisor for scoring. If you have any questions, please contact your supervisor for assistance.

**NOTE:** You are accountable for the information in this newsletter.

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## INFECTION CONTROL — Is Everyone's Responsibility

**STANDARD PRECAUTIONS** are to be used in the care of all patients regardless of their diagnosis or presumed infectious status. We treat all patients/residents/co-workers as if they have the potential to spread infection to others.


1. Wash your hands for at least 15 seconds with soap and water when hands are visibly soiled or when you are taking care of someone with a diarrheal type disease like *Clostridium difficile* or Norovirus (see Infection Control policy for procedure). If hands are not visibly soiled, use an alcohol-based waterless antiseptic agent on your hands and allow to air dry.

### Wash Hands:

- Between patient contacts
- Before donning and after removing gloves
- When entering or leaving a unit

- Upon entering and leaving a patient's/resident's room
  - Before and after touching a patient/resident or their environment (e.g., bed rails, light switch, doorknob)
  - After handling potentially contaminated items
  - After using the restroom
  - Before performing invasive procedures
  - Before eating, drinking or handling food
  - After coughing or sneezing into your hands or a tissue
2. Wear gloves when contact with blood or body fluids is likely. Put on clean gloves just before contact with non-intact skin or



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## Keeping Our Residents Safe

Hebrew SeniorLife is entrusted with ensuring that all our residents receive the highest quality of life and care, and are protected from all forms of abuse. Hebrew SeniorLife ensures the above through the establishment and implementation of policies and procedures related to the reporting and investigation of abuse alleged by residents, residents' families, visitors, volunteers and staff. As an employee/ student/volunteer at HSL, it is your responsibility to review the policies related to this topic. It is also the

responsibility of all employees to review the booklet that is included in your Human Resource packet titled **"Keeping Our Residents Safe."**

The federal government initiated the OMNIBUS Budget Reconciliation Act in 1987 to mandate that elders receive care in a manner and setting that maintains or improves each person's quality of life. The program protects and promotes elder rights.

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## SAFETY AND SECURITY

Safety and Security is responsible for all security, life safety, and parking. Please feel free to contact us if we can be of assistance in any way.

**Emergency - 49911 - Dedham**

**Emergency - 911 - Roslindale  
(house phone)**

**Emergency - 911 - Orchard Cove**

### Services provided by Safety and Security:

- Safety/Security
- Report Safety Hazards
- Fire Safety Training
- Parking
- Emergency/Disaster Preparedness
- Investigations

### Fire Safety

A fire emergency requires a quick, systematic response to ensure a positive outcome. Any and all fire alarms or smoke/ fire situations must be taken seriously and treated as an actual alarm by all employees.

### Fire Extinguishers

Pull the pin.

Aim the handle to discharge material.

Squeeze the handle to discharge material.

Sweep the hose across the base of the fire from side to side.



### Fire Response

Employees should use the acronym "RACE" to remember the immediate response expected upon the discovery of a smoke/fire situation or announcement of a fire alarm.

**R**emove persons in immediate danger.

**A**lert - sound the alarm by dialing emergency phone number and activate a pull station. Yell **CODE RED** to alert your co-workers to the situation.

**C**ontain the problem. Close and latch all doors and windows. Stay where you are, or proceed to the nearest assembly area.

**E**xtended Response - Await further instructions regarding evacuation.

### Announcements

You will know a fire alarm has sounded when strobe lights begin to flash, and a voice announces exact location.

Please familiarize yourself with the fire alarm locations posted in your work area for clarification. When a situation has been concluded and deemed closed by the fire department, you will hear an announcement of "Alarm in Progress - All Clear." This means essentially that everything is fine, and operations can return to normal. As stated above, an "Extended Response" may also be announced if an evacuation is necessary. Follow the instructions of responding personnel.

### Rules of Thumb

- Know your surroundings. Familiarize yourself with the locations of the emergency exits, pull stations, phones, and fire extinguishers in your area.
- Know what the alarm system announcement is for your work area and other areas you may frequent around the hospital.
- Treat every alarm as real until the "All Clear" announcement has been made. You should be prepared for anything that may arise as a result of the alarm, including an "Extended Response" situation.
- Know what is expected of you in a fire emergency, including any special assignments and what they entail.

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## ARE YOU PREPARED FOR A DISASTER OR EMERGENCY?

It is vital that all employees know emergency procedures and what actions are expected of them in the event of either an external or internal event that qualifies as a disaster. Such incidents include, but are not limited to loss of telephones or internal paging systems, fire emergencies, bomb threats, loss of utilities, flooding, etc. HSL also has mutual aid agreements in place with other area hospitals to take on patients in the event that a disaster in the surrounding metro area occurs. There are guidelines in place that dictate the response to such situations. These are available in the HSL's Administrative Policy Manual.

Employees must know what is expected of them in a disaster or emergency situation.

If you are uncertain what your response should be, please contact your supervisor or a member of Safety & Security for clarification.

### LOSS OF UTILITIES

Utility systems within the facility include the following:

- Electricity
- Emergency Power/Generator
- HVAC System
- Water and Plumbing
- Oxygen
- Telephones



All utilities have back-up systems in the event of a loss of service. Should you experience a loss of utilities, immediately notify the HRC Engineering Department and the Security Department in Dedham and Roslindale for assistance. At Orchard Cove, notify the Front Desk which will notify the specific departments. Periodic checks of all areas will be conducted to ensure that staff have the necessary equipment to fulfill their responsibilities.

## EMERGENCY PROCEDURES CODES

Dial 49911/Dedham, 911/Roslindale, 911/Orchard Cove to activate the appropriate emergency procedure\*

Communicate the **"COLOR"** of the emergency using the definitions below. Repeat the **"COLOR"** and location of the emergency to the operator.\*\*

### Orchard Cove Codes

\* **Code RED** - Fire (entire facility)

\*\* **Code BLUE** - Skilled nursing only.

### DEFINITIONS: (all codes for Dedham and Roslindale)

**Code RED** - Fire alarm and response procedures.

**Code BLUE** - Activates CPR or Advanced Life Support procedures.

**Code SILVER** - Person with a weapon/hostage.

**Code BLACK** - Tornado/high winds procedure.

**Code ORANGE** - Activates bomb threat procedures.\*

**Code GREY** - Behavior/Psychiatric emergency.

**Code YELLOW** - Activates medical assistance procedures.

**Code AMBER** - Activates elopement procedures.

**Code PURPLE** - Activates Facility lockdown procedures.

**Code ALERT** - Activates Emergency operations plan. All assigned staff report to assigned areas.

**Operation EGRESS** - Activates evacuation plan procedures.

**STAT Page** - Activates assistance from the requested department.

**Orchard Cove Emergency Response** - Any emergency excluding Code Red or Code Blue.



\*See page 15 for details.

mucous membranes. Clean hands between patients.

3. Use mask, eye and gown protection when a splash/spray of blood or other body fluids is likely.

4. Wear a gown if splashing of blood or other body fluid is likely.

5. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation.

6. Handle used patient-care equipment that is soiled with blood or body fluids in a manner that prevents the spread of infection. Clean and disinfect (with Super Sani-Cloth germicidal wipes (purple tops) or Clorox bleach wipes (blue tops) on reusable equipment before it is used again on another patient.

7. Discard used disposable items in the regular trash container. Items that are soaked with blood should be disposed of in the bio-hazard red bag as infectious waste.

8. Clean up blood and other infectious materials promptly. A blood spill clean-up kit is available on each nursing unit in the clean utility room.

9. Handle and transport soiled linen in a manner that prevents skin and mucous membrane exposure. Place the dirty or wet linen directly into the linen hamper; do not let soiled linen touch your clothing or the floor. The outside of the linen hamper is considered clean; the inside is considered dirty.

10. Do not wear gloves or gowns in the hallways.

11. Use the IV needleless system to prevent sharps injuries. When giving injections or drawing blood,

use the Vanish Point retractable syringes.

12. Discard syringes and needles in the puncture-resistant sharps container immediately after use. Change the needle box when it is  $\frac{3}{4}$  full, place in red bag and label. **In Roslindale and Dedham, dispose of bag in a locked area in Central Stores. For Orchard Cove, the labeled, red bags are locked in the Dirty Utility Room. Housekeeping should be notified for pickup and bag will be brought to a locked holding area near the receiving door in the basement level.**

13. Know where the Infection Control/Exposure Control Plan is located on the CenterNet.

14. Know where gloves, masks/face shields and gowns are located in your work area, and know how to use them correctly. Dispose of personal protective equipment in the regular trash before leaving the patient's room.

15. For transport, place potentially infectious materials in a container that prevents leakage and is marked with the **BIOHAZARD** label.

16. If an occupational exposure to blood or other potentially infectious material occurs:

- Wash the area with soap and water immediately.
- Report promptly to your supervisor. Do not wait until the end of your shift.
- Fill out work-related incident report.

Report to HRC Occupational Health or Clinical Coordinators or supervisors at Orchard Cove for a confidential evaluation and exposure control plan. (Blood borne pathogens may

enter your body through a puncture in your skin, contaminated needles, mucous membranes, and open cuts or abrasions).

17. Do not eat, drink, apply cosmetics, or handle contact lenses in areas where there is a likelihood of occupational exposure.

18. If you haven't been vaccinated yet, get vaccinated now! Hepatitis B vaccine is a safe and effective means of preventing Hepatitis B infection. The vaccine is available through HRC Occupational Health and Director of Education/Infection Control at Orchard Cove to those employees who are at risk of occupational exposure to blood-borne pathogens. Remember to complete the series of three doses.

**19. HAND HYGIENE IS THE SINGLE MOST IMPORTANT WAY TO PREVENT THE SPREAD OF INFECTION.**

20. Remember, practicing good infection control protects yourself and others. Infection control and prevention is **EVERYONE's** responsibility.

### EXTENDED PRECAUTIONS:

Extended Precautions are used in addition to Standard Precautions for patients who are known or suspected of being infected with highly contagious illnesses. There are additional precautions based on the different ways the diseases can be spread.

- Airborne
- Droplet
- Contact
- Contact Plus
- Strict

Patients placed on precautions may require a **PRIVATE** room. It

is acceptable to place two patients who have the same (but no other) infection in one room.

## AIRBORNE PRECAUTIONS

- Required for patients known or suspected of being infected with measles, chickenpox, or tuberculosis.
- These germs are tiny airborne particles that can travel over long distances through air currents.
- Keep room door closed.
- A special N95 respirator mask is required when entering the room. Active TB patients are not admitted at HSL.
- Wear gloves when having direct contact with patients on airborne precautions.

## DROPLET PRECAUTIONS

- Required for patients known or suspected of being infected with Influenza (the flu), whooping cough, mumps, German measles, and certain types of bacterial meningitis.
- These germs can travel over short distances (within three feet) and may cause infection when they land in a susceptible person's eyes, nose or mouth.
- Wear a mask when providing direct care, or if you are within three feet of the patient.
- Wear gloves when touching the patient or his/her environment.
- Door to private room may remain open.



## CONTACT PRECAUTIONS

- Required for patients known or suspected of being infected by germs that can be spread by direct skin-to-skin contact or indirect contact through contaminated objects.
- Required for patients that are infected or colonized with the following: multidrug-resistant bacteria such as MRSA and VRE, hepatitis A, impetigo, scabies, lice infestation, and abscesses or wound drainage.
- Wear gloves when entering the room and wear gowns and gloves with patient care.
- Wash hands after removing gloves.
- Designate certain patient-care equipment to patients on precautions.
- Disinfect the equipment before use on other patients.

## CONTACT PLUS PRECAUTIONS

- Used when your resident/patient has *Clostridium difficile* or some other diarrheal type disease. Used in addition to standard precautions.
- You must wash your hands with soap and water after contact with the resident/patient or their environment.

**STRICT PRECAUTIONS** are used when your resident/patient has:

- VISA (Vancomycin Intermediate *Staphylococcus aureus*).
- VRSA (Vancomycin Resistant *Staphylococcus aureus*).

- KPC (*Klebsiella Pneumoniae* Carbapenemase-Producing Organisms).
- MDR (Multi-Drug Resistant *Acinetobacter*).

Consult with Infection Control if you have a resident/patient with one of these pathogens. Hand hygiene must be done by all when they enter or leave. Personal Protective Equipment (PPE) must be worn by all who enter, including family and visitors.

## TUBERCULOSIS REVIEW

- Tuberculosis (TB) is caused by *Mycobacterium tuberculosis* and is a communicable disease that is spread through the air. When a person with active TB of the lungs or throat talks, coughs, sneezes, laughs or sings, the bacteria is inhaled by a person close by. One cannot get TB by touching bed linens, doorknobs, utensils or clothing.
- The symptoms of TB include persistent cough, fatigue, fever, night sweats, coughing blood, chest pain when coughing, loss of appetite, and weight loss. Anyone can get TB, but the following groups are at higher risk: HIV-positive and immunosuppressed individuals, people sharing the same air space with someone who has active TB, new immigrants from countries where many people have active TB, people living in group facilities.

TST (Tuberculin Skin Test), formerly known as PPD, is a skin test that is used to screen for TB. OSHA



## FOOD SAFETY

Food safety is the handling, preparation, and storage of food in ways that prevent illness. This includes a number of routines that should be followed to avoid potentially severe health hazards. Food can transmit disease from person to person as well as cause food poisoning.

There are four basic guidelines for food safety:

**1. Clean** - Wash hands for 20 seconds before and after touching food and keep preparation surfaces clean. Red top germicidal wipes may be used in the kitchen for cleaning preparation surfaces. Always wash hands with warm, soapy water, before handling food, after handling food, after using the restroom, after changing a diaper, after tending to a sick person, after blowing your nose,

and after coughing or sneezing. If your hands have any kind of skin abrasion or infection, always use clean disposable gloves and make sure to wash your hands after removing the gloves.

**2. Separate** - Don't cross-contaminate. Keep meats away from produce and anything you will be consuming without cooking. Never put cooked food on a plate that held raw meat, poultry or seafood.

**3. Cook** - Cook to proper temperatures: Keep hot food hot — at or above 140 °F. Always use a meat thermometer to make sure foods are cooked long enough to kill harmful bacteria. Place cooked food in chafing dishes, preheated steam tables, warming trays, and/or slow cookers.

**4. Chill** - Refrigerate food promptly at 40 °F or lower; freeze at 0 °F or lower. Place food in containers on ice. Never leave food out of refrigeration over 2 hours. If the temperature is above 90 °F, food should not be left out more than 1 hour.

Handling food safely will ensure the quality of food and enhance the dining experience and it will preserve the fullest nutritional benefits. Proper food handling is the responsible thing to do. It will save money, prevent illness and possibly save a life.



## GAIT/TRANSFER BELT PROCEDURES

### Indications:

1. For all contact guard or supervised transfers only.
2. When assisting a resident in ambulation.

### Equipment:

Multi-handled gait/transfer belt.

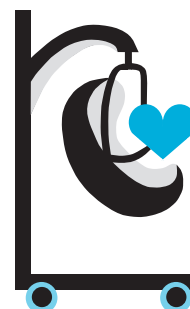
### Procedure:

1. Explain the procedure to the resident. Wash your hands and assemble the equipment.
2. Assess the resident's skin in the area where the belt is to be applied. Note any fragile or broken skin. Be aware of any recent rib fractures, ostomy appliances, or abdominal surgery.

**Note: Belt should never be in direct contact with the resident's skin.**

3. Place the belt around the resident's waist, with the buckle in front. If needed, the belt can be placed across the upper chest, being careful it does not move and touch the head or neck. Women with large breasts should have the belt placed below their breasts, not over them. Belts are resident specific. Each person should be fitted for their own belt. Belts should never be shared.
4. Make sure the belt is snug around the waist.

5. Once the belt is in place, provide the necessary supervision for transfer or ambulation using the belt for safety.
6. Remove the belt after the activity. Hang the belt on the hook behind the door to the resident's room.
7. Launder when soiled according to Safe Patient Handling instructions.



## HAZARDOUS CHEMICALS/COMMUNICATIONS

Hazardous chemicals are located throughout the facility. As an employee, it is important that you understand your responsibilities when working with hazardous chemicals. By doing so, you are protecting our patients, yourself, and fellow employees from potential injury.

OSHA's Hazardous Communication Standard is designed to protect employees from exposure to hazardous chemicals in the workplace. A main component of the hazardous communication standard (often referred to as **The Right To Know**) are **Material Safety Data Sheets**. Employees need to know the term **MSDS** and where the MSD sheets are located (in Central Stores - Roslindale/Dedham and at Orchard Cove in all departments).

MSDS contain pertinent information on hazardous substances such as chemical names, hazardous ingredients, precautions for safe use, required safety equipment for use, first aid procedures, and spill and disposal procedures. The standard also requires that personal protective equipment be available when working with each chemical.

Each chemical should be labeled, including **the name of the chemical, name/address of the manufacturer, and physical/health hazards of the chemical.**

**If a chemical spill occurs, and the spill is such that it cannot be cleaned up by the department personnel and represents a potential threat, report the incident by immediately calling emergency number and stating "CODE HAZMAT".**

**\* 49911 - Dedham  
911 - Roslindale  
911 - Orchard Cove - Front Desk will notify engineering/maintenance Department.**

When calling, please give exact location

**REMOVE** anyone in immediate danger of the accident.

**CONTAIN** the spill by closing any doors leading to the area. Do not allow unauthorized personnel into the area.

**EVACUATE THE AREA.** The hazardous material management emergency response team determines if evacuation is necessary.

## ELECTRICAL SAFETY

Use electrical safety to help protect patients and staff from electrical shock injury.

Do not use damaged electrical equipment. Immediately take the equipment out of service and report the hazard to your supervisor and the Bio-Medical Engineering Department.

Do not use extension cords unless approved by the Engineering Department.

Do not place electrical instruments on metal carts or near sinks.

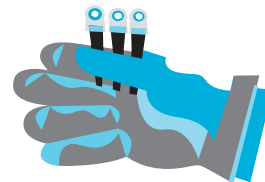
Remove cords from the outlet; do not pull the cord.

Do not touch a patient and an electrical appliance at the same time, and keep as far away from the patient's bedside as possible.

Use the shortest possible power cord with any device. The longer the cord, the greater the risk for leakage. Always check the power cord on a patient's electrical equipment and remove if cords are damaged or frayed.

## LATEX ALLERGIES

Latex is a milky fluid that comes from the rubber tree. It is used to make the thousands of rubber products that we use every day. Improperly leached latex can contain proteins that can cause mild to severe allergic reactions in some people. Health-care workers are at special risk for developing latex allergies due to their frequent glove use. At HSL, we have used powder-free vinyl gloves for general use since 1995. Latex gloves are used for invasive procedures only. We screen all products for latex and, whenever possible, choose latex-free. This includes latex balloons. Only mylar balloons are allowed at HRC and Orchard Cove Skilled Nursing unit. If you have questions regarding the use of latex, please refer to CenterNet, Policy and Procedure HRC Administration Latex Policy .



## OXYGEN DELIVERY SYSTEMS

### Integrated portable oxygen delivery system.

Portable oxygen cylinders are designed for safe handling with a user friendly tool less system.

Always grab cylinders by grip handle. Cylinders are made of lightweight aluminum and must be stored either in a portable carrier or storage rack.

Flow selector dials are designed for easy access and viewing.

Always check cylinder gauge (angled gauge for easy viewing).

Turn cylinder on by slowly opening cylinder valve.

(+) means open

(-) means close

**CYLINDERS SHOULD ALWAYS BE TRANSPORTED IN AN APPROPRIATE CARRIER.**

### Personal Oxygen Systems.

Some systems are designed to store and deliver oxygen at prescribed rates. These systems consist of portable units and a liquid oxygen reservoir base. (Refer to filling guide for fill instructions if applicable at your site).

#### Use of oxygen system:

- Check contents of reservoir base by pressing blue button to ensure there is enough oxygen for filling purpose.
- Position portable unit over the recessed area on top of reservoir.
- Lower portable unit into place, ensuring fill connections are properly aligned.
- Place both hands on top of portable unit, pressing straight down over fill connection.
- While holding portable unit in fill position, pull and hold vent valve

lever in open position (a hissing noise is noticeable).

- Fill time is usually 60-80 seconds, depending on amount of oxygen remaining in portable.
- When a change in the sound of venting occurs, followed by a dense white vapor around reservoir cover, **do not touch** parts that have been in contact with liquid oxygen (liquid oxygen is extremely cold – 297degrees Fahrenheit/-183 degrees Celsius). Close portable unit vent valve by returning to upright position.

#### CAUTION:

If vent valve fails to close and hissing continues, remove portable by depressing the release button on the reservoir.

Ensure the reservoir is in upright position and not tipped. Portable will stop venting in a few minutes. Allow the portable to warm until you can close the vent valve.

## BLOODBORNE PATHOGEN EXPOSURE REMINDERS

Report **ALL** exposure to bloodborne pathogens to your supervisor. Clean the exposure site **ASAP**.

**Exposures known to pose a risk for bloodborne pathogens include:**

- Needle (or other sharps) stick
- Splash on mucous membrane
- Splash on non-intact skin
- Bites which draw blood

**The larger the volume of blood, the more risk of transmission.**

**Body fluids known to be *infectious*:**

- Blood
- Any fluid with visible blood
- Semen
- Vaginal secretions
- Breast milk
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Pericardial fluid
- Peritoneal fluid
- Amniotic fluid

**Body fluids known to be *non-infectious* (unless visibly bloody):**

- Tears
- Saliva
- Urine
- Feces
- Sweat
- Emesis

Due to our needle-less system and safety syringes, the number of annual exposures is very small. Any questions, please call the **HRC Occupational Health Department** or the **Orchard Cove Director of Education/Infection Control**.



## YOUR HEALTHY BACK

Frequent causes of back problems are poor posture, failure to use safe patient handling equipment, preventing resident/patient falls, stressful living and work habits, accidents, loss of flexibility, and decline of physical fitness. Incorporating the following tips into your work habits and lifestyle may help significantly reduce your chances of back injury.

**1. Use safety equipment for lifting and moving, including dollies, pallet jacks, and safe patient handling equipment!**

**2. Do not try to prevent a resident/patient from falling by holding him up or trying to “catch” the resident/patient when he is falling. During a fall, lower or slide the resident/patient to the floor. Use the lift to move the resident/patient from the floor to the chair, bed, or stretcher.**

**3. Do not manually lift a resident/patient who has fallen. Use a lift (i.e., Ceiling Lift, Maximove, Tempo or Tenor) to move the resident/patient from the floor to the chair, bed, or stretcher.**

**4. Practice good posture!**

- Sit close to your work.
- Sit on a chair that is low enough to place both feet on the floor.
- Use a chair that supports your lower back in a slightly arched position.
- Maintain good posture while driving.

- Put one foot up and change position often when standing for long periods of time.
- Work at a comfortable height.
- Stand on a cushioned mat.
- Sleep on a mattress that is firm, but not too hard.
- When getting out of bed, roll to one side and sit up, using your arms to help.

**5. Integrate ergonomic principles into your everyday work routine.**

- Clear your work area.
- Test the load before lifting; get help if too heavy.
- Keep weight close to body and stand straight up.
- Use proper lifting technique to get weight in close and maintain a wide, balanced base of support.
- You can push twice as much as you can pull.
- Pivot with your feet, don't twist.
- Interrupt or change stressful positions frequently.
- Keep your head high, chin tucked back slightly arched or in a neutral position. Use your stronger leg muscles to do the lifting.



**6. Improve your flexibility!**

Strengthened chest and shoulder muscles counteract the forward head, slumped sitting positions.

- Stretch lower back muscles if your back is stiff when trying to bend forward.
- Stretch abdominal or lower back muscles if you have a flat back or if you are stiff.

**7. Strengthen muscles that are important for good posture.**

- Strengthen the quadriceps muscles (the muscle in the upper part of the leg).
- Strong quadricep muscles help extend the legs from a squat position. These muscles are especially important for lifting.
- Strengthen back muscles. Weak back muscles contribute to a flat back posture.

**8. Improve overall physical fitness and decrease stress!**

- Regular exercise is the single most important thing that you can do to have a healthy back.
- Exercise promotes mental well-being.
- Flare ups in back pain occur at periods of increased stress.

## WHAT YOU NEED TO KNOW - MUSCULOSKELETAL DISORDERS

In accordance with regulations outlined by OSHA, HSL is required to provide this information to employees. Ergonomics is the science of fitting jobs to the people who work in them. The goal of an ergonomics program is to reduce work-related musculoskeletal disorders (MSDs) developed by workers when a major part of their jobs involve reaching, bending, lifting heavy objects, using continuous force, working with vibrating equipment, and completing repetitive motions.

### What are MSDs?

MSDs are injuries and illnesses that affect muscles, nerves, tendons, ligaments, joints or spinal discs. Your health-care provider might tell you that you have one of the following common MSDs: carpal tunnel syndrome, Raynaud's phenomenon, trigger finger, low back pain, tendonitis, DeQuervain's disease, herniated spinal disc, epicondylitis, tension neck syndrome, carpet layers' knee, rotator cuff syndrome, hand-arm vibration syndrome, or sciatica.

### What are the signs and symptoms of MSDs that you should watch out for?

Workers suffering from MSDs may experience reduced strength for gripping, loss of range of motion, loss of muscle function, and an inability to do everyday tasks.

### Common symptoms include:

Painful joints; pain in wrists, shoulders, forearms and knees; pain, tingling or numbness in hands or feet; fingers or toes turning white; shooting or stabbing pains in arms or legs; back or neck pain; swelling or inflammation; stiffness; or burning sensation.

### What causes MSDs?

Workplace MSDs are caused by exposure to the following risk factors:

- **Repetition:** Doing the same motions over and over places stress on the muscles and tendons. The severity of risk depends on how often the action is repeated, the speed of the movement, the number of muscles involved, and the required force.
- **Forceful Exertions:** Force is the amount of physical effort required to perform a task (such as heavy lifting) or to maintain control of equipment and tools. The amount of force depends on the type of grip, the weight of an object, body posture, the type of activity, and the duration of the task.
- **Awkward Posture:** Posture is the position your body is in. It affects muscle groups that are involved in physical activity. Awkward postures include repeated or prolonged reaching, twisting, bending, kneeling, squatting, working overhead with your hands or arms, or holding fixed positions.

■ **Contact Stress:** Pressing the body against a hard or sharp edge can result in too much pressure on nerves, tendons and blood vessels. For example, using the palm of your hand as a hammer can increase your risk of suffering an MSD.

■ **Vibration:** Operating vibrating tools such as sanders, grinders, chippers, routers, drills and other saws can lead to nerve damage.

### What is the OSHA Ergonomics Standard?

OSHA standards require employers to respond to employee reports of work-related MSDs or signs and symptoms of MSDs that last seven days after they are reported.

If your employer determines that your MSD, or MSD signs or symptoms, can be connected to your job, your employer must provide you with an opportunity to contact a health-care professional and receive work restrictions, if necessary. Your wages and benefits must be protected for a period of time while on modified duty or temporarily off work to recover. Your employer must analyze the job and, if MSD hazards are found, take steps to reduce those hazards.



## PATIENT CONFIDENTIALITY



Protecting the confidentiality of our patients' and residents' information is the responsibility of all employees.

This is not only required by law; it is what we would want if we were residents or patients.

Congress passed **HIPAA (Health Insurance Portability and Accountability Act)** in 1996. This law established very specific rules about how patient's health information can be used and to whom it can be given. Mandatory compliance with this law began April 2003. HSL continues to work to make sure safeguards are in place. All residents/patients who are admitted to HSL receive a written "Notice of Information Practices" brochure. This docu-

ment describes in detail residents'/patients' rights related to disclosure of their medical information.

We must continue to be vigilant in avoiding any verbal breaches in confidentiality by avoiding elevator, corridor and cafeteria conversations about residents/patients or their families.

Clinical information given out over the phone should be limited to that which is essential for patient care and only to those individuals who have a right to know this information.

Faxing confidential information should be conducted in the same manner. It is important to alert the recipient that the material requested is being faxed and to use a fax cover sheet. Individuals who receive faxes must be aware of this process as well. If they are not at

the fax when it is sent, make sure that the fax machine is secure so that information will not be unattended.

Computers should not be left with patient information screens in view. Passwords must be changed every 90 days.



## HEALTH INFORMATION MANAGEMENT

**HIPAA**, requires the protection of health information.

**Its major focus is to:**

- Provide "portability" of health insurance coverage for workers and their families when they change/lose their jobs.
- Reduce health-care fraud and abuse.
- Guarantee security and privacy of health information.
- Standardize electronic transactions in health care.

**Patients have the right to:**

- Request restrictions on how we use or disclose their medical information.
- Inspect and copy their medical information.
- Amend their medical information if they need to make additions or corrections.
- Receive an accounting of disclosures of their medical information for purposes other than treatment, payment or health-care operations.

HIPAA requires the designation of a privacy officer. The HSL Privacy Officer is the Director of Health Information Management Systems.



# UNLAWFUL DISCRIMINATION, HARASSMENT, AND RETALIATION

Hebrew SeniorLife is committed to promoting a workplace free of discrimination, harassment and retaliation. Discrimination and harassment is a violation of HSL policy and is unlawful. Therefore, such conduct against one's race, color, creed, gender, religion, age (40 and above), national origin or ancestry, physical or mental disability, sexual orientation, genetic information, veteran status, any military service or application for military service or any other classification protected by federal or state law is unacceptable in the workplace.

Retaliation is a violation of HSL policy and is unlawful when directed at an individual who has complained about discrimination or harassment or who has participated in an investigation of a complaint. HSL takes all complaints of discrimination, harassment and retaliation seriously and will promptly investigate and when warranted, take appropriate steps to remedy the situation. A detailed explanation of your rights, the complaint process and the steps that HSL will take in response to any report of harassment or discrimination is set forth in HSL's Non-Discrimination and Harassment Policy and its Sexual Harassment Policy, which can be accessed by Centernet or your employee handbook. Copies of these policies may also be obtained through HSL Human Resources as well as the Director of each of HSL's facilities.

## Discrimination and Harassment

Any conduct that creates a hostile, offensive, intimidating or humiliating workplace environment is prohibited. Harassment is physical, visual or verbal conduct that denigrates or shows hostility or aversion toward an individual. Examples of harassment include, but are not limited to, written, oral or visual epithets and slurs; negative stereotyping; threatening, humiliating or intimidating conduct.

Discrimination includes, but is not limited to the following: the termination or refusal to hire an individual, or an adverse employment action against any individual in matters relating to compensation,

terminations, conditions, or privileges of employment because of his or her protected class.

## Sexual Harassment

Sexual Harassment means unwelcome sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature by the employees and non-employees (e.g. vendors, volunteers, residents and visitors) and can occur to persons of either sex and/or between the same or opposite sex when:

a. Submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of employment or as a basis for employment decisions (i.e. hiring, terminations, and promotions) or;

b. Such advances, requests or conduct, whether intended or not, have the purpose or effect of unreasonably interfering with an individual's work performance by creating an intimidating, hostile, humiliating or sexually offensive work environment. Under these definitions, direct or implied requests by a supervisor/manager for sexual favors in exchange for actual or promised job benefits such as favorable reviews, salary increases, promotions, increased benefits, or continued employment constitutes sexual harassment.

Sexual harassment may occur regardless of the intention or the gender of the person engaging in the conduct. While it is not possible to list all those circumstances that may constitute sexual harassment, the following are some examples of conduct which if unwelcome may constitute sexual harassment depending upon the totality of the circumstances including the severity of the conduct and its persuasiveness:

- Unwelcome sexual advances, whether they involve physical touching or not;
- Sexual epithets, jokes, written or verbal references to sexual conduct, gossip regarding one's sex life; such as comment on an individual's body, comments about an individual's sexual activity, deficiencies, or prowess;

- Displaying sexually suggestive objects, pictures, cartoons;
- Unwelcome leering, whistling, brushing against the body, sexual gestures, suggestive or insulting comments;
- Inquiries into and discussions of one's sexual experiences;
- Inquiries into and discussions of one's sexual activities;
- Inappropriate e-mails of a sexual nature.

Sexual harassment in the workplace is unlawful and will not be tolerated. HSL takes allegations of sexual harassment seriously and will respond promptly to complaints of sexual harassment. HSL will act promptly to eliminate the conduct and take appropriate corrective action. Violations of this policy constitute gross misconduct and may lead to disciplinary action up to and including termination. Furthermore, any retaliation against an individual who has complained about sexual harassment or against individuals for cooperating with an investigation of sexual harassment complaint is similarly unlawful and will not be tolerated. Retaliation of any sort may lead to disciplinary action up to and including termination.

## Retaliation

Retaliation against an individual for reporting a complaint of discrimination or harassment or for participating in an investigation conducted by HSL or by an external administrative agency is strictly prohibited. Retaliation may occur as harassment of an individual, or it may occur in the form of a negative employment action, such as a demotion or termination.

## Reporting Concerns of Harassment, Discrimination or Retaliation

### INTERNAL REPORTING:

Any employee who believes that he or she has been subjected to unlawful discrimination, harassment (including sexual harassment), or retaliation should

## WORKERS' COMPENSATION EMPLOYEE INJURY GUIDE

### Steps to follow immediately after an injury:

- If you are injured on the job, report the injury to your supervisor and/or manager no matter how minor. **DO NOT TRY TO BE YOUR OWN DOCTOR!** The new Employee Accident Report forms\* are found on the Center Net under Occupational Health.
- **You must record the injury on the Employee Accident Report form** and your supervisor must forward the report to HRC Occupational Health or Director of Human Resources at Orchard Cove.
- **If medical attention is necessary,** HRC employees may be seen in HRC Occupational Health during the week day. HRC "Off-shift" employees should go to the emergency room at the designated local hospital. Orchard Cove employees should go to Milton Hospital or their own hospital for treatment.
- If seen in HRC Occupational Health, the Nurse Practitioner will complete an Employee Work Clearance form (found on the CenterNet under Occupational Health). The employee must give this form to his or her supervisor. If the employee is seen at the designated hospital ER, the physician will complete the Employee Work Clearance form. The employee must give this form to his or her supervisor.

\*Formerly known as Incident Reports

*Just a reminder! Employees should always bring any additional Emergency Room treatment notes to HRC Occupational Health or OC Director of Human Resources. This is also true of employees who wish to be seen by their primary care physician.*

- **HRC Occupational Health** nurse or Orchard Cove Director of Human Resources will review the medical information from your health-care provider and make every effort to return you to a "light or modified" work schedule if your work restrictions can be accommodated.

### OUTPATIENT SERVICES - PT

- **Workers' Compensation and Family and Medical Leave Act (FMLA) leave run concurrently.** If you will be out of work more than five days, an FMLA form and medical certification from your treating physician must also be completed.
- **Please remember to avoid further injury.** It is important that you follow your doctor's restrictions both at home and on the job.
- **Out-of-pocket expenses** related to workers' compensation injury are paid for and/or reimbursed by HSL's workers' compensation program.



*Just a reminder! SAVE YOUR RECEIPTS and submit them to Human Resources for reimbursement. (e.g., taxi or parking at hospital, prescriptions, etc.). We cannot reimburse employees without receipts.*

- **Create an agreeable "check-in-schedule"** with your supervisor/manager to keep him or her updated on your progress. The key to a seamless process is maintaining communication with HSL personnel.

### What happens to my benefits eligibility while I am on Workers' Compensation?

An employee covered by health and/or life and long-term disability insurance benefits will continue to be eligible while on Workers' Compensation for a period of up to six months following the last day worked. Contributions will be continued for six months as long as the employee pays his or her required contribution. After six months, an employee may continue coverage in the applicable insurance plans by paying the full premium directly to HSL by the first of each month.



**Physical abuse** is the willful infliction of injury, unreasonable confinement, or punishment resulting in physical harm, pain or mental anguish.

**Verbal abuse** is the willful infliction of intimidation or demeaning verbal tone resulting in mental anguish.

**Neglect** is the failure to provide necessary goods and services, which causes physical harm or mental anguish.

**Misappropriation of valuables** is the deliberate misplacement, exploitation or wrongful temporary or permanent use of resident/patient belongings or money without consent.

The residents/patients with the highest risk of receiving abuse are those who themselves are physically or verbally abusive, or who are resistant to care.

Possible causes of aggressive behavior for residents/patients include pain, incontinence, dementia/confusion, lack of ability to communicate, loss of control over life, physical environment (hot, cold, space, personal items), loss of cultural or ethnic practices, and fear of being alone or abandoned.

Suggestions to decrease a resident's/patient's anger include maintaining calm and speaking softly while helping discover why he or she is angry, validating the complaint, and teaching communication skills that help the resi-

dent/patient verbalize in a more effective manner. If a resident/patient is directing anger at you, walk away, making sure you tell another staff member to immediately follow up with the resident/patient. This allows both you and the resident/patient to decrease any stressful feelings. Also, consult with unit members to collaborate on a plan of care for anger.

Every health-care employee is mandated by law to report any witnessed or suspected abuse, mistreatment, neglect or misappropriation of valuables. You can be charged with neglect if you do not report abuse and your knowledge of an event becomes known to the authorities.

If you witness or suspect abuse, you must protect the resident/patient from the abuser and immediately report what you witnessed to your supervisor. The supervisor will initiate an investigation immediately. The supervisor will interview the alleged abuser, who will then be asked to leave the facility until the investigation is complete. The resident/patient is assessed by the nurse and doctor, and the physical/emotional findings are documented and treated. The family or guardian is notified and the report is sent to HRC/Dedham/Roslindale or Orchard Cove, and the Department of Public Health.

**It is important that you protect yourself as a health-care worker. Use the S.T.O.P. strategy.**



- S. Slow down.**
- T. Think about what is happening.**
- O. Options-what alternative can you use?**
- P. Plan to have some time to yourself.**

All health-care workers are required by law to be trained to recognize elder abuse. It is every health-care worker's responsibility to make sure our residents/patients are in a safe and caring environment — without fear of abuse!

## SAFETY AND SECURITY - CONTINUED FROM PAGE 2

### HRC CODE ORANGE (BOMB THREATS)

Dedham and Roslindale campuses have a comprehensive plan for handling bomb threat situations. Bomb threats are undoubtedly upsetting to the people who receive them and also to those who hear of them, and it is with that fact in mind that the bomb threat is structured. Any bomb threat, regardless of its perceived impact, must be taken seriously, and handled in accordance with the campus's standing procedures. To help protect yourself, visitors and residents, employees should use the following steps to guide your actions:

- Notify Security immediately upon receipt of threat. Complete the telephone bomb threat worksheet (if applicable). Security will then initiate the Bomb Threat Response Plan.
- The bomb threat announcement is "CODE ORANGE". Upon hearing this announcement, all should return to their work areas and

visually inspect their area for anything suspicious or out of the ordinary.

- In the event a suspicious object is found, **DO NOT TOUCH IT!!!!** Immediately report the location of all suspicious items to Security at the emergency number **49911 - Dedham** and **911 - Roslindale**.
- The Bomb Threat Response Team will make the decision as to whether an evacuation is warranted by the situation. If the situation requires evacuation, you will receive instructions on how to proceed.

It is important to remember that it is the responsibility of campus security to conduct its own search. Police and fire personnel who are unfamiliar with the layout and operations of the campus would not be able to cover the whole facility in a timely manner, nor would they be able to discern something that is out of place. Those engaged in responding to the situation should also remember to do so discreetly, so as to not create a panic among the community.

## HSL CORPORATE COMPLIANCE HOTLINE

It only takes a phone call!

### QUESTIONS & ANSWERS

**Q: What is the purpose of the Corporate Compliance Hotline?**

**A:** The Compliance Hotline provides a way for employees to report any suspected criminal activity, illegal or unethical conduct within the organization.

**Q: When should I call the Corporate Compliance Hotline?**

**A:** If you believe that someone in our organization is violating the law or company policy, or is engaging in activities that could damage the company's reputation.

**Q: When I call the Hotline, whom am I calling?**

**A:** You are calling an off-site, independent company called Healthcare ValuesLine. A trained Communication Specialist answers your call, listens and makes notes of your concern. It is your opportunity as an HSL employee to ask questions, express concerns or report suspected violations.

**Q: Is my call confidential?**

**A:** HSL has contracted with this independent third-party company (Healthcare ValuesLine) to provide this service, to give you a convenient and confidential way to report violations of law or company pol-

icy. You may want to give your name but you are **not required** to identify yourself.


**Q: What happens after I call Healthcare ValuesLine and report a violation?**

**A:** The Healthcare ValuesLine Communication Specialist prepares a report which is forwarded to our Corporate Compliance Officer for review, and investigation, and to take the necessary steps to resolve an issue.



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## CORPORATE COMPLIANCE

 *continued from page 15*

**Q: Will there be actions of retaliation against me if I report a violation?**

**A:** No actions of retaliation or retribution may be taken against any employee for reporting violations on the Hotline in good faith.

**Q: Who is HSL's Corporate Compliance Officer?**

**A:** Judy Iwanski, Chief of Staff and Vice President of Policy Hebrew SeniorLife

**Q: Is the Healthcare ValuesLine available any time?**

**A:** Healthcare ValuesLine is available 24 hours a day, 365 days a year.

**Q: What is HSL's Corporate Compliance Hotline phone number?**

**A:** 1 – 800-273-8452 (Toll-free)

**NOTE:** You will be held accountable for the information in this newsletter. Please fill out the accompanying quiz and return it to your supervisor. Thank you.

**Thank you to the contributing departments:**

Department of Professional Development  
Occupational Health  
Food Safety

Engineering  
Human Resources  
Infection Control

Physical Therapy  
Respiratory Therapy  
Safety and Security

## HARASSMENT-CONTINUED FROM PAGE 12

immediately report his or her concerns, either verbally or in writing to a manager within the employee's department, a member of the Human Resources staff, or to the Chief Administrative Officer, Hebrew SeniorLife, 1200 Centre Street, Roslindale, MA 02131 617-363-8475.

Any manager or supervisor who suspects or has knowledge of an incident or situation involving discrimination, harassment or retaliation aimed at an HSL employee is required to promptly report that information to a member of HSL's Human Resources Department.

### EXTERNAL REPORTING:

In addition to the above resources, employees who believe they have been subjected to any form of unlawful discrimination, harassment or retaliation may also file a complaint with either or both of the government agencies set forth below.

### The U.S Equal Employment Opportunity Commission (EEOC)

Government Center  
475 JFK Federal Building  
Boston, MA 02203-0506  
800-669-4000

### The Massachusetts Commission Against Discrimination

One Ashburton Place,  
Boston, MA 02108  
617-994-6000

### Investigation of Complaints and Remedial Action

Upon receipt of a complaint of discrimination, harassment or retaliation, HSL will take appropriate interim measures and conduct a prompt, thorough and impartial investigation into the allegations underlying the complaint. If the investigation results in a finding that harassment, discrimination or retaliation occurred in violation of HSL policy, HSL will take immediate action to end the improper conduct and take appropriate disciplinary action against the wrong doer.

### Questions

Please feel free to direct any questions about HSL's policies to the HSL Human Resources Department.

## INFECTION CONTROL-CONTINUED FROM PAGE 5

mandates that health-care workers have a TST test. If the test is positive, a chest X-ray is needed to determine if an individual has TB. People with a positive TST have the bacteria that causes TB in their body, but do not feel sick and cannot infect others. The CDC recommends that people with a positive TST (10mm induration or more) take medication to prevent the person from developing active TB disease.

■ At HSL, all patients who are suspected or known to have active TB are sent to an acute care hospital immediately for further evaluation and treatment. Since we do not have the proper means for caring for a TB patient, Acid Fast Bacilli (AFB) specimens should not be obtained on this campus. Active or suspected TB patients should not be admitted to HSL but sent to the hospital.

■ Employees who have a positive TST (10mm or more) must have a chest X-ray, and be referred for further follow-up.

■ If you need more information or have any questions please contact the **Infection Control Practitioner or the Occupational Health Nurse.**