



Orientation Overview – Key Safety Content

Orientation Overview – Key Safety Content is provided for all non-employees working at or affiliated with Riverwood Healthcare Center.

Safety

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MISSION	To improve health by providing high quality, compassionate and personalized care
VISION	The region's preferred health system providing exceptional care
VALUES	Integrity, Customer Service, Unity, Respect/Compassion, Excellence/Passion

STANDARDS OF BEHAVIOR

Excellence

We are committed to striving for excellence in all we do. It is our vision to be the region's preferred health system providing exceptional care.

- I will lead by setting a positive example.
- I will make excellence the goal in everything I do.
- I will work to create a safe environment and will report any incidents immediately, knowing I can do so without fear of retribution.
- I will take pride in our facility.
- I will follow through on what I promise and take responsibility for my actions.
- I will use time productively.
- I will be an advocate for my patients, co-workers and the organization.
- I will be proactive vs. reactive.
- I will be open to change, possess a willingness to learn and embrace new ideas and innovation.
- I will look for ways to improve systems and processes.
- I will take ownership of my actions and decisions.

Teamwork

We will foster healthy and supportive relationships in the workplace through teamwork, respecting co-workers and recognizing personal contributions.

- I will make teamwork a priority and work collaboratively to help others.
- I will embrace a culture of equality and inclusion that encourages, supports, and celebrates diversity.
- I will be inclusive to all and welcome new co-workers.
- I will assume the best about my co-workers and their intentions.
- I will work to resolve conflicts in a professional manner.
- I will show appreciation for my co-workers.
- I will speak well of my co-workers, medical staff and our organization.
- I will promote the strength of my co-workers, recognizing their contributions.

Communication

We will demonstrate effective communication with our patients, their families, and co-workers to ensure a common understanding; in order to provide high quality, compassionate and personalized care

- I will be respectful, professional and positive in my communication.
- I will acknowledge everyone in our facilities by making eye contact, greeting them, and offering assistance as needed.
- I will use AIDET + The Promise in every interaction (Acknowledge, Introduce, Duration, Explain, Thank you, Promise).
- I will strive to listen first and seek to understand what the other person is saying.
- I will seek in person communication and commit to speaking directly with someone when possible.

Patient Experience

We will strive to provide exceptional customer service with respect, compassion and integrity. We will treat patients as they want to be treated.

- I will speak clearly and explain procedures in a way that is understandable to my patient and their family.
- I will take time to answer questions from my patient and their family.
- I will address service shortfalls with a sincere apology and work to make it right.
- I will respect patient privacy, treating patients with dignity and compassion.
- I will respect the diversity of cultural and religious beliefs, recognizing how they may impact views of healthcare and interactions.
- I will practice empathy by putting myself in the other person's shoes.
- I will anticipate and be attentive to the needs to those we serve.

As an employee of Riverwood Healthcare Center, I believe there is no higher responsibility than to provide and ensure high quality care. I will work to create a supportive and caring environment for our patients, customers, and co-workers. I know I am only one person, but it only takes one person to make a difference. Above all, I will strive for excellence by consistently doing the right thing, at the right time, for the right reason.

RIVERWOOD HEALTHCARE CENTER POLICY OF MUTUAL RESPECT:

A primary mission of Riverwood Healthcare Center is to promote a spirit of teamwork and cooperation among all employees. Furthermore, Riverwood Healthcare Center wants to provide a work environment of mutual respect. To achieve these goals, Riverwood Healthcare Center expects that all employees treat co-workers, supervisors, and subordinates with respect, honesty, consideration, and cooperation.

Riverwood Healthcare Center expects that employees will refrain from making statements that others might find upsetting or offensive and statements that create a hostile work environment. Such statements include jokes and other statements directed at another's age, sex, race, religion, national origin, physical appearance or other class-related status. This policy is intended as a guide for maintaining effective interpersonal communication and professional relationships. Management firmly supports this policy and will make every effort to ensure its implementation.

Purpose

Riverwood Healthcare Center (RHHC) is committed to providing the highest standards of ethics by promoting honesty and transparency in every-day operations. The Code of Conduct is adopted by the organization and supports Riverwood Healthcare Center's mission, vision, and values. The Code of Conduct is integral to the facility program. The Code of Conduct applies to all board members, directors, and officers, licensed independent and employed practitioners, employees, and volunteers. The Code of Conduct can be accessed at any time through the facility internet site.

The Code of Conduct provides guidance to continue to comply with Riverwood Healthcare Center's nonprofit, tax-exempt status with the Internal Revenue Service (IRS). Maintenance of its tax-exempt status is important both for continued financial stability and public support. Riverwood Healthcare Center must use its resources in a way that supports the public's benefit rather than the interests of a person or entity.

The purpose of the code of ethics is to provide a means by which to address conflicts of interest involving employees that affect or has the potential to affect the safety or quality of care, treatment, and services. Any violation of this policy will be subject to disciplinary action up to and including termination. Any employee having knowledge of any violation to the policy shall promptly report to Corrine Nelson, Compliance Officer.

1. Integrity in Patient Care

Respect to Patient Rights

Riverwood Healthcare Center strives to provide the highest quality of care and an exceptional patient experience. Employees are expected to respect patients' rights and treat all patients with dignity and respect. All patients shall have the right to quality health care in a safe, respectful, and compassionate manner; the right to choose their healthcare practitioner; the right to be involved in the decisions made regarding their medical treatment; the right to receive information necessary to enable them to give informed consent for non-emergency procedure or treatment, and the right to make decisions regarding advance directives.

Patient information must be kept confidential. Riverwood Healthcare Center follows HIPAA compliant practices outlined in the Riverwood security policies.

Emergency Treatment

All patients that present to Riverwood Healthcare Center's emergency department must be provided a medical screening examination, and if appropriate, stabilizing treatment, regardless of the patient's ability to pay. Riverwood Healthcare Center complies with state and federal requirements for transferring patients including the Emergency Medical Treatment and Labor Act (EMTALA).

2. Integrity in Billing and Documentation

Accurate and Honest Billing

Riverwood Healthcare Center will generate billing and claims accurately reflecting the services rendered and supported by relevant documentation and submitted in compliance with applicable laws, rules, regulations, and program requirements. Every attempt will be made to never make or present improper, false, fictitious, or fraudulent claims to any government or private healthcare program, employee, department, or agency. When an overpayment is identified, Riverwood Healthcare Center will take necessary steps to promptly return the amount paid in excess. Examples of fraud, waste and abuse include:

- Non-medically necessary services
- Billing for services not provided
- Duplicate billing
- Upcoding for higher reimbursement
- Falsifying documentation to get higher reimbursement
- Failing to report and return overpayments
- Employing person excluded for federal program

3. Integrity in the Workplace

Confidential Information

All caregivers must comply with HIPAA requirements outlined in the Riverwood Healthcare Center Security and Privacy policies. Confidentiality of patients, personnel, and other propriety information must be maintained. Riverwood Healthcare Center strictly forbids sharing confidential information outside of the organization unless it is for a business-related purpose and the appropriate manner is taken for sharing the information.

Intellectual Property

Riverwood Healthcare Center complies with intellectual property laws including patents, trademarks, and copyrights. Employees must follow copyright procedures before reproducing documents. All documents, books, protocols, and other resources must be accessed appropriately according to copyright regulations. All software must be obtained with proper licensing requirements.

Avoidance of Conflict of Interests

Riverwood Healthcare Center requires that all persons shall exercise the utmost good faith and shall engage in ethical conduct of all transactions involved in their duties, and they shall not use their positions or knowledge gained there for their personal benefit. Conflicts may arise in the relations of employees with any of the following third parties and Riverwood Healthcare Center:

- Persons and firms supplying goods and services
- Persons and firms from whom Riverwood Healthcare Center leases property and equipment

- Persons and firms with whom Riverwood Healthcare Center is dealing or planning to deal in connection with the gift, purchase, or sale of real estate, securities, or other property
- Competing or affinity organizations
- Donors and other supporters
- Agencies, organizations, and associations that affect the operations
- Family members, friends, and other employees

A conflicting interest may be defined as an interest, direct or indirect, with any persons or firms mentioned in the above section. Such an interest might arise through:

- Owning stock or holding debt or other proprietary interests in any third party dealing with Riverwood Healthcare Center.
- Holding office, serving on the Board, participating in management, or being otherwise employed (or formerly employed) with any third party dealing with Riverwood Healthcare Center.
- Receiving remuneration for services with respect to individual transactions involving Riverwood Healthcare Center.
- Using time, personnel, equipment, supplies, or good will for other than Riverwood Healthcare Center approved activities, programs, and purposes.
- Violation of Riverwood Healthcare Center's gift giving and receiving policy.

If anyone, including any employee, is the subject of the conflict of interest, or a potential conflict of interest, he or she must fully disclose the nature of the interest to the Chief Executive Officer (or if she or he is the one with the conflict, then to the board chair), who shall bring the matter to the attention of the Board of Directors. Disclosure involving directors should be made to the board chair (or if she or he is the one with the conflict, then to the board vice-chair) who shall bring these matters to the Board. The Chief Executive Officer shall determine whether a conflict exists and in the case of an existing conflict, whether the contemplated transaction may be authorized as just, fair, and reasonable to RHCC. The information may be presented to the Board of Directors if the Chief Executive Officer deems that a conflict exists. The decision of the Board or designated committee on these matters will rest in its sole discretion, and its concern must be the welfare of Riverwood Healthcare Center, and the advancement of the facility's purpose.

If the Chief Executive Officer or designee has reasonable cause to believe that a person has failed to disclose an actual or possible conflict of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the response of the person and making such further investigation as may be warranted in the circumstances, and the Chief Executive Officer or designee determines that the person has in fact failed to disclose an actual or possible conflict of interest, Riverwood Healthcare Center shall take appropriate disciplinary and corrective action up to and including termination of employment.

Family and Work

Relatives of employees are offered permanent employment only where actual work assignments are in separate and distinct work areas. A related person is defined as one or more of the following relationships to an employee, by blood or by marriage: husband or wife; son or daughter; father or

mother; brother or sister; in-laws; step-relationships. Permanent employment is not offered, and promotions or transfers are not granted to relatives where placement in the vacant position would permit one relative to:

- Directly supervise or control the work of the other
- Evaluate the work performance of the other
- Make or recommend salary decisions affecting the other
- Audit the work of the other
- Gain access to confidential information regarding the other

No exception to this policy will be made without written consent of the CEO or Chief Human Resources Officer.

Appropriate Use of Resources

Theft, carelessness, and waste affect the organization's operations and success. Riverwood Healthcare Center expects those persons performing duties at the organization to protect the organization's assets and ensure efficient use. Riverwood Healthcare Center equipment should be limited to business use only.

Travel and Entertainment

Expenses related to travel and entertainment must be related to the specific job responsibilities of those employed at Riverwood Healthcare Center. Employees are encouraged to attend learning opportunities such as workshops, conferences, and trainings. Those employees must be good stewards when requesting reimbursement for approved travel and entertainment expenses.

Professional Conduct

Riverwood Healthcare Center does not tolerate intimidating and disrespectful behaviors. This harms the culture of teamwork and collaboration and can affect patient safety.

Drug Free Workplace

Riverwood Healthcare Center does not allow caregivers to be under the influence

or using alcohol or illegal drugs during work time, or on the facility grounds. Any unsafe situations should be reported promptly to Human Resources.

Prohibition on Discrimination and Harassment

Riverwood Healthcare Center is committed to providing a work environment free of discrimination and harassment in any form. Intimidating and disrespectful behavior disrupt the culture of teamwork and collaboration. Riverwood Healthcare Center outlines the specific behaviors that are not tolerated in the Discrimination and Harassment Prevention Policy.

Gift Giving

Riverwood Healthcare Center maintains high standards regarding gift giving and receiving. To protect Riverwood Healthcare Center's reputation and integrity, it is important that caregivers comply with the policy outlined below.

Gifts, favors, and other payments may be given to others at Riverwood's expense if the following standards are met:

1. They follow Riverwood's established business practices
2. Limited in value so it will not be construed as a bribe or payoff

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|---|---|
| 3. Not in violation with applicable law or generally accepted ethical standards | patients or their family members are prohibited unless for the use of service recovery. Service recovery compensation is not to exceed \$15.00. |
| 4. Public disclosure does not embarrass Riverwood Healthcare Center | |

Payment, commissions, or other compensation to or for the benefit of

Gift Receiving

1. Riverwood Healthcare Center employees and other contracted service providers shall not accept any gifts, favors, entertainment, or payment without a business purpose. The following common courtesies are accepted:
 - a. A meal with a vendor which may include spouse if invitation is extended by vendor
 - b. Gifts of minimal value from vendors including calendars, pens, pads, etc.
 - c. Tickets to entertainment/sporting events if offered by a vendor and the vendor attends the event. This must be approved prior to the event by the Chief Executive Officer.
 - d. Overnight outings where other companies or the vendor are in attendance
 - e. Receipt of alcoholic beverages is not recommended
 - f. Gifts of food and treats of minimal monetary value are acceptable.
2. Strict standards are required for gifts, services, discounts, entertainment, or considerations from suppliers/vendors
 - a. Day outings such as fishing, hunting, golfing, or other activities are acceptable with prior approval from the employee's manager or director. The vendor must be in attendance and family members are not acceptable.
 - b. Use of vendor's vacation property is not acceptable.
 - c. It is not permissible to accept cash or cash equivalent of any amount.

Political Activity

Riverwood Healthcare Center does not intervene in any political opinions. Riverwood Healthcare Center does support participation in the political process; however, caregivers are not able to use their opinions to influence other caregivers or otherwise support political parties or candidates in the workplace.

Marketing and Communication

Riverwood Healthcare Center only utilizes marketing and advertising activities for education purposes, community education activities, and to increase awareness of services and recruit caregivers. Marketing and advertisements must be truthful, informative, and accurately reflect services provided at Riverwood Healthcare Center. Riverwood Healthcare Center expects that all statements, submissions, and communications in the organization to patients, prospective patients, the government, accrediting bodies, regulatory agencies, private healthcare plans, suppliers, and other entities are accurate and truthful. Social media use must protect the privacy and security of patients and employees, confidential business practices, proprietary information, and other

Riverwood related issues. It is important that staff don't respond to negative posts about Riverwood on social media. This may spark negative conversations.

Fundraising and Philanthropy

Riverwood Healthcare Center may make charitable contributions, sponsorships, volunteerism, and other donations to service providers, vendors, suppliers, groups, organizations, individuals, and the community. Riverwood Healthcare Center does not do so to gain any benefit, other than to gain satisfaction in supporting the overall health and quality of life of the people that reside in our community.

4. Legal and Regulatory Compliance

Compliance with Laws, Regulations, and Program Requirements

Riverwood Healthcare Center complies with several federal, state, civil, and criminal laws, and regulations as well as health plan requirements. All employees and those with other roles providing services for Riverwood Healthcare Center shall comply with the requirements. Failure to comply with laws and regulations can result in substantial fines, financial penalties, potential exclusion from federally funded programs, loss of licensure, and in some cases imprisonment. Any violations can affect Riverwood Healthcare Center's reputation and ability to achieve our mission. On an ongoing basis Riverwood Healthcare Center will provide education/training programs, implement policies and procedures, and audit and monitor compliance. It is the responsibility of each employee to comply with Riverwood Healthcare Center's compliance program.

Screening of Excluded Individuals

Riverwood Healthcare Center will screen all persons providing services in the facility or entities working with the facility to determine if they would otherwise be excluded or ineligible for participation in federal health care programs. This includes those individuals or entities that are excluded by the Federal Department of Health and Human Services Office of Inspector General, General Services Administration, or state Medicaid Exclusion and Suspension list.

Adherence to Health and Safety Laws

Riverwood Healthcare Center caregivers are expected to comply with federal requirements for workplace safety and properly monitor the environment for hazardous materials and equipment safety issues.

This includes the proper disposal of waste, chemicals, and substances to prevent an environmental incident. If an incident was to occur, it must be reported promptly and accurately.

Regulation of Controlled Substances

Medications including controlled substances are regulated by government organizations for proper handling and administration. Prescriptions and controlled medications and supplies must only be handled by authorized caregivers to minimize risk to patients.

Antitrust

Riverwood Healthcare Center prohibits any activities that violate state and federal antitrust laws. These laws prohibit agreements between competitors to fix prices or reduce price competition. Riverwood Healthcare Center refrains from engaging in unfair practices that restrict competition between competitors.

Anti-Kickback/Bribes

Riverwood Healthcare Center may not receive payments to induce referrals. We prohibit any activities that offer kickbacks to anyone that induce a patient or physician, or potential patient or physician to purchase services from or referral to Riverwood Healthcare Center. Kickbacks include those gifts, entertainments, or other activities deemed not acceptable according to the gift giving and receiving policy.

Riverwood Healthcare Center prohibits employees from offering, paying, asking for, or accepting any money or benefit in exchange for patient referrals, purchases, leases, or orders. All contracts and interactions must comply with federal laws and regulations.

Riverwood Healthcare Center is part of an Accountable Care Organization (ACO), that prohibits participants, providers, and suppliers, and other individuals or entities from providing gifts or other remuneration to induce patients to remain in the ACO or continue receiving items or services from the ACO. Patient referrals do not require that the beneficiary remain in the ACO.

Responding to Government Inquiries

All non-routine requests from government organizations from the local, state, or federal level must be handled properly. Caregivers should contact the Compliance Officer to discuss the nature of the request. All government inquiries must be responded to in a truthful manner. Riverwood strictly forbids any alteration or removal of records for an existing or potential government inquiry.

5. Ethical Responsibility

Reporting Any Suspected or Actual Violations

All employees, or those persons providing services at Riverwood Healthcare Center, have the responsibility to report any suspected or actual violations to the Code of Conduct to their supervisor and/or Compliance Officer. Riverwood Healthcare Center developed a confidential hotline number that can be used to report violations.

Non-retaliation

Riverwood Healthcare Center has a “open door policy” that is maintained at all levels of management to encourage employees to report problems and concerns. There shall be no negative retaliation for an employee who reports in good faith a misconduct incident.

Management Responsibilities

Managers should be a leader in handling compliance and ethical issues when they occur. Managers are responsible for ensuring their team is aware of the Code of Conduct and seeking help from the Compliance Officer as needed.

Resources and Contact Information

Violations or suspected violations to the Riverwood Healthcare Center Code of Conduct shall be reported. Riverwood Healthcare Center has a designated hotline and website to report questions and concerns within the organization for those who wish to do so confidentially. Remember: There is never a penalty for reporting. People in positions of authority cannot stop you. If they try, they are subject to serious disciplinary action, up to and including dismissal.

In addition, if you need information on how to contact the Compliance Officer, or wish to discuss a matter of concern, you are encouraged to use one of the following confidential means of communication:

Call: 218-927-5542, or if calling in-house – Ext. 3542

Write: Corrine Nelson, Compliance Officer

Riverwood Healthcare Center

200 Bunker Hill Drive

Aitkin, MN 56431

Email: cnelson1@rwhealth.org

Anonymous Reporting:

Online: <https://rwhealth.ethicspoint.com>

Hotline: (844)992-4823 (toll-free)

Interpretation Clarification

- ***“My supervisor requested me to perform an unethical practice, I know that it is illegal. I am afraid to lose my job if I don’t do as I am told. What should I do?”***
 - *“First, clarify with your supervisor the request to ensure it was not a misunderstanding and discuss concerns with the practice. If you are not satisfied with the discussion, contact the Compliance Officer. It is not worth it to jeopardize your job, or the reputation of Riverwood Healthcare Center by performing an unethical practice.”*
- ***“A practitioner ordered for the patient to have a blood transfusion. The patient refuses the blood transfusion due to their personal beliefs.”***
 - *“A patient with the ability to make their own decisions, has the ability to refuse medications and treatments. You should consult with the attending practitioner to discuss further with the patient and make sure the patient is fully aware of the risk factors of not having a blood transfusion.”*
- ***“A patient presents to the emergency department without insurance. What should I do?”***
 - *“Every patient presenting to the emergency department must have a medical screening examination and have appropriate medical stabilizing treatment, regardless of ability to pay. Patient should not be asked about insurance status when presenting to be seen. “*
- ***“I believe that a provider may have provided inaccurate information to bill a higher level of care to a patient.”***
 - *“First, discuss the issue with the provider. If you do not feel that your question has been satisfied, or there is inaccurate information provided immediately bring the situation to your supervisor or the Compliance Officer.”*
- ***“I work in the billing department and an insurance company was billed for a service that was not provided due to issues with equipment.”***
 - *“First, contact the billing manager to discuss your concern. Then work with coding to submit a corrected claim and return any payments that were received.”*
- ***“I was asked to up-code so that we could receive higher reimbursement for a service. What should I do?”***
 - *“Up-coding violates Riverwood Healthcare Center’s compliance program. This violation should be reported to the Compliance Officer. “*

POLICY TITLE:	Offensive Behavior
POLICY #	31-Policy-6
DEPARTMENT:	Human Resources
DEPARTMENTS AFFECTED:	All
LEAD AUTHOR:	Angie Kjelstrom
EFFECTIVE DATE:	9/2018
LAST REVISED DATE:	9/2018
APPROVAL AUTHORITY	Policy Review Committee
STANDARD(S):	LD.03.01.01

This policy applies to all employees, volunteers, independent contractors, students, medical residents and medical staff of Riverwood, including the Governing Board of Directors, hereinafter referred to as “employee.”

It is Riverwood Healthcare Center’s policy to maintain a work and patient care environment that is free from offensive behavior, degrading remarks, and any behavior, communication, or conduct that undermines the culture of safety for employees and patients.

Behavior that intimidates others or affects morale or staff turnover is considered offensive behavior. Illegal, immoral or unethical conduct, including requests to engage in such actions, is considered offensive behavior. Offensive behavior also includes inappropriate remarks about the person’s race, color, creed, religion, ancestry, sex, national origin, disability, age, sexual orientation, marital status, genetic information, status with regard to public assistance, veteran status, political affiliation, physical appearance, or any other legally protected class status. Regardless of an employee’s position, offensive behavior in any form will not be tolerated because it undermines a culture of safety, inclusion, and can be harmful to patient care.

It is not necessary for any employee who feels that he or she is the subject of offensive behavior to handle it himself/herself. If an employee feels harassed or offended by any person whom he or she encounters in the course of employment, the employee should immediately go to the respective Supervisor, Manager, Director, Chief Human Resources Officer or the CEO to report the incident. The facts surrounding the offensive behavior, communication, or conduct should be put in writing by the complainant. All allegations of offensive behavior will be investigated promptly, fairly, and impartially by the Human Resources Department or designee.

The facts shall determine the response to each complaint and each determination will be made on an individual, case by case basis. Each situation will be handled discreetly. Any employee found to have acted in violation of this policy will be subject to disciplinary action, up to and including discharge from employment.

In the event that the offensive behavior reoccurs, it should immediately be reported to any of the persons named above.

Retaliation against a person who makes a complaint or participates, testifies or assists in an investigation is strictly prohibited. Retaliation will not be tolerated and may, in and of itself, result in disciplinary action up to and including discharge from employment.

REFERENCES: Facility specific, no references.

ATTACHMENTS/APPENDICES: NA

POLICY TITLE:	Discrimination and Harassment Prevention Policy, Including Sexual Harassment
POLICY #	31-Policy-5
DEPARTMENT:	Human Resources
DEPARTMENTS AFFECTED:	ALL
LEAD AUTHOR:	Lee Reichenbach
EFFECTIVE DATE:	02/19/2020
LAST REVISED DATE:	12/16/2019
APPROVAL AUTHORITY	Policy Review Committee
STANDARD(S):	N/A.

Discrimination:

Riverwood Healthcare Center does not and shall not discriminate on the basis of race, color, creed, religion, ancestry, sex, national origin, disability, age, sexual orientation, marital status, veteran status, political affiliation, status with regard to public assistance, familial status, or any other legally protected status or class, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, training, promotions, in pay or other terms, conditions or privileges of employment, and provision of services. We are committed to providing an inclusive and welcoming environment for all. Riverwood Healthcare Center is committed to providing a work environment free of discrimination and harassment in any form. Thus, this policy applies to all employees, volunteers, independent contractors, students, medical residents and medical staff of Riverwood, including the Governing Board of Directors, hereinafter referred to as “employee.”

Prohibited Conduct:

The company prohibits discrimination against any employee or applicant for employment because of the employee’s or applicant’s protected status.

The company will act affirmatively to ensure that: applicants are considered for employment only on their qualifications to meet the requirements of the job; persons hired will be treated equally in all aspects of employment and employee relations matters, including but not limited to: promotions, demotions, transfers, work-force reductions, terminations, salary increases, rates of pay, training, participation in any company sponsored programs, and all conditions or privileges of employment.

No one may harass anyone because of that person’s protected status.

Among the types of verbal, physical, or visual conduct prohibited by this policy, including, but not limited to: epithets, slurs, negative stereotyping, intimidating acts, and the circulation or posting of written or graphic materials that show hostility toward individuals because of their protected status. Even where the conduct is not sufficiently severe or pervasive to constitute legally actionable harassment, the company prohibits any such conduct in the workplace.

Harassment:

Riverwood Healthcare Center is committed to providing a work environment free of harassment in any form. Thus, this policy applies to all employees, volunteers, independent contractors, students, medical residents and medical staff of Riverwood, including the Governing Board of Directors, hereinafter referred to as “employee.”

It is the policy of Riverwood Healthcare Center to maintain a work environment free of harassment and any form of sex discrimination in employment prohibited by Title VII of the Civil Rights Act of 1964 and the Minnesota Human Rights Act. Sexual harassment is unacceptable and will not be permitted. Any employee found to have acted in violation of this policy will be subject to disciplinary action, up to and including discharge from employment.

Minnesota Human Rights Act:

“Sexual harassment” includes unwelcome sexual advances, requests for sexual favors, sexually motivated physical contact or other verbal or physical conduct or communication of a sexual nature when:

- Submission to that conduct or communication is made a term or condition, either explicitly or implicitly, of obtaining employment;
- Submission to or rejection of that conduct or communication by an individual is used as a factor in decisions affecting that individual’s employment; or
- That conduct or communication has the purpose or effect of substantially interfering with an individual’s employment, or creating an intimidating, hostile or offensive employment environment; and the employer knows or should know of the existence of the harassment and fails to take timely and appropriate action. Minn. Stat. § 363.01, subd. 41.

Title VII of the Civil Rights Act of 1964:

Harassment on the basis of sex is a violation of Section 703 of Title VII. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment;
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- Such conduct has the purpose or effect of unreasonably interfering with the individual’s work performance or creating an intimidating, hostile, or offensive working environment.

Examples:

Examples of behavior or conduct which may constitute sexual harassment may include, but are not limited to the following:

Verbal

- Unwelcome sexual comments, innuendoes, or suggestions about an individual’s body, clothing or sexual activity;
- Discussion of sexual topics, sexual practices, sexual preferences, sexual experiences, sexual jokes and stories;

- Requesting or demanding sexual favors, explicit or implicit suggestions that there is a positive or negative connection between sexual behavior or sexual compliance and any term or condition of employment; or
- Language of an obscene or sexual connotation and stereotypical terms such as “sweetheart,” “slut,” “stud,” or “hunk.”

Non-Verbal

- The display or posting of sexually explicit or graphic pictures, objects or items in the workplace such as a “girlie calendar” or cartoons depicting sexual jokes or sexual acts;
- The use of suggestive facial expressions or gestures of a sexual nature; or
- Unwelcome visits to an individual’s home, hotel room or areas considered private or outside the work premises.

Physical

- Kissing, touching, patting, pinching or brushing against a person’s body;
- Sexual contact; or
- Assault and battery.

This list of examples is not intended to be exhaustive. Other types of behavior or conduct, which are not included in this list, may constitute sexual harassment and be in violation of Riverwood Healthcare Center policy.

Responsibilities:

All Riverwood employees are required to conduct themselves in a manner consistent with the spirit and intent of this policy.

Any person who believes he or she has been subjected to discrimination or harassment by an employee, officer, agent of Riverwood, or any third person with knowledge or belief of conduct which may constitute discrimination or harassment, must report the alleged acts immediately to an appropriate individual.

Directors, Managers and Supervisors are responsible for:

- Establishing and maintaining a climate in the work unit that encourages all employees to communicate questions or concerns regarding this policy;
- Recognizing incidents which they believe may be discrimination or harassment;
- Immediately notifying the Human Resources Department in writing of discrimination or harassment allegations so that investigatory procedures may be implemented. The failure of a Manager and/or Supervisor to report a complaint of discrimination or harassment may result in disciplinary action; and
- Taking corrective action to eliminate substantiated incidents of discrimination or harassment.

Retaliation against a person who makes a complaint of harassment or participates, testifies or assists in the investigation of a harassment complaint is prohibited. Retaliation includes but is not limited to, any form of intimidation, reprisal or harassment. Retaliation will not be tolerated

and may, in and of itself, result in disciplinary action, up to and including discharge from employment.

The Human Resources Department is responsible for:

- Informing Managers and Supervisors of their obligations under this policy;
- Informing employees of the organization's policy regarding discrimination or harassment, including providing training and posting of this policy; and
- Investigating discrimination or harassment allegations and ensuring that appropriate disciplinary action is consistently and fairly administered.

Internal Complaint System and Discipline Procedure:

Reporting:

Any person who believes he or she has been subjected to discrimination or harassment by an employee, officer, agent of the organization, or any third person with knowledge or belief of conduct which may constitute discrimination or harassment, must report the alleged acts immediately to an appropriate Riverwood official as designated below.

Appropriate Riverwood individual to whom complaints of discrimination or harassment should be made include:

- Your supervisor and/or manager and/or director;
- The alleged perpetrator's supervisor and/or manager and/or director;
- The Human Resources Department or Chief Human Resources Officer.

If the individual engaging in discrimination or harassment is an employee's supervisor and/or manager or director, the aggrieved employee should contact Riverwood CEO or Chief Human Resources Officer.

Investigation:

Upon notice of an allegation of discrimination or harassment, the Human Resources Department, or someone they designate, will conduct a prompt, fair, and thorough investigation of the complaint. Fair consideration will be given to all the facts presented. All complaints will be handled in a confidential manner to the extent possible pursuant to applicable laws.

Normally, as the first step of investigation, the individual alleging a violation of this policy will be interviewed to discuss the nature of the allegations. The investigator will attempt to obtain the following information:

- A description of the incident(s), including date(s), time(s), and place(s);
- Corroborating evidence;
- A list of witnesses; and
- Identification of the offender(s).

Prevention of Discrimination and Harassment:

Riverwood Healthcare Center will:

- Post notices of Riverwood policy and procedures;

- Provide counseling or support services to victims or arrange for such services provided outside the organization.

REFERENCES: Facility specific, no references.

ATTACHMENTS/APPENDICES: NA

POLICY TITLE:	Workplace Violence Policy
POLICY #	31-Policy-9
DEPARTMENT:	Human Resources
DEPARTMENTS AFFECTED:	All
LEAD AUTHOR:	Christy Hammer
EFFECTIVE DATE:	02/19/2020
LAST REVISED DATE:	12/16/2019
APPROVAL AUTHORITY	Policy Review Committee
STANDARD(S):	N/A.

This policy applies to all employees, volunteers, independent contractors, students, medical residents and medical staff of Riverwood, including the Governing Board of Directors, hereinafter referred to as “employee.”

Riverwood Healthcare Center is committed to maintaining a respectful, safe workplace and patient service environment free from offensive conduct, harassment and all violence. In this regard, Riverwood makes every effort to lawfully protect employees from violence, threats, stalking, or other forms of offensive behavior and intimidation in order to promote to the employee’s health, well-being, and efficient functioning within the parameters of assigned duties and responsibilities.

Riverwood Healthcare Center will not tolerate violence or threats of violence by or toward any employee, volunteer, independent contractor, student, medical resident, medical staff, Board member, or patient. Such violence or threats of violence may subject the individual to appropriate disciplinary action, up to and including termination, possible criminal charges and/or possible restriction from organization facilities.

The second objective of this policy is to provide a Violence Prevention Plan and program that allows every employee of Riverwood Healthcare Center to feel comfortable that he or she is safe and protected at work; that they will know what to do in a violent situation; that their concerns will be responded to rapidly and discretely; and that they will be free from retaliation of any kind.

Possession, threat of use, or use of an object as a dangerous weapon, including all firearms, is prohibited in Riverwood facilities, and in Riverwood vehicles, unless such possession, threat of use or use is an approved requirement of the job. Refer to Weapons policy 2-133 for additional clarifications regarding Permit to Carry and firearms, in accordance with Minnesota state law. Outside agencies such as law enforcement or other security personnel that possess or use a dangerous weapon in the course and scope of their employment are allowed to do so while on the premises.

Background:

The problem of workplace violence is broad and complex. Violence can occur and not even be related to Riverwood Healthcare Center operations. It strikes all kinds of organizations without regard to type, size, character, or location. Perpetrators of violence can be internal from among the workforce or external to the workforce. Reasons can be job related or personal. The victims of violence can be targeted or random, at their desk, on the road, or even at home. The nature of the workforce, types of jobs and exposures, is also broad and complex. Accordingly, Riverwood has instituted this violence prevention policy for the physical security and personal safety of employees and facilities.

Acts or Threats of Violence Defined:

Acts of violence or threats of violence include offensive, intimidating or degrading conduct against persons or property which affect or alter employment conditions or create a hostile, abusive or intimidating work environment for Riverwood Healthcare Center employees, volunteers, independent contractors, students, medical residents, or medical staff.

Examples of Prohibited Conduct:

Examples of behavior or conduct which may constitute violence or threats of violence include, but are not limited to the following:

- Hitting, shoving or pushing an individual.
- Threatening to harm an individual, his/her family, friends, associates or property.
- Intentional destruction or threat of destruction of property owned, operated or controlled by Riverwood Healthcare Center.
- Harassing, intimidating, abusive or threatening comments or telephone calls.
- Harassing, intimidating, abusive or threatening letters or other forms of written or electronic communications.
- Harassing surveillance or stalking. "Stalking" means the repeated following of another person and making a credible threat with intent to place the other person in reasonable fear of his/her safety.
- Making a suggestion or otherwise intimating that an act to injure persons or property is appropriate, without regard to the location where such suggestion or intimation occurs.
- Unauthorized possession or inappropriate use of firearms, weapons or any other dangerous object on Riverwood Healthcare Center property.

This list of examples is not intended to be exhaustive. Other types of conduct, which are not included in this list, may constitute violence or threats of violence and be in violation of Riverwood policy.

Application:

Riverwood Healthcare Center prohibits and will not tolerate acts of violence or threats of violence. This prohibition applies to all persons involved in Riverwood operations, including but not limited to, Riverwood employees, patients, visitors or volunteers.

Violations of this policy by any individual on Riverwood property, by any individual acting as a representative of Riverwood while not on organization property or by any individual acting off

Riverwood property when his/her actions affect the public interest or the organization's business interests may subject the individual to appropriate disciplinary action, up to and including termination from employment, possible criminal charges and/or possible restriction from Riverwood facilities.

Riverwood may introduce any or all of the following measures as may be determined appropriate for a safe work environment.

- Access to Riverwood workplaces is limited to Riverwood employees or other authorized persons.
- While respecting the dignity of terminated individuals, co-workers and receptionists should be made aware that the employee no longer works for the organization.
- Where appropriate, the wearing of identification badges may be required.
- On a case by case basis, locks will be changed wherever appropriate following the involuntary termination of an employee who had previous access.
- Employees who work in remote locations or outside normal hours are uniquely exposed. Special note should be taken of their itineraries or call-outs and the means of communication available to them.
- It is important for individuals carrying valuables, money, or that are or have been involved in contentious actions and activity to vary their travel times and routes as well as keep their coworkers informed.

Identifying Violence:

Identifying internal violence is especially difficult because it is perpetrated by, or by the close acquaintances of people who are already among us. The difficulty lies in determining if the cause or potential cause stems from external circumstances being transferred into the workplace, or from internal workplace situations that are causing the affected employee or close relative or friend to stress-out and potentially become violent. Accordingly, several means of identification should be used in conjunction to effectively isolate potential sources of internal violence.

Identifying potential sources of externally generated violence involves an analysis of the reason violence might be perpetrated against an employee or one of its facilities.

The highest priority is the immediate physical safety of persons, second is preservation of property, third are threats to persons or property, and fourth are observations that lead to have a responsible concern that violence is about to or could erupt.

Reporting Violence:

All employees of Riverwood Healthcare Center must report incidents of violence or threats of violence of which he/she is aware. Likewise, all employees have the authority to stop immediately any action, operation, or activity where a life-threatening situation or threat to a limb or other serious bodily injury is identified or has developed. Further, such situations must be reported to either, the employee's supervisor and/or manager and/or director or the perpetrator's supervisor and/or manager and/or director as soon as possible. Once aware, the supervisor and/or manager and/or director are responsible for immediately reporting all violence, threats, and the potential for violence in writing to Administration and Chief Human Resources Officer.

For violence in progress, dial 911 for law enforcement assistance for all active violence (on going assaults with or without weapons), threats to persons with the means to carry out the threat present, and all cases of damage being done to Riverwood property or equipment.

Persons who are uncomfortable about a situation they are either experiencing or observe should bring their observations and concerns to the attention of their supervisor immediately. Included are threats, instances of stalking, offensive telephone calls, or other forms of offensive behavior and intimidation.

If the individual engaging in violence or threats of violence is an employee's supervisor and/or manager and/or director, the aggrieved employee should contact the Riverwood CEO or Chief Human Resources Officer.

Managing and Responding to Violence:

Upon notice of an allegation of violence or threats of violence, the Human Resources Department, or someone they designate, will conduct a prompt, fair and thorough investigation of the complaint. Fair consideration will be given to all the facts presented. All complaints will be handled in a confidential manner to the extent possible pursuant to applicable laws.

Employee Assistance Program:

Counseling will be made available for victims and witnesses to acts of violence through the Employees Assistance Program (EAP). Other community resources include Advocates Against Domestic Abuse (AADA), Aitkin County Sexual Assault, and Aitkin County Crime Victims.

Summary of Responsibilities:

Supervisors, Directors and Managers are responsible for:

- Establishing and maintaining a climate in the work unit which encourages all employees to communicate questions or concerns regarding this policy;
- Recognizing incidents which they believe may constitute violence or threats of violence;
- Immediately notifying the Chief Human Resources Officer and/or Administration in writing of allegations so that investigatory procedures may be implemented. The failure of a Manager and/or Supervisor to report a complaint may result in disciplinary action;
- Taking preventative and corrective action to eliminate incidents of violence or threats of violence by conducting area hazard surveys, encouraging stress management and counseling, establishing security measures, and providing employee training.
- Ensuring that respect, fairness, and due process are extended to every employee including during informal and formal performance evaluations, imposition of discipline, and the termination process.
- Being aware of employees who work outside normal hours without direct authorization.
- Establishing zones where the identity of people should be monitored.
- Evaluating the workplace to determine the overall and specific facility and/or resource vulnerability to externally generated violence.

- With the help of supervisors and employees conducting a job safety analysis of vulnerable positions or occupational tasks and locations to determine what reasonable actions should or could be taken to alleviate or mitigate violence or the threat of violence.
- Developing a plan to allow for the identification and access of authorized vendors in their area.
- Establishing rules and protocols for obtaining help including law enforcement of other security.
- Providing back-up procedures when making involuntary terminations, conducting risky interviews, making obligatory field visitations or house calls in unknown or potentially violent situations.

Employees are obligated and responsible for:

- Reporting incidents of violence or threats of violence of which he/she is aware to appropriate individuals such as a supervisor and/or manager and/or director; the perpetrator's supervisor and/or manager and/or director; or the Chief Human Resources Officer as soon as possible.
- Advising and assisting supervisor and/or manager and/or director in maintaining a violence free workplace
- Attending training
- Following security measures/procedures
- Referring media inquiries

Dissemination of Policy:

Human Resources will disseminate this policy to all employees as a part of their orientation and any time an update occurs.

REFERENCES: Facility specific, no references

ATTACHMENTS/APPENDICES: NA

Safety Orientation – Overview

Safety Mission Statement

Riverwood Healthcare Center is committed to the safety and wellbeing of its Patients, Customers and the Riverwood Team with the ultimate goal being to provide the safest environment possible.

Safety success requires your commitment...

Our Safety Goal, ZERO ACCIDENTS AND ZERO INJURIES

Riverwood Healthcare Centers' Safety and Health Program is to protect and serve our patients, customers, visitors, volunteers and the Riverwood Team. Everyone is expected to participate in Riverwood's **Quality Improvement Program** and all **Safety Initiatives**.

The Volunteers and Riverwood Team has proven that “together” their support and dedication to this program can and has created a healthy and safe working environment for themselves as well as for our patients and customers.

GENERAL SAFETY

As a general rule of safety, we encourage you to develop and use observant behavior to keep yourself and others safe. Observant behavior is about being aware of your surroundings, people and objects that interact with you and others. Remember the Proverb, “Stop and Smell the Roses”, by doing that single act you become more aware of your surroundings and notice the little things that can make a difference in you and in others. Thus, creating that safer environment for all.

Observant behavior has three components for our use in volunteer safety:

1. **Observation** – use all your senses to monitor your environment.
2. **Assist and Aid** – notices all who come in contact with you and offer your assistance when needed or requested.
3. **Report** – record and report any unsafe incident or event you witness.

The Administrative Staff of Riverwood Healthcare Center commends Volunteers for its support and dedication and further challenges them to continue...

Be alert to surroundings; i.e. water on the floor... clean it up or call housekeeping immediately, possibly preventing a serious slip or fall injury. Be alert to the needs of co-workers; i.e. is someone carrying a heavy or awkward load... offer assistance or grab a cart to assist with the load. Be alert to safety issues; i.e. if you hear rumors of safety concerns outside your department, share them with the Safety Coordinator.

FIRE & LIFE SAFETY PLAN and INTERIM FIRE & LIFE SAFETY PLAN

The purposes of these Plans are to provide a fire-safe environment of care for Riverwood Healthcare Facilities.

Goals include compliancy with State and Federal Regulations and to provide education to employees regarding the elements of the Fire and Life Safety Management Plan.

Rescue; Alert; Contain; Extinguish/Evacuate; Relocate...

RACE R is the proper response to Fire or Smoke

ALWAYS RESCUE PEOPLE BEFORE PROPERTY

Pull Pin; Aim; Squeeze; Sweep...

Knowing the definition of **P.A.S.S.** may assist in using a fire extinguisher

NEVER USE MORE THAN ONE FIRE EXTINGUISHER ON A FIRE

*IF IT CAN'T BE EXTINGUISHED WITH ONE EXTINGUISHER CLOSE THE DOOR AND
LET THE FIRE DEPT HANDLE IT*

Fire Drills are conducted monthly; the State does not allow a pre-announce drill... always respond to an alarm as if it is real... because it may be REAL!

The “Interim Fire and Life Safety Plan” establishes operating guidelines; i.e. in the event a required fire alarm or sprinkler system is out of service for more than 4 hours in a 24 hour period a Fire Watch is activated.

A Fire Watch shall be activated if it has been decided not to evacuate the facility. A trained fire watch person shall be assigned this responsibility with no other duties but to walk/tour the entire facility at least once every 15 minutes. The fire watch shall remain in effect until the system is returned to normal operating condition.

EMERGENCY PREPAREDNESS OVERVIEW

The Plan ensures effective mitigation, preparation, response and recovery to disasters or emergencies.

An emergency is any unplanned event that can cause death or significant injury to patients, staff or the public; or can shutdown the Facility, disrupt operations, or cause physical or environmental damage.

Incident Control & Management: The Hospital Incident Command System (HICS) is a strong incident command structure and is a key element in Riverwood Healthcare’s response to an emergency and/or bioterrorist event.

YOUR ROLE: The individual who first identifies the situation or receives notification should take appropriate action for the situation and notify their manager, the Charge Nurse or a Senior Leadership Team (SLT) member. This plan will be executed at the discretion of the Charge Nurse or SLT member in coordination with the Chief Executive Officer (CEO) or designated representative(s).

RAPID RESPONSE INSTRUCTIONS

Follow these steps if you recognize a potential or actual emergency, incident or threat that may threaten or impact:

- The health and safety of occupants (including patients, staff, and visitors)
- Riverwood Healthcare Center's ability to provide care, or the physical environment or property

STEP 1	Protect yourself and those in the immediate area from harm. If appropriate, call 9-1-1 for emergency response and sound the facility alarm and/or overhead page if appropriate per this EOP. See quick reference <i>Emergency Paging Alerts and Response below</i> and for hazard-specific action see Incident Annexes for Initial Response.
STEP 2	Take a deep breath and assess the situation. Gather basic facts: <ul style="list-style-type: none"> • Type of incident, including specific hazard/agent • Location of incident, • Number and types of injuries, and • What you have done so far If the situation allows, begin to document your actions
STEP 3	Contact your immediate supervisor to report the incident and get further instructions. If you are unable to contact your supervisor, contact the Charge Nurse or a Senior Leadership Team member, for potential activation of the Hospital Incident Commander System and the Emergency Operations Plan. Activate overhead pages or facility emergency alert system as appropriate.
STEP 4	Notify additional authorities if appropriate and as indicated by plans.
STEP 5	Follow facility policies, procedures, and plans for extended response, documenting actions and incident reporting. For quick reference, see initial response in each annex of Section 5.

EMERGENCY ALERTS

Emergency Contact: Aitkin Police – Call 9-911

Emergency Contact: RHCC Administration - Day: x5501 After Hours: Nursing Service Charge Nurse

Emergency Contact: RHCC Facilities Management - Day x5509 or x5565 After Hours: On Call Facility Staff

Emergency Contact: RHCC Safety Officer - x3619

Overhead and/or desk phone paging numbers:

7300 (Aitkin, includes Outpatient Services [log bldg])

7301 (Garrison, desk phones only)

7302 (McGregor, desk phones only)

An overhead page shall be made to alert all staff to respond accordingly to a variety of internal and/or external emergencies. The following list includes all pre-designated emergency alert announcements and the associated emergency.

EMERGENCY PAGING ALERTS AND RESPONSE

Use plain language communications for emergency alert situations to staff, patients and visitors. Repeat overhead pages **3 times**. This list includes pre-designated emergency alerts and the associated appropriate emergency response.

Condition	Plain Language Alert	Action Examples
Fire	Fire Alarm + Location (+ action for staff/patient/visitors as appropriate)	Fire Alarm + Patient room 232 (+ action for staff/patient/visitors as appropriate)
Code Blue (see Policy 55-34)	Code Blue + Location (Outlying Clinics also dial 911)	Code Blue + Emergency Department
Abduction/Elopement	Missing person (of any age) +Descriptor (+ action for staff/patient/visitors as appropriate)	Missing Person + Infant from nursery (+ action for staff/patient/visitors as appropriate)
Severe Weather	Severe weather + Descriptor (+ action for staff/patient/visitors as appropriate)	Severe weather + Tornado warning (+ action for staff/patient/visitors as appropriate)
Security or Lockdown	Security alert + Descriptor + Location (+ action for staff/patient/visitors as appropriate) NOTE: include Lockdown if appropriate	Security alert + Combative Person + Admitting (+ action for staff/patient/visitors as appropriate)
Disaster (Internal or External Emergency)	Internal / External emergency +descriptor + (activation of Hospital Incident Command, if applicable)	External emergency + Trauma Alert + Hospital Incident Command activation
Medical Emergency Team	Medical Emergency Team + Location	Medical Emergency Team + Cardio-Pulmonary

Admitting/Switchboard staff are responsible for paging the appropriate alert announcement when instructed by administration or delegated individual in the event of an alarm condition (i.e. Fire). In the case where an Admitting/Switchboard staff member is not present, the charge nurse or designee shall make the overhead announcement.

Your response to these **Emergency Alerts** can be found in the Emergency Operations Plan 26-Plan-1.

EVACUATION

The decision to evacuate from unsafe or damaged areas shall be based on the certainty that the area chosen for evacuees is safer than the area being evacuated. Authorization to

evacuate can only be made by the Incident Commander: RHCC Chief Executive Officer/designee; Planning Chief: RHCC Chief Operations Officer/designee; Operations Chief: Facility Manager; Medical Branch Officer: RHCC Nursing Director/designee; or the Public Safety Officer (Fire or Police).

General evacuation instructions include evacuating the most hazardous areas first, closing all doors. If time permits, transfer the patient medical record with the patient.

NOTE: During an evacuation, a responsible person should be placed with evacuees for reassurance and to prevent confused patients from re-entering the danger zone

SEVERE WEATHER

The policy for Severe Weather is to provide employees information related to the plan of action to be initiated. It is important to remember Departments may have additional plans to comply with as well.

Hospital Incident Command System (HICS) Plan: The Incident Commander/Chief Executive Officer or Designee assesses the need to initiate the Plan.

Warnings: Weather radios are located in strategic areas throughout RHCC facilities. Weather conditions are issued by the National Weather Service via the weather radio and may include initiating a watch or warning. The weather service may upgrade a watch to a warning when heavy snow, sleet, freezing rain, or blizzard conditions are anticipated or a tornado has been sighted.

Emergency Closing: RHCC has an obligation to provide services to our patients and the general public. At the same time, we understand that some of our staff may find it difficult to report to work during severe weather. Staffs are expected to make every reasonable effort to report for their scheduled shift so that essential services are maintained; but they are not expected to jeopardize their safety.

Department Closure: The Chief Executive Officer (CEO) or designee makes the decision regarding department closures and contacts Managers as well as local radio stations with this information.

THREATENING COMMUNICATION

Receiving a Threatening Phone Call: If you receive a threatening phone call, please complete the appropriate form to be used for this type of situation, complete the form before you report the incident.

Receiving an Extortion Letter: If you open a letter which contains a threat of a bombing or a demand for extortion...immediately place the page(s) and envelope between pieces of blank paper. Do not handle more than necessary.

Sighting a Suspicious Package: If you believe a package is suspicious... do not handle it. Have someone guard and observe the package while another person files the report.

Suspicious Activity or Incident Reporting: If you witness suspicious activity or an event, please complete a suspicious activity description form first before filing a report.

Combative Person, Weapon and/or Hostage Situation: If a psychological crisis occurs: STAY CALM. Notify Aitkin Police and follow plan outlined in Riverwood policy #26.1a.

Always notify Administration immediately when a threat has been received and it's safe for you. It is the Incident Commander's responsibility to determine if the HICS Plan is to be implemented and to notify the appropriate authorities as necessary. If you have any questions, please contact Safety Coordinator.

PATIENT FALL PREVENTION

Patients or visitors who are observed inside or outside the hospital and have an unsteady or difficult gait without medical assistance are to be offered a walker or wheelchair for their own safety and fall prevention.

Any witnessed fall shall be reported immediately to Emergency Room and Admitting, then go to fallen person to comfort and reassure. Do not move or assist the person to move, leave this responsibility to the medical response team. Use your observations and that of witnesses to complete a hospital incident report.

Identified patients with "Fall Risk" will be wearing yellow socks, yellow wrist band and have a Falling leaf on their hospital room door frame. If you should see patient with these markers, ask that person to sit down and call nursing staff for assistance.

EQUIPMENT SAFETY

A wide variety of electrical equipment is used in the medical setting – computers, microwave ovens, vacuums, x-ray machines, monitors, ventilators and more. Each piece of equipment, no matter how simple, can potentially harm a patient or an employee if not used properly or kept in good condition. Knowing how to use your equipment is a critical factor in maintaining a safe environment. You, as a user of equipment, are responsible for looking over your equipment before using it. You should look for any obvious defects (such as exposed wires). In addition, you are also responsible for using equipment as instructed.

Preventative Maintenance

All equipment shall be routinely inspected to insure it is working properly and to prevent problems and injuries. This inspection is called Preventative Maintenance (PM). Once inspected—a valid sticker is placed on the equipment. PM is shared between Plant Operations and the outside Biomedical Services.

REMEMBER: All electrical equipment brought into and/or used in patient care areas must bear a valid safety inspection decal regardless of whether the device is owned by RHCC—this includes personal equipment/radios.

Defective Equipment

After you have determined a piece of equipment is defective:

- Remove equipment from use; Complete a “Bio-Medical or Facilities Work Order” and place a copy on the defective equipment
- Tell your supervisor and report the problem to Bio-Medical or Plant Operations.

Safe Medical Device Act (SMDA)

A piece of equipment not working properly poses a danger to patient, co-workers and you. The SMDA requires RHCC to report any medical device that causes/contributes to serious illness, injury or death of a patient or an employee. A medical device is anything used in patient care that is not a drug; i.e. monitors, infusion pumps, implants, patient restraints, IV dye, syringe and in vitro reagents.

A patient or employee illness or injury is considered serious if it:

- Is life threatening or requires immediate medical or surgical treatment to prevent permanent damage.
- Results in permanent damage to the body or function or contributes to the death of an individual

If a piece of equipment may have caused a serious illness or injury (incident) to a patient or an employee:

- Tell manager/supervisor and remove equipment from use - leave equipment setup as it was when the accident happened and be sure to lock it up so it cannot be tampered with. Save any disposable items and their packaging.
- Do **NOT** release to Product Representative.
- Fill out and put a defective equipment sticker on the equipment. On the sticker, write that the equipment was possibly involved in the incident. Describe the problem thoroughly.
- Call Safety, Plant Operations or Biomedical Services immediately
- Call the Risk/Quality Director within 24 hours. Complete the correct incident report. Follow the guidelines found in the Incident Reporting and Investigation Policy and Procedure.

MN EMPLOYEE RIGHT-TO-KNOW ACT

The law was passed to make sure employees are told about the dangers associated in working with hazardous substances, harmful physical or infectious agents. The law outlines both employer and employee responsibilities for safety from work related injury or illness.

- The law gives you the right to--refuse to work under imminent danger conditions, or if information or training about how to safely proceed with your job is not provided.
- The law gives you the right to--be told about the hazardous substances and harmful physical and infectious agents you will be working with.
- The law gives you the right to--receive education before being exposed to or working with any hazardous material or agent, or being placed in a potentially harmful situation.

CHEMICALS OR DRUGS: SAFETY DATA SHEETS (SDS)

The SDS for chemicals specific to your work area is located online and is available through any computer within the RHCC facilities.

Handling of Spills: Know the procedures for handling of a spills or leaks in your work area. Notify Plant Operation's Spill Team in the event of ANY SPILL in our facilities.

Leave the area:

- Leaving the area may be the first thing you do—depending on the hazards of the chemical spilled.
- Remove contaminated clothing and wash affected area.
- Get medical treatment and first aid as needed.

Inform your Manger/Supervisor.

- Identify the location
- Approximate amount spilled
- Name of material if known
- Print SDS for Spill Team

REPORTING

Reporting forms are available on Riverwood's computer system homepage or through your supervisor. Please review available forms and required information before you need to use them.

Any questions or problems should be directed to your supervisor or the Safety Coordinator for resolution.

WORKERS'COMPENSATION

The employer must provide insurance to pay, the lost wages and medical expenses of an employee who is injured while performing job tasks. These workers' compensation benefits are coordinated through the employer's workers' compensation insurer.

Workers Compensation pays for:

- Medical care related to the reported injury, as long as it is reasonable and necessary
- Wage-loss benefits for part of your income loss
- Benefit for permanent damage to a body function
- Benefits to your dependents if you die of a work injury
- Vocational rehabilitation services if you cannot return to your job or to employer you had before the injury
- Travel mileage to obtain medical treatment and /or for certain vocational rehabilitation activities

Contacts for questions or information on workers' compensation:

Riverwood Workers' Compensation contacts:

Safety Coordinator – ext.3619

Employee Health – ext.2611

Human Resources – ext.5195

Riverwood Healthcare Center's Workers' Compensation Insurer:

Meadowbrook Insurance Group

(952) 886-6216 or (800) 211-6389

Minnesota Department of Labor and Industry

Worker Compensation Division

(218) 733-7810 or (800) 343-5354

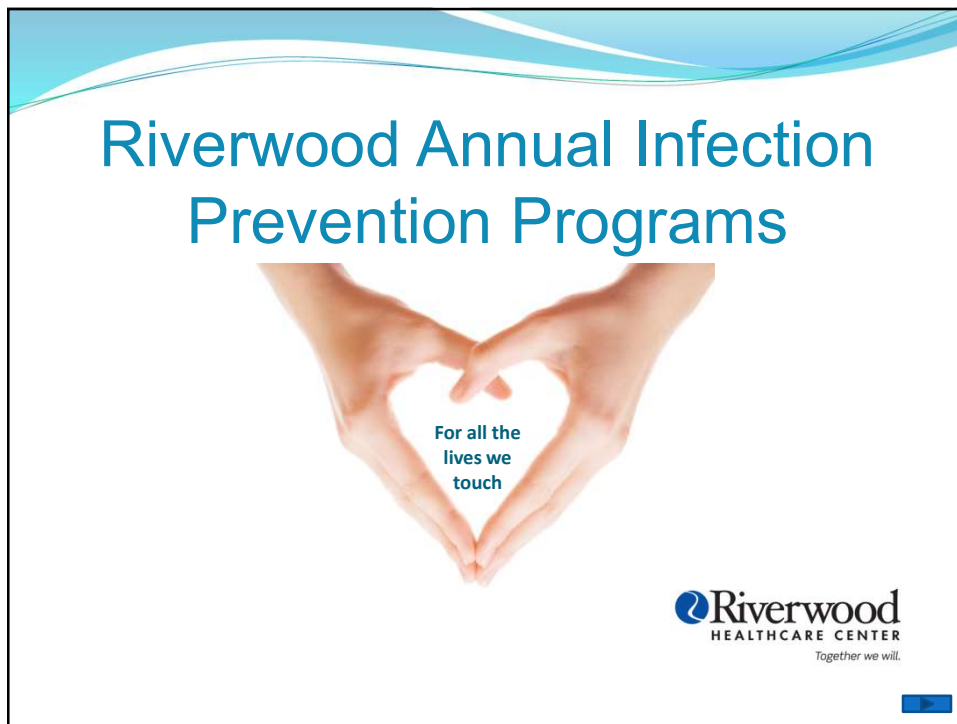
www.dil.mn.gov/WorkComp.asp

Process for filing a workers' compensation injury claim:

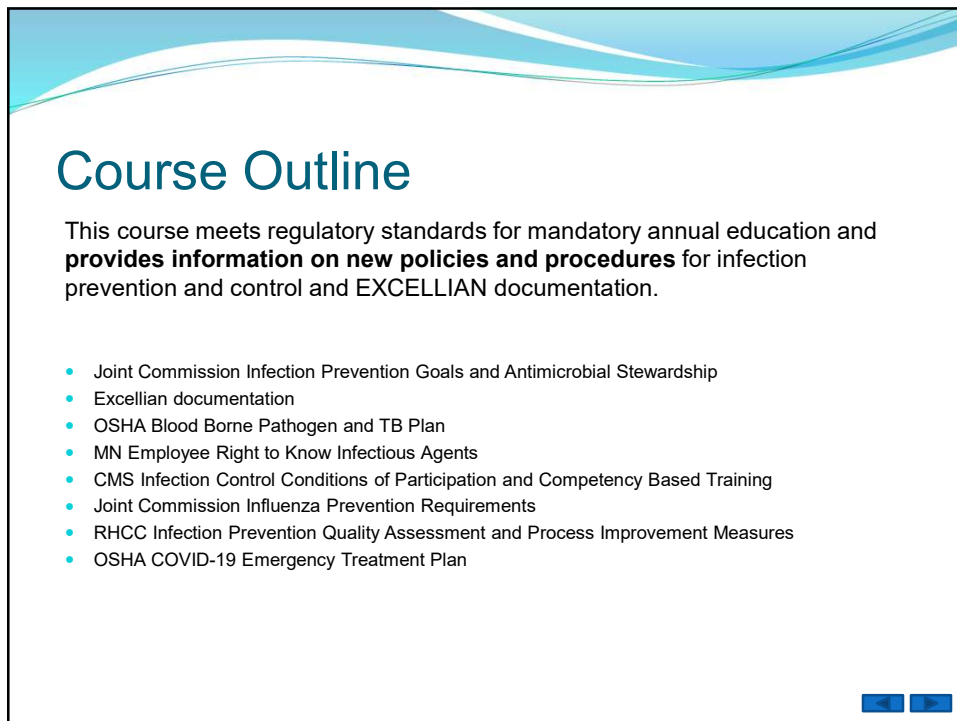
- File a First Report of Injury (FROI) with your Supervisor/Manager and Safety Office
 - Exposure injuries are to be reported to Employee Health, with care provided by facility emergency department or clinical provider in outlying clinics.
- If seen by a provider, file a Workability Form with your Supervisor/Manager and Safety Office before leaving work and a form with each following provider visits
 - If placed on work restrictions and able to work, accommodations under those restrictions will be made and documented in a Temporary Restricted Job Offer with compensation at pre-injury salary for hours worked, any lost time compensation will be coordinated through workers' compensation insurer.
 - If placed off work, benefits and compensation will be coordinated by workers compensation insurer.
- Assist Supervisor/Manager in the completion of Manager's Investigation form and file with Safety Office
- For assistance in reporting a claim please contact your Supervisor/Manager, Safety Office, Employee Health or Human Resources.

Safety and Workers' Comp Contact Information:

Quint Askildson
Safety Coordinator
200 Bunker Hill Drive
Aitkin, MN 56431
218-927-2121 ext. 3619



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TJC Infection Prevention Patient Education Documentation

Riverwood meets *The Joint Commission* standards for patient education by reviewing Safety Information included in the Admission Packet with the patient and/or family member. Micromedex® Care Notes are printed according to patient Infection Prevention needs

Safety information includes:

- Respiratory hygiene and cough etiquette
- Hand hygiene
- Preventing device associated infections
- Preventing surgical site infections
- Antibiotic risks
- Visitor restrictions

SAFETY INFORMATION

You are an important part of infection prevention!

• Read CDC's information on back side for 6 things you can do to prevent infections during your hospital stay. Be Informed. Be Empowered. Be Prepared.

• For your safety, ask visitors not to come if they have been ill with a fever, cough, sore throat, vomiting, or diarrhea.

• Sneeze and cough into your elbow or tissue.

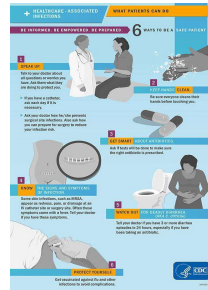
• Discard tissue in waste basket immediately after use.

• Wash your hands with hand sanitizer or with soap and water often, before meals, after blowing nose, or coughing or sneezing, and after toilet.

• Ask nurse for Sani-Hands Packets to keep at your bedside.

Don't be afraid to
ask healthcare
workers and your
visitors to clean
their hands before
touching you.

Wash Hands



3

TJC Patient and Family Education Documentation Requirements

IC.02.05.01 MDRO prevention strategies

IC.02.05.01 central line-associated bloodstream infection prevention

IC.02.05.01 surgical site infection prevention

IC.02.05.01 CAUTI prevention and symptoms

4

TJC Patient Education Documentation Requirements

IC.01.01.01

- Educate visitors, patients, and families on responsibilities for preventing and controlling infection to include hand and respiratory hygiene practices

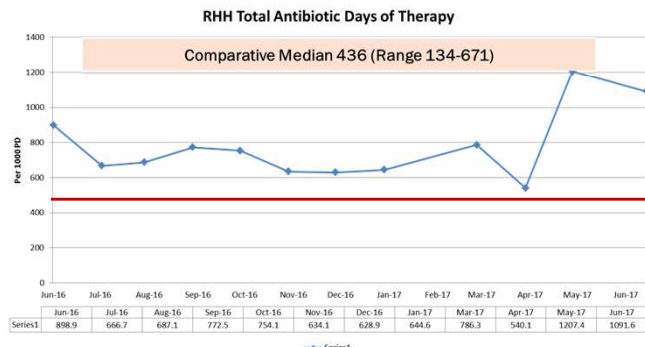
MM.09.01.01

- The [critical access] hospital educates patients, and their families as needed, regarding the appropriate use of antimicrobial medications, including antibiotics.

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NPSG 07.03.01 MM 09.01.0101

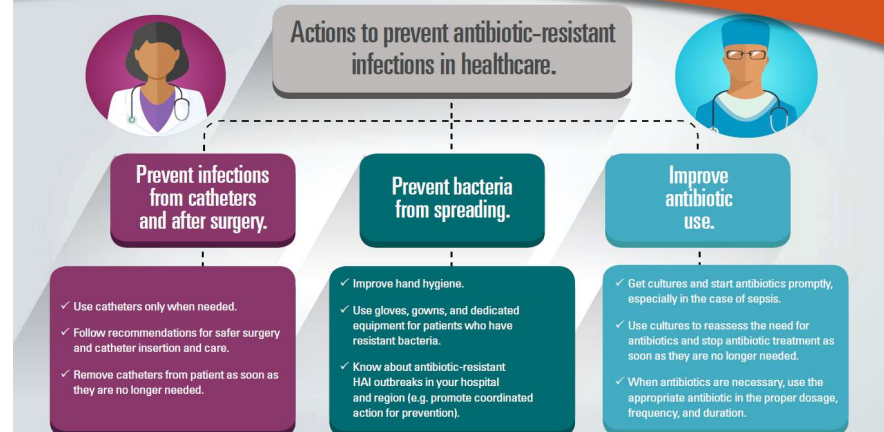
- Riverwood's Antimicrobial Stewardship Program and evidence-based resources are on Hospital Portal - Intranet
- TJC requires staff be aware of our MDROs and prevention, antibiotic risks for adverse events and MDROs, and antibiotic usage
- Riverwood's Inpatient total antibiotic usage is HIGER than other small hospitals



6

NPSG 07.03.01

MM 09.01.0101

Protect every patient every time.

7

Multi Drug Resistant Organisms

NPSG 07.03.01.6 – Prevent, Measure and Monitor Multi-Drug Resistant Organisms (MDROs)

Prevention measures include screening for MRSA and daily bathing with Chlorhexidine Gluconate from chin to toe during ICU stays and PM/AM preoperative skin preparation

8

CHG Bath Procedures & Excellian Documentation

NPSG 07.03.01.6 – Prevent, Measure and Monitor Multi-Drug Resistant Organisms (MDROs)

Prevention measures include screening for MRSA and daily bathing with Chlorhexidine Gluconate from chin to toe during ICU stays and PM/AM preoperative skin preparation

Choose Total CHG bath (chin to toe)

Use only Chlorhexidine Gluconate compatible lotion

Daily ICU and PM/AM Chlorhexidine Gluconate cleansing product

9

Multi Drug Resistant Organisms

NPSG 07.03.01.7 – Reducing MDRO Transmission

To limit the transmission of MRDO's, Riverwood requires all personnel to follow Transmission Based Precautions *in addition to Standard Precautions*.

- Post Transmission Based Precaution signs on patient room door
- Follow proper donning and doffing of Personal Protective Equipment (PPE)
- Keep Transmission Based Precaution signs posted for Housekeeping instructions

CONTACT PRECAUTIONS <i>In addition to Standard Precautions</i>			
VISITORS			
Report to Nurses' Station Before Entering Room			
Before Entering Patient Zone			
1	Hand Hygiene	2	Gown
3	Glove	4	Dedicate Supplies
Before Leaving Patient Room			
4	Remove Gloves	5	Remove Gown
6	Hand Hygiene		
Do Not Remove Sign on Discharge			
	Replace Curtain		

NPSG 07.03.01.9 – Alert System

Riverwood's new alert system in Excellian is the FYI flag which is displayed on the Electronic Medical Record banner for all department notification. Check FYI flag for Excellian-Allina culturing requirements and duration of precautions.

10

Organism Survival in Environment

MDRO pathogens and Dialysis associated pathogens can survive in the environment for longer periods without the visible presence of blood or feces, and has been associated with health care transmissions.

Uniforms and lab coats are frequently contaminated from patient care environment.

Pathogen	Survival Time
<i>S. aureus</i> (including MRSA)	7 days to >12 months
Hepatitis A	2 hours to 60 days
Hepatitis B	7 days to 2 weeks
Hepatitis C	4 days to 3 weeks
<i>Clostridium difficile</i> (spores)	>5 months (up to 1 yr)
Norovirus (and feline calicivirus)	8 hours to >2 weeks
VRE & CRE	5 days to 4 months

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Cleaning Patient Care Equipment

PDI Sani-Cloth AF3

3 Minute Contact Time

- Change wipes frequently to assure wet contact time
- Alcohol Free
- Use only on compatible equipment per Manufacturers instructions



Bleach Wipes

3 minute contact time

- Wear gloves and sanitize hands when finished
- Effective on ALL pathogens (norovirus, C diff)
- Do not use on fabric, wood, natural rubber, painted and paper surfaces or restricted equipment
- Reacts with ammonia, toilet bowl cleaners, rust removers or acids to produce hazardous gases, such as other chlorinated compounds.



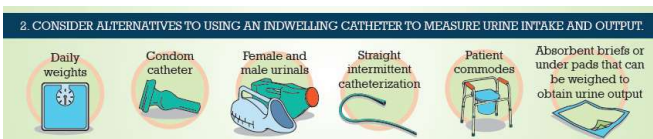
12

IC.02.05.01 Prevent Catheter Associated Urinary Tract Infections (CAUTI)

RHCC control programs include:

- Annual competency assessment
- Excellent best practice alert documentation for appropriate indications:
 - **Critically ill patients** who need accurate urinary output measurements (hourly I&O)
 - Patients with acute urinary retention or bladder outlet obstruction
 - **Unstable thoracic or lumbar spine and pelvic fractures**
 - Incontinent patients with an open sacral or perineal wounds
 - Perioperative use for selected surgical procedures
 - To improve comfort for end of life care if needed
- **Minimize** urinary catheter use and duration of use in all patients, particularly those at higher risk for CAUTI or mortality from catheterization such as **women, the elderly, and patients with impaired immunity (CDC IB)**

NPSG 07.06.01.2 – Reducing CAUTI



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See Excellian LDA Tip Sheet for Q Shift & Insertion Documentation Requirements

Jump to where I left off Mode: Accordion Expanded View All		1m 5m 10m 15m 30m 1h 2h 4h 8h 24h Based On: 0700 Reset Now	
ED to Hosp-Admission (Current) from 8/2/2016 in Riverview...		8/7/16 8/8/16	
Incontinent Urine (number of events)		2040	2155 0640 0700 0845 1010
ADDITIONAL URINARY			
Additional Urinary documentation indicated?			
URINARY DRAIN Foley			
Properties	Placed/Noted Date/Placed/Noted Time: 08/02/16 1700	Type: Foley	
Site / Tube Assessment	Intact C...	Intact C...	
Site / Tube Dressing	Dry and ...	Dry and ...	
Intervention	Pericare...		
Urine Characteristics	Clear		
Color	Dark A...		
+/-O+	Urine Device Output	600	
Is this patient excluded from removal protocol			
URINARY DRAIN Foley			
Properties	Placed/Noted Date/Placed/Noted Time: 08/02/16 1700	Type: Foley	
Site / Tube Assessment			
Site / Tube Dressing			
Intervention			
Urine Characteristics			
Color			
+/-O+	Urine Device Output		
Is this patient excluded from removal protocol			

08/07/16 2040

Is this patient excluded from removal proto... ☐

Yes, Specific provider order to keep catheter in place or s

Select Single Option: (F5)

No

Protocol not in use at this site

Yes, Chronic indwelling catheter on admission

Yes, Difficult catheter insertion and/or patient followed by

Yes, Patient has suprapubic catheter or nephrostomy

Yes, Specific provider order to keep catheter in place or s

Yes, Urologic, gynecological or peri-rectal/anal surgery

Yes, Pediatric medical and surgical patients

Yes, Continuous bladder irrigation patient

Comment (F6)

Value Information

Yes, Specific provider order to keep catheter in place or specific provider order for catheter removal

Taken by: Burdick, Sarah L, RN at 08/07/16 2040 (yesterday)

Recorded by: Burdick, Sarah L, RN at 08/08/16 0239 (today)

Row Information

Chronic indwelling urinary catheter on admission - Patients admitted from home or an extended care facility with a chronic indwelling catheter are considered to have an acceptable indication for catheter use. Additionally, difficult urinary catheter insertions noted by urology service or MD, or are being followed

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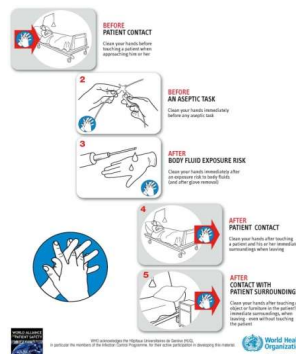
When to Perform Hand Hygiene

NPSG 07.01.01.1 – Reduce risk of healthcare associated infections

Riverwood's *Hand Hygiene Policy 55-10* is consistent with the *World Health Organization's 5-Moments for Hand Hygiene*.

5-Moments for Hand Hygiene

1. Clean hands before approaching or touching a patient
2. Clean hands immediately before any aseptic task
3. Clean hands immediately after an exposure to bodily fluids & after glove removal
4. Clean hands after touching patient & their immediate surroundings when leaving
5. Clean hands after touching any object or furniture in patients surroundings when leaving – even without touching the patient



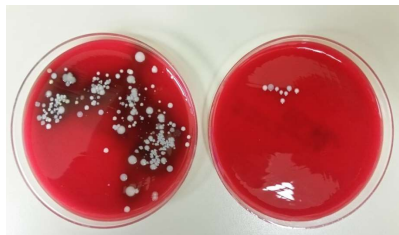
Refer to *Hand Hygiene Policy 55-10* located on SharePoint > Policies & Procedures > Infection Control

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Germs on hands and nails



Pseudomonas infection from artificial nail enhancement



Riverwood employee's hand culture Before and After Hand Washing

Effective January 2017, Riverwood will restrict **ALL** nail enhancements including nail polish, for all individuals that **touch patients, patient equipment, patient environment, food, linen and medications** due to the increasing threat of MDROs and infection transmission in health care settings associated with artificial nail enhancements or nails longer than ¼" in length.

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Hospital Approved Hand Hygiene Products

Only use hospital approved hand hygiene products as these are:

- Compatible with our soaps
- Maintains integrity of our gloves and products

Take good care of your hands to protect yourself and your patients



New!

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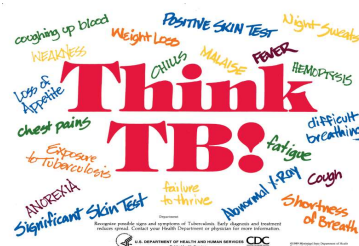
Tuberculosis (TB) Transmission

OSHA requirements mandate training standards and engineering controls:

- Recognize signs and symptoms of tuberculosis
- Early diagnosis and treatment reduces the spread of the disease

Important TB transmission reminders include:

- TB is spread person to person through the air via droplet nuclei
- TB is expelled when an infectious person coughs, sneezes, speaks or sings
- Transmission occurs when another person inhales droplet nuclei
- TB is NOT transmitted in the environment



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Excellian TB Screening > 6 Score: BPA Order CXR & Airborne Isolation

TB SCREEN		
Productive Cough > 3 Weeks	0=No 3=Yes 00=Unknown	
Hemoptysis (coughing up blood)	0=No 4=Yes 00=Unknown	
History of exposure to TB	0=No 2=Yes 00=Unknown	
Score (continue with TB screen if score > 0)	9	
Unplanned 10 lb weight loss in past 30 days	0=No 2=Yes	
Fever	0=No 2=Yes	
Night Sweats	0=No 2=Yes	
Prior history of TB	0=No 3=Yes	
History of positive test (Mantoux or PPD)	0=No 2=Yes	
Foreign born	0=No 3=Yes	
Injection drug user	0=No 1=Yes	
Homeless	0=No 1=Yes	

TB SCREEN	
Productive Cough > 3 Weeks	Yes
Hemoptysis (coughing up blood)	Yes
History of exposure to TB	Yes
Score (continue with TB screen if score > 0)	9 (calculated)
Unplanned 10 lb weight loss in past 30 days	No
Fever	No
Night Sweats	No
Prior history of TB	No
History of positive test (Mantoux or PPD)	No
Foreign born	No
Injection drug user	No
Homeless	No
HIV infection	No
Total (Screen is positive if total = 6 or more)	9 (calculated)
TB Screen Result (see row info)	Positive screen - initiate precautions

Riverwood's Airborne Infection Isolation rooms are 646, Endoscopy, and ED triage

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Airborne Infection Disease Prevention

Transmission Based Precautions that require the use of a PAPR or fit tested N-95 respirator to prevent airborne infection transmission include:

- Modified Droplet
- Airborne Infection Isolation
- Maximum Barriers

Annual fit testing is required for:

- Cardiorespiratory personnel
- Portable x-ray personnel
- Wound clinic, ED and HNS nurses

Just in time training is available for:

- Radiology personnel
- Laboratory personnel
- Rehabilitative services
- Clinic personnel
- Plant operations
- Housekeepers

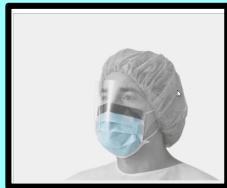


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Choose Correct Respiratory Protection



- ✓ Non-vaccinated staff during face-to-face contact-crossing door threshold (flu season) for oncology and Neutropenic
- ✓ Adult respiratory hygiene (coughing)
- ✓ Droplet precautions (pertussis)



- ✓ Modified Droplet Precautions (Influenza-like-illness)
- ✓ Splashing in your face



- ✓ Modified Droplet (intubation/extubation)
- ✓ Airborne Infection Isolation (Chicken pox, disseminated shingles, TB)



Child respiratory hygiene (coughing)

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Preventing Influenza Transmission

The American Hospital Association and the National Patient Safety Foundation state that healthcare worker influenza vaccination and/or masking if not vaccinated is a patient safety priority.

The Joint Commission and CMS standards require the following:

- Patients must receive education about respiratory hygiene and cough etiquette
- Staff must also be educated on how to prevent influenza transmission BEFORE and AFTER symptoms. Remember Influenza is contagious 1 day before symptoms onset.
- Employee and patient influenza vaccination rates must be monitored and improved

Riverwood complies with respiratory and cough etiquette procedures by:

- Asking visitors, family members or a staff member to wear a mask if they are not covering their coughs in a tissue or their sleeve
- Posting signage at cough kiosks and at common entrances
- Adding messages to media boards
- Restricting visitation and children during influenza outbreaks
- Documenting patient education upon admission



Influenza droplets travel 6 feet

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Influenza & Mandatory Reporting

- All hospitals, including Critical Access Hospitals, are required to report the number of personnel and providers that decline the influenza vaccine on an annual basis
- According to the Center's for Medicare Quality Improvement Organization, Lakes Superior Quality Innovation Network, **Riverwood is in the bottom 25th percentile of staff vaccinated**
- **All influenza vaccine decliners are required to complete additional education on an annual basis**

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Neutropenic Precautions

Any staff person who has not received the annual flu vaccine must wear a mask within 6 feet of Neutropenic patients or patients with cancer during influenza season.

Neutropenic patients are at risk for infections due to their weakened immune system.

Follow the instructions posted on the front and back of the *Neutropenic Precaution* signage for how to clean these rooms and how to transport patients out side their room.

Refer to *Neutropenic Precaution Policy #30-52* located on SharePoint > Policies & Procedures > Infection Control

ATTENTION Neutropenic Precautions	
All visitors and staff are required to follow these precautions	
1. DO NOT ENTER ROOM if exposed to cold, flu, or other contagious illness within last 2 weeks	
2. Visitors are limited to 3 at a time	
3. Children under age 16 must be screened by the nurse before visiting	
4. Do not have patient contact if received live virus vaccination within 6 weeks	
5. Wear a surgical mask if have a cold sore and must not kiss the patient	
6. Visitors must remove outerwear (coat and boots) before entering room	
7. Keep door closed at all times	
8. Clean your hands –upon entering room	
9. Patient to wear N 95 respirator mask when leaving room and during room cleaning	
10. Clean your hands –upon exiting room	
11. No Fresh Fruit or Flowers. See nurse for special dietary restrictions	

*Dedicate patient care equipment, stethoscopes

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Infectious Agents Resources and Education

Personnel are informed about infectious agents exposure by posting *Transmission Based Precautions Signage* and the *Transmission Based Precautions Policy 30-Policy-20 and Isolation Precautions and Safety Zone 30-Proc-18*.

- The back of the Precaution Signage lists the most common infectious agent and transport instructions

- The front of the sign lists steps for donning and doffing PPE

Refer to *Transmission Based Precautions Policy #30-20* located on [SharePoint](#) > [Policies & Procedures > Infection Control](#)

AIRBORNE INFECTION ISOLATION In addition to Standard Precautions		DROPLET PRECAUTIONS In addition to Standard Precautions	
Suspected Disease or Condition		Suspected Disease or Condition	
Disseminated Shingles or Herpes Zoster (>5 dermatomes) (Plus Contact Precautions) Localized Zoster in <500 neutrophils Chicken Pox (Plus Contact Precautions) Tuberculosis Measles		Pertussis (Whooping Cough) Epiglottitis due to <i>H. influenzae</i> type b for 24 hours of antibiotics Influenza-like illness (See Modified Droplet Precautions) Influenza * for 24 hours of antibiotics * type b & <i>Neisseria meningitidis</i> at disease* for 24 hours of antibiotics (menitis, meningitis)	
MODIFIED DROPLET PRECAUTIONS In addition to Standard Precautions		MODIFIED DROPLET PRECAUTIONS In addition to Standard Precautions	
Suspected Disease or Condition		Suspected Disease or Condition	
*Influenza-like illness (for 7 days from symptom onset or 24 hours after fever resolution-whichever is longer) Confirmed Influenza (for 7 days from symptom onset or 24 hours after fever resolution-whichever is longer) *Severe respiratory infection (for 7 days from symptom onset or 24 hours after fever resolution-whichever is longer)		*Influenza-like illness (for 7 days from symptom onset or 24 hours after fever resolution-whichever is longer) Confirmed Influenza (for 7 days from symptom onset or 24 hours after fever resolution-whichever is longer) *Severe respiratory infection (for 7 days from symptom onset or 24 hours after fever resolution-whichever is longer)	
Aerosol-Producing Procedures (Sputum induction, intubation, extubation, bronchoscopy, CPR, Open suctioning)		Aerosol-Producing Procedures (Sputum induction, intubation, extubation, bronchoscopy, CPR, Open suctioning)	
Limit to medically necessary procedures Limit number of HCW present (immunized, non-pregnant) Move to Airborne Isolation Room or use HEPA		Limit to medically necessary procedures Limit number of HCW present (immunized, non-pregnant) Move to Airborne Isolation Room or use HEPA	
		Routine Cleaning	

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Blood Borne Pathogen Symptoms

OSHA requires annual training on reducing employee exposures to blood borne pathogens.

- Persons with HIV, Hepatitis B and C do not have symptoms when they are capable of transmitting to a healthcare worker
- Hepatitis C is the most common blood borne pathogen in the US and at Riverwood.
- Hepatitis symptoms may take up to 30 years to develop when liver damage becomes severe and include fever, fatigue, abdominal pain, jaundice and liver cancer.

HIV infection symptoms include:

- Fever, weight loss
- Pharyngitis
- Mouth sores and sore throat
- Lymphadenopathy
- Sore esophagus
- Muscles myalgia
- Liver & spleen enlargement
- Malaise, headache, neuropathy
- Skin rash
- Nausea, vomiting

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Preventing Blood Borne Pathogens

Riverwood Medication Administration policies include **new injection safety requirements**.

- Read label
- Double check expiration date
- Use aseptic technique
- Cleanse vial with alcohol
- Discard all used needles, syringes, SDVs after procedure
- MDVs are discarded when:
 - beyond-use date has been reached
 - doses are drawn in patient treatment area
 - any time vial sterility is questioned



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Workplace Practice Controls

Wear personal protective equipment (PPE) for splatter protection.

- Water proof or impermeable gowns
- Gloves (nitrile, chemo, or vinyl)
- Facial Protection (mask and eye protection)

Be knowledgeable about your Department's hazardous work spaces. OSHA prohibits the following activities in potentially contaminated work areas:



- No eating
- No open drinking cups
- No applying lip balm
- Do not handle contact lenses
- Do not place food or drink in patient, medication or specimen refrigerators



30

Workplace Practice Controls

Soiled Linen Hazard

Follow *Standard Precautions* when handling laundry to prevent sharps or body fluid exposure:

- Soiled linen is handled as little as possible with minimal agitation
- All soiled laundry is placed in clear leak-proof, plastic bags at point of use, tied at point of use and transported to laundry bin in a closed bag
- Items dripping with blood or other potentially infectious body fluids are discarded in red biohazard bags
- Laundry bags are not held close to the body or squeezed when transporting to avoid punctures from improperly discarded syringes



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Break the Chain of Infection

MN and Federal OSHA States: Employees must understand how to break the chain of infection to protect themselves from exposure.



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COVID-19 Plan

- The COVID-19 plan addresses the hazards identified by the hazard assessment and includes policies and procedures to minimize the risk of transmission of COVID-19. This plan is in accordance with OSHA's Emergency Temporary Standard (ETS). The plan is located on Hospital Portal- COVID-19: <http://rhhchp/intranet/main.aspx?tid=382&mtid=1>
- These policies and procedures include, but are not limited to:
 - Patient screening and management
 - Standard and Transmission-Based Precautions
 - Personal Protective Equipment (PPE)
 - Aerosol-generating procedure
 - Physical distancing
 - Physical barriers
 - Cleaning and disinfection
 - Ventilation
 - Health screening and medical management
 - Vaccination
 - Training

**Riverwood Healthcare Center
COVID-19 Plan Safety Coordinators**

Name(s): Jeanine LeBlanc, Infection Preventionist & Quint Askildson, Safety Coordinator

Email(s): jleblanc@rwhealth.org or qaskildson@rwhealth.org

Phone: ext. 5553 or ext. 3619

2023

Critical Access Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

Identify patient safety risks

NPSG.15.01.01

Reduce the risk for suicide.

Prevent mistakes in surgery

UP.01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01

Pause before the surgery to make sure that a mistake is not being made.



The Joint Commission

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

Minnesota Patients' Bill of Rights

Legislative Intent

It is the intent of the Legislature and the purpose of this statement to promote the interests and well-being of the patients of health care facilities. No health care facility may require a patient to waive these rights as a condition of admission to the facility. Any guardian or conservator of a patient or, in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient. An interested person may also seek enforcement of these rights on behalf of a patient who has a guardian or conservator through administrative agencies or in probate court or county court having jurisdiction over guardianships and conservatorships. Pending the outcome of an enforcement proceeding the health care facility may, in good faith, comply with the instructions of a guardian or conservator. It is the intent of this section that every patient's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.

Definitions

For the purposes of this statement, "patient" means a person who is admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental health of that person. "Patient" also means a minor who is admitted to a residential program as defined in Section 7, Laws of Minnesota 1986, Chapter 326. For purposes of this statement, "patient" also means any person who is receiving mental health treatment on an out-patient basis or in a community support program or other community-based program.

Public Policy Declaration

It is declared to be the public policy of this state that the interests of each patient be protected by a declaration of a patient's bill of rights which shall include but not be limited to the rights specified in this statement.

1. Information about Rights

Patients shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. In the case of patients admitted to residential programs as defined in Section 7, the written statement shall also

describe the right of a person 16 years old or older to request release as provided in Section 253B.04, Subdivision 2, and shall list the names and telephone numbers of individuals and organizations that provide advocacy and legal services for patients in residential programs. Reasonable accommodations shall be made for those with communication impairments, and those who speak a language other than English. Current facilities policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and Section 626.557, relating to vulnerable adults.

2. Courteous Treatment

Patients have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.

3. Appropriate Health Care

Patients shall have the right to appropriate medical and personal care based on individual needs. This right is limited where the service is not reimbursable by public or private resources.

4. Physician's Identity

Patients shall have or be given, in writing, the name, business address, telephone number, and specialty, of any, of the physician responsible for coordination of their care. In cases where it is medically inadvisable, as documented by the attending physician in a patient's care record, the information shall be given to the patient's guardian or other person designated by the patient as his or her representative.

5. Relationship with Other Health Services

Patients who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Information shall include the name of the outside provider, the address, and a description of the service which may be rendered. In cases where it is medically inadvisable, as documented by the attending physician in a patient's care record, the information shall be given to the patient's guardian or other person designated by the patient as his or her representative.

6. Information about Treatment

Patients shall be given by their physicians complete and current information concerning their diagnosis, treatment, alternatives, risks and prognosis as required by the physician's legal duty to disclose. This information shall be in terms and language the patients can reasonably be expected to understand. Patients may be accompanied by a family member

or other chosen representative, or both. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician in a patient's medical record, the information shall be given to the patient's guardian or other person designated by the patient as his or her representative. Individuals have the right to refuse this information.

Every patient suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods.

7. Participation in Planning Treatment

Notification of Family Members:

- (a.) Patients shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative, or both. In the event that the patient cannot be present, a family member or other representative chosen by the patient may be included in such conferences. A chosen representative may include a doula of the patient's choice.
- (b.) If a patient who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts as required under paragraph (c) to notify either a family member or a person designated in writing by the patient as the person to contact in an emergency that the patient has been admitted to the facility. The facility shall allow the family member to participate in treatment planning, unless the facility knows or has reason to believe the patient has an effective advance directive to the contrary or knows the patient has specified in writing that they do not want a family member included in treatment planning. After notifying a family member but prior to allowing a family member to participate in treatment planning, the facility must make reasonable efforts, consistent with reasonable medical practice, to determine if the patient has executed an advance directive relative to the patient's health care decisions. For purposes of this paragraph, "reasonable efforts" include:
 - (1.) examining the personal effects of the patient;
 - (2.) examining the medical records of the patient in the possession of the facility;
 - (3.) inquiring of any emergency contact or family member contacted whether the patient has executed an advance directive and whether the patient has a physician to whom the patient normally goes for care; and
 - (4.) inquiring of the physician to whom the patient normally goes for care, if known, whether the patient has executed an advance directive. If a facility notifies a family member or designated emergency contact or allows a family

member to participate in treatment planning in accordance with this paragraph, the facility is not liable to the patient for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

- (c.) In making reasonable efforts to notify a family member or designated emergency contact, the facility shall attempt to identify family members or a designated emergency contact by examining the personal effects of the patient and the medical records of the patient in the possession of the facility. If the facility is unable to notify a family member or designated emergency contact within 24 hours after the admission, the facility shall notify the county social service agency or local law enforcement agency that the patient has been admitted and the facility has been unable to notify a family member or designated emergency contact. The county social service agency and local law enforcement agency shall assist the facility in identifying and notifying a family member or designated emergency contact. A county social service agency or local law enforcement agency that assists a facility is not liable to the patient for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

8. Continuity of Care

Patients shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.

9. Right to Refuse Care

Competent patients shall have the right to refuse treatment based on the information required in Right No. 6. In cases where a patient is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician in the patient's medical record.

10. Experimental Research

Written, informed consent must be obtained prior to patient's participation in experimental research. Patients have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

11. Freedom from Maltreatment

Patients shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in Section 626.5572, Subdivision 15, or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent

course of conduct intended to produce mental or emotional distress. Every patient shall also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a patients' physician for a specified and limited period of time, and only when necessary to protect the patient from self-injury or injury to others.

12. Treatment Privacy

Patients shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toileting, bathing, and other activities of personal hygiene, except as needed for patient safety or assistance.

13. Confidentiality of Records

Patients shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. Copies of records and written information from the records shall be made available in accordance with this subdivision and Section 144.335. This right does not apply to complaint investigations and inspections by the department of health, where required by third party payment contracts, or where otherwise provided by law.

14. Disclosure of Services Available

Patients shall be informed, prior to or at the time of admission and during their stay, of services which are included in the facility's basic per diem or daily room rate and that other services are available at additional charges. Facilities shall make every effort to assist patients in obtaining information regarding whether the Medicare or Medical Assistance program will pay for any or all of the aforementioned services.

15. Responsive Service

Patients shall have the right to a prompt and reasonable response to their questions and requests.

16. Personal Privacy

Patients shall have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being.

17. Grievances

Patients shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients and citizens.

Patients may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, Section 307 (a)(12) shall be posted in a conspicuous place.

Every acute care in-patient facility, every residential program as defined in Section 7, and every facility employing more than two people that provides out-patient mental health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed; specifies time limits, including time limits for facility response; provides for the patient to have the assistance of an advocate; requires a written response to written grievances; and provides for a timely decision by an impartial decision-maker if the grievance is not otherwise resolved. Compliance by hospitals, residential programs as defined in Section 7 which are hospital-based primary treatment programs, and outpatient surgery centers with Section 144.691 and compliance by health maintenance organizations with Section 62D.11 is deemed to be in compliance with the requirement for a written internal grievance procedure.

18. Communication Privacy

Patients may associate and communicate privately with persons of their choice and enter and, except as provided by the Minnesota Commitment Act, leave the facility as they choose. Patients shall have access, at their expense, to writing instruments, stationery, and postage. Personal mail shall be sent without interference and received unopened unless medically or programmatically contraindicated and documented by the physician in the medical record. There shall be access to a telephone where patients can make and receive calls as well as speak privately. Facilities which are unable to provide a private area shall make reasonable arrangements to accommodate the privacy of patients' calls. This right is limited where medically inadvisable, as documented by the attending physician in a patient's care record. Where programmatically limited by a facility abuse prevention plan pursuant to the Vulnerable Adults Protection Act, Section 626.557, Subdivision 14, Paragraph (b), this right shall also be limited accordingly.

19. Personal Property

Patients may retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients, and unless medically or programmatically contraindicated for documented medical, safety, or programmatic reasons. The facility may, but is not required to, provide compensation for or replacement of lost or stolen items.

20. Services for the Facility

Patients shall not perform labor or services for the facility unless those activities are included for therapeutic purposes and appropriately goal-related in their individual medical record.

21. Protection and Advocacy Services

Patients shall have the right of reasonable access at reasonable times to any available rights protection services and advocacy services so that the patient may receive assistance in understanding, exercising, and protecting the rights described in this Section and in other law. This right shall include the opportunity for private communication between the patient and a representative of the rights protection service or advocacy service.

22. Right to Communication Disclosure and Right to Associate

Upon admission to a facility, where federal law prohibits unauthorized disclosure of patient identifying information to callers and visitors, the patient, or the legal guardian or conservator of the patient, shall be given the opportunity to authorize disclosure of the patient's presence in the facility to callers and visitors who may seek to communicate with the patient. To the extent possible, the legal guardian or conservator of the patient shall consider the opinions of the patient regarding the disclosure of the patient's presence in the facility

The patient has the right to visitation by an individual the patient has appointed as the patient's health care agent under chapter 145C and the right to visitation and health care decision making by an individual designated by the patient under paragraph 22.

Upon admission to a facility, the patient or the legal guardian or conservator of the patient, must be given the opportunity to designate a person who is not related who will have the status of the patient's next of kin with respect to visitation and making a health care decision. A designation must be included in the patient's health record. With respect to making a health care decision, a health care directive or appointment of a health care agent under chapter 145C prevails over a designation made under this paragraph. The unrelated person may also be identified as such by the patient or by the patient's family.

ADDITIONAL RIGHTS IN RESIDENTIAL PROGRAMS THAT PROVIDE TREATMENT TO CHEMICALLY DEPENDENT OR MENTALLY ILL MINORS OR IN FACILITIES PROVIDING SERVICES FOR EMOTIONALLY DISTURBED MINORS ON A 24-HOUR BASIS:

23. Isolation and Restraints

A minor patient who has been admitted to a residential program as defined in Section 7 has the right to be free from physical restraint and isolation except in emergency situations involving likelihood that the patient will physically harm the patient's self or others. These procedures may not be used for disciplinary purposes, to enforce program

rules, or for the convenience of staff. Isolation or restraint may be used only upon the prior authorization of a physician, psychiatrist, or licensed consulting psychologist, only when less restrictive measures are ineffective or not feasible and only for the shortest time necessary.

24. Treatment Plan

A minor patient who has been admitted to a residential program as defined in Section 7 has the right to a written treatment plan that describes in behavioral terms the case problems, the precise goals of the plan, and the procedures that will be utilized to minimize the length of time that the minor requires inpatient treatment. The plan shall also state goals for release to a less restrictive facility and follow-up treatment measures and services, if appropriate. To the degree possible, the minor patient and his or her parents or guardian shall be involved in the development of the treatment and discharge plan.

Inquiries or complaints regarding medical treatment or the Patients' Bill of Rights may be directed to:

Minnesota Board of Medical Practice
2829 University Ave. SE, Suite 400
Minneapolis, MN 55414-3246
612-617-2130
800-657-3709

Office of Health Facility Complaints
P.O. Box 64970 St. Paul, MN 55164-0970
651-201-4201
800-369-7994

Inquiries regarding access to care or possible premature discharge may be directed to:

Ombudsman for Long-Term Care
PO Box 64971
St. Paul, MN 55164-0971
800-657-3591
651-431-2555 (metro)

Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900
651-201-4101
health.fpc-licensing@state.mn.us

To obtain this information in a different format, call: 651-201-4101.