



Thunder Bay Regional
**Health Sciences
Centre**

**TRAINING FOR VISITING
HEALTH CARE WORKERS
SAFETY ORIENTATION BOOKLET**

INTRODUCTION

This document is to be given to all Health Care Workers already employed by another institution who will be commencing training at the Thunder Bay Regional Health Sciences Centre (the Hospital).

The Hospital is committed to providing a safe work environment for its staff, Privileged Staff, learners, visitors, patients, volunteers, contract workers and trainees. It is expected that at all times you will adhere to safe work practices as outlined in the Occupational Health and Safety Act (OHSA) and Regulations and to those provided by your supervisor.

When working in a healthcare setting there are certain matters that you need to know for your health and safety.

TRAINING

OCCUPATIONAL HEALTH AND SAFETY (OH&S)

Under the OHSA, OH&S training is required for both workers and supervisors. If you have not had OH&S training please contact your employer.

WORKPLACE HAZARDOUS MATERIAL INFORMATION SYSTEM (WHMIS)

Under WHMIS regulations training is required. If you have not had WHMIS training please contact your employer. WHMIS products and information can be found on the Hospital's Material Safety Data Sheets (MSDS) database (need to access with a Hospital employee).

Note: The Hospital may request that the employer provide proof of required training at any time. If training is not complete, you will be asked to leave the premises.

SHARPS

Used needles and sharps are to be disposed of in puncture resistant yellow biohazard containers. If you find uncapped needles elsewhere, please report this to your supervisor. If you get stuck by a needle or sharp medical object, report this immediately to your supervisor or go to Emergency department.

Completion of the Blood Borne Pathogen/Needlestick Exposure Information package is also required. Follow all instructions as outlined on the envelope which can be found on any of the nursing units or at Occupational Health & Safety (OH&S)

EMERGENCY PROCEDURES

All departments have access to Emergency Code policies and procedures, and departmental sub plans that outline the responsibilities and activities during an emergency (i.e.: fire). Please familiarize yourself with them. It is important that a gathering point has been established in the event of an evacuation.

To report an emergency within the hospital, dial "55" from any hospital extension and describe the situation to the operator. To report an emergency on the hospital grounds, if calling from a Hospital phone, dial "9-911". All other phones, dial "911".

EMERGENCY CODES

Listen for instructions on the PA system. Do not use the elevator until instructed. For your safety, know where the nearest fire exit is.

ALERT 99	Person experiencing trauma
AMBER	Missing, Abducted, Wandering Child
BLACK	Bomb Threat
BLUE	A cardiac arrest (Adult)
BROWN	Unknown/Unmanageable substance
GREEN	Evacuation
GREY	Air Exclusion
NRP	A cardiac arrest (Neonatal)
ORANGE	Disaster Plan
PINK	A cardiac arrest (Paediatric)
PURPLE	Hostage Taking
RED	Fire
SILVER	Active Shooter/Armed Intruder
WHITE	Violent Patient/Visitor
YELLOW	Missing patient

PERSONAL PROTECTIVE EQUIPMENT

It is expected that you properly wear the appropriate personal protective equipment (PPE) at all times when working on site according to applicable OH&S legislation and policies and procedures. It is your responsibility to become aware of any potential infectious disease in the area you will be training in and what PPE is required.

SCENTS

In our commitment to provide a safe and healthy work environment, scented products, such as (but not limited to) colognes, perfumes, strongly scented soaps, creams, body washes, etc. **must not** be worn. Non-compliance can result in you being denied entrance to the Hospital.

SMOKE-FREE GROUNDS

This is a **smoke free** property. This includes the grounds and parking lots, and work and personal vehicles on the grounds. Disobeying this policy will result in dismissal from the hospital.

NAME TAGS

ID badge from sending facility should be worn while on site for training.

CONFIDENTIALITY

The privacy of our patients is important to us. All information concerning patients and hospital business is confidential and must be treated as privileged information. Once at TBRHSC, you will be asked to sign a confidentiality agreement.

PERSONAL CONDUCT

The Hospital's Code of Conduct sets out the behaviors that we expect from all persons who participate in activities within the Hospital. It is expected that workers conduct themselves in a professional manner while on Hospital property. It is also expected that all workers comply with the duties of workers as laid out in the OHS Act, Section 28.

WORKPLACE VIOLENCE AND HARASSMENT

The Hospital has a comprehensive Workplace Violence and Harassment program. Accordingly, the Hospital does not tolerate workplace violence and/or abusive or aggressive behaviour of any kind. The Hospital will take *all reasonable steps* to prevent and eliminate abusive and aggressive behaviour up to and even including denied access to the premises or even termination of training.

POLICIES


The Hospital has a comprehensive Health and Safety Program that includes policies on health, safety, medical surveillance, environmental testing, etc. These are available on the Hospital's iNtranet for review (speak to your Hospital supervisor) or contact the OH&S department.

HAND HYGIENE

To prevent transmission of infectious diseases in the health care setting, hand hygiene is the single most important means of preventing the spread of infection.


1	BEFORE initial patient / patient environment contact	<p>WHEN? Clean your hands when entering</p> <ul style="list-style-type: none"> • before touching patient or • before touching any object or furniture in the patient's environment <p>WHY? To protect the patient/patient environment from harmful germs carried on your hands</p>
2	BEFORE aseptic procedures	<p>WHEN? Clean your hands immediately before any aseptic procedure</p> <p>WHY? To protect the patient against harmful germs, including the patient's own germs, entering his or her body</p>
3	AFTER body fluid exposure risk	<p>WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal)</p> <p>WHY? To protect yourself and the health care environment from harmful patient germs</p>
4	AFTER patient / patient environment contact	<p>WHEN? Clean your hands when leaving</p> <ul style="list-style-type: none"> • after touching patient or • after touching any object or furniture in the patient's environment <p>WHY? To protect yourself and the health care environment from harmful patient germs</p>

Your 4 Moments for Hand Hygiene



Adapted from WHO poster "Your 5 Moments for Hand Hygiene", 2009.
For more information, please contact handhygiene@alpp.ca or visit publichealthontario.ca/CHH

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How to handrub (preferred method)

Rub hands for 15 seconds

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Apply 1 to 2 pumps of product to palms of dry hands.
- 

Rub hands together, palm to palm.
- 

Rub in between and around fingers.
- 

Rub back of each hand with palm of other hand.
- 

Rub fingertips of each hand in opposite palm.
- 


Rub each thumb clasped in opposite hand.
- 


Rub hands until product is dry. Do not use paper towels.
- 


Once dry, your hands are safe.


How to handwash (when hands are visibly soiled)


Lather hands for 15 seconds


- 


Wet hands with warm water.
- 


Apply soap.
- 


Lather soap and rub hands palm to palm.
- 


Rub in between and around fingers.
- 


Rub back of each hand with palm of other hand.
- 

Rub fingertips of each hand in opposite palm.
- 


Rub each thumb clasped in opposite hand.
- 

Rinse thoroughly under running water.
- 

Pat hands dry with paper towel.
- 

Turn off water using paper towel.
- 

Your hands are now safe.



JUST CLEAN
YOUR HANDS

PRIVACY TRAINING

Protecting privacy is an integral to providing high quality, safe care to patients. Protecting privacy is not only a legal obligation, but is also a professional standard, an organizational mandate, a contractual agreement, and an ethical imperative.

Obligations

- Restrict your handling of Personal Health Information (PHI) to only that which you must do to complete assigned work
- Understand the purposes for which you may collect, use, and disclose PHI of our patients
- Protect confidential PHI in undocumented, paper, and electronic formats
- Consult your supervisor or the Privacy Office if you're uncertain about how best to safeguard privacy in a given situation or if you become aware of a privacy or security concern

Preventing Breaches

A privacy breach occurs when PHI is collected, used, or disclosed in a way that contravenes the law. This includes inappropriate access, lost or stolen information, and sharing of information with individuals who are not authorized to receive it. To prevent breaches you must:

1. Operate on the "Need to Know" Principle:
 - Only access PHI if required to complete assigned work.
 - Only access the PHI specifically required to complete the task.
 - Only access the PHI if you cannot use any other information to complete the task.
2. Limit information sharing as follows:
 - Only disclose PHI if required to complete assigned work in accordance with policies or with documented patient consent.
 - Only disclose the PHI specifically required to complete the task.
 - Only disclose the PHI if other information isn't sufficient to complete the task.
3. Protect Records
 - File all clinical information in the chart.
 - Lock up or hand off paper records when unattended.
 - Check pockets and bags before leaving site.
 - Shred paperwork no longer needed (ex. Patient lists and appointment schedules).

Potential Consequences

Both you and the hospital are accountable for how PHI is handled. Privacy breaches consequences can include:

- Tangible and intangible harm to patients
- Loss of patient trust
- Damage to your reputation
- Damage to the organization's reputation
- Reported to professional college
- Termination of training
- Legal action against the hospital or you personally
- Financial losses (fines) to you and the hospital



TRAINEE SAFETY CHECKLIST

Prior to training at Thunder Bay Regional Health Sciences Centre (the Hospital) the following information is required from the trainees place of employment or directly from the trainee:

1. Proof of liability insurance naming the Hospital as an additional insured in an amount not less than \$5million
2. Signed Confidentiality Agreement
3. Signed Trainee Safety Checklist indicating the safety orientation booklet has been read.

Prior to performing work, the Hospital has provided to the trainee information, which includes but is not limited to:

- WHMIS – location of MSDS/SDS's, products in the area
- Designated substances – location, procedures
- Sharps injuries – reporting procedures
- Personal protective equipment
- Security/Parking
- Confidentiality
- Emergency Codes
- Emergency procedures
- Infection Control Risks

I have been provided safety information to the Thunder Bay Regional Health Sciences Centre. I understand this information and understand the risks of performing work in a healthcare facility. At all times, I will ensure my work is in compliance with the Occupational Health and Safety Act, and in accordance to the Safety and Infection control policies and procedures of Thunder Bay Regional Health Sciences Centre.

I have read and confirm I understand Thunder Bay Regional Health Sciences Centre's expectations of me and my legal obligations in terms of safeguarding patient privacy. I agree to comply with the provisions of the Personal Health Information Protection Act, the Freedom of Information and Protection of Privacy Act, and Thunder Bay Regional Health Sciences Centre privacy related policies.

Trainee

Print

Signature

Signature of Authorized Manager

Date _____