



**Welcome to the 2018
Catholic Health
Online Orientation Component**

This material must be reviewed prior to attending
your General Orientation class.
Please ask any related questions at your General Orientation class.

Social Media Policy

Social Media Policy Review

- What is Social Media?
 - Social Media is defined as user generated content that is shared over the internet via technologies that promote engagement, sharing and collaboration.

- What does Social Media Include?

It includes, but is not limited to:

 - Social networking sites such as Facebook, LinkedIn, Flickr, and Twitter
 - Personal websites
 - News forums
 - Chat rooms

Social Media Policy Review

- Catholic Health recognizes social media as an avenue for self-expression. Associates must remember that they are **personally** responsible for the content they contribute and should use social media responsibly.
- The following Catholic Health policies apply to **all associates' online conduct**:
 - Human Resources policies
 - Equal employment opportunity policies
 - Sexual harassment/non-harassment policies
 - Patient confidentiality/HIPAA policies

The Uninsured Expected Payment and Healthcare Assistance Policy

Policy

The policy is divided into three distinct sections that grant different rights to patients based on the following Catholic Health ministries:

- Acute Care
- Continuing Care
- Home Healthcare

Acute Care

Who does this policy apply to?

- All uninsured patients of Catholic Health receiving treatment at one of the Catholic Health's acute care facilities who are residents of New York State, a contiguous State or the state of Ohio, excluding the following services:
 - Non-Medically Necessary Elective Services (e.g. cosmetic surgery)
 - Long term level of care services (Sub-Acute or Skilled Nursing)
 - Physician services, other than Catholic Health primary care physician services
 - Medical equipment and supplies

Continuing Care

Who does this policy apply to?

- All residents of Catholic Health receiving treatment at one of the Catholic Health's Long Term Care facilities (Hospital and Non-Hospital Based) that are subject to insurance co-payments or deductibles and Adult Home residents may be eligible for charity care.

Home Healthcare

Who does this policy apply to?

- All patients that receive services within the Catholic Health Home Care division (Certified Agencies, Licensed Agencies, and Infusion Pharmacy) may be eligible for Charity Care.

Acute Care Section - Policy and Procedures

- All patients registered as uninsured (i.e., those without insurance, also often referred to as self pay) will **automatically be enrolled** in the Healthcare Assistance Program.
- An optional application form will be offered at time of registration, but failure to complete the application will not exclude enrollment.
- As such, uninsured patients presenting for care at a Catholic Healthcare acute care facility **need do nothing to apply** for healthcare assistance.

Acute Care Section - Policy and Procedures

- Balances after insurance payment due from the patient or patient guarantor are referred to as **After Insurance Balances**.
- These balances include, but are not limited to, co-pays, deductibles, and co-insurance.
- For insured patients without the financial ability to pay After Insurance Balances, **After Insurance Balance Allowances are available based on a sliding scale**.
- A different set of procedures must be followed in order to be eligible for this allowance.

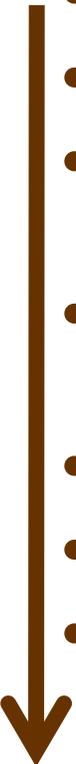
Catholic Health Systems Employee Breastfeeding Support



Overview

Support of Breastfeeding is a Priority

Reduced Risk for Infants with Exclusive Breastfeeding ^{1, 2}

- 
- Less obesity in children
 - Fewer ear Infections
 - Reduced asthma and respiratory infections
 - Decreased Gastrointestinal Infections
 - Drop in atopic Dermatitis
 - Less Type 1/Type 2 Diabetes
 - Reduced incidence of Leukemia
 - Reduced SIDS
 - Less Necrotizing Enterocolitis

Improved Long-Term Health Benefits to Women

- 
- Less post partum depression
 - Lower incidence of breast cancer and ovarian cancer
 - Lower risk of cardiovascular disease
 - Reduction of incidence of Type 2 Diabetes
 - Annually savings to both babies and moms exceeds \$13Billion if 90% of women breastfed. *You* can help!

Work Remains a Barrier to Breastfeeding⁶⁻¹⁰

- Full-time employment decreases the time a mom breastfeeds by an average eight weeks (mothers are most likely to wean their infants within the first month after returning to work).
- Only 10% of full-time working women exclusively breastfeed for six months – our goal is to increase this % significantly!
- However, Section 7 of the Fair Labor Standards Act was amended effective March 2010:
 - Employers are required to provide “reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child’s birth each time such employee has need to express milk.”
 - Employers are also required to provide “a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, that may be used by an employee to express breast milk.”

Women Need Worksite Lactation Support¹¹

- Breaks for lactation are similar to other work breaks for attending to physical needs:
 - Time to eat/drink, restroom breaks, accommodation for health needs (e.g., diabetes)
- When mother and child are separated for more than a few hours, the woman must express milk.
- Missing even one needed pumping session can have undesirable consequences:
 - Discomfort – Leaking – Inflammation
 - Infection – Decreased Milk Production
 - Breastfeeding Cessation

How to Support Breastfeeding Employees

- In general, women need 30 minutes (15 to 20 minutes for milk expression, plus time to get to and from a private space and to wash hands and equipment) approximately every 2 to 3 hours to express breast milk or to breastfeed.
- Needs may vary from woman to woman and over the course of the breastfeeding period.
- Breastfeeding reduces illness in the baby = fewer absences of parent employees = immediate return on investment.
- Breastfeeding support in the workplace helps families meet their breastfeeding and childrearing goals = higher job satisfaction, increased loyalty, increased ability to focus on job responsibilities, higher return to work postpartum, and lower turnover = immediate return on investment.

Resources for Associates

- Catholic Health Policy on Lactation (Compliance 360)
- Identify breastfeeding location within your department – talk with your manager about a room for your use and ask for a HANG TAG for the door for privacy
- Direct associates with specific breastfeeding questions/who need personal advice regarding lactation to call 862-1939
- Baby Café at Sisters – call 862-1939
- Mercy, MSMH and Sisters Hospital Lactation Departments can help you!
- Educational materials, professional support.



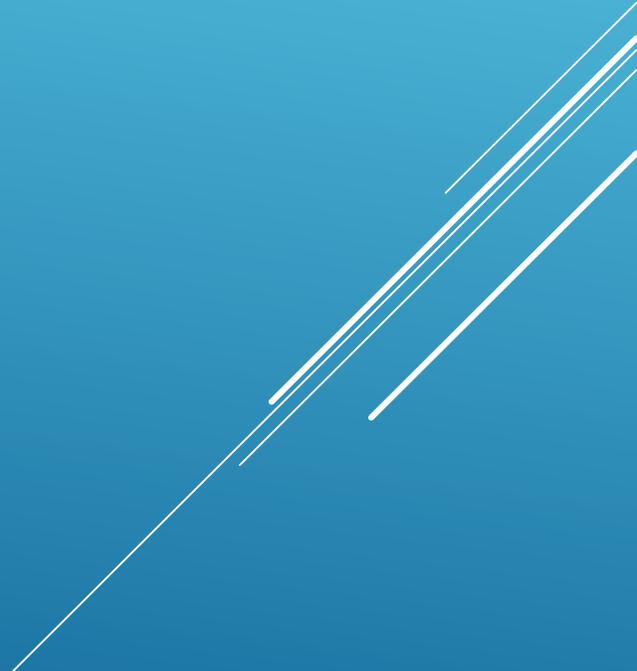
References

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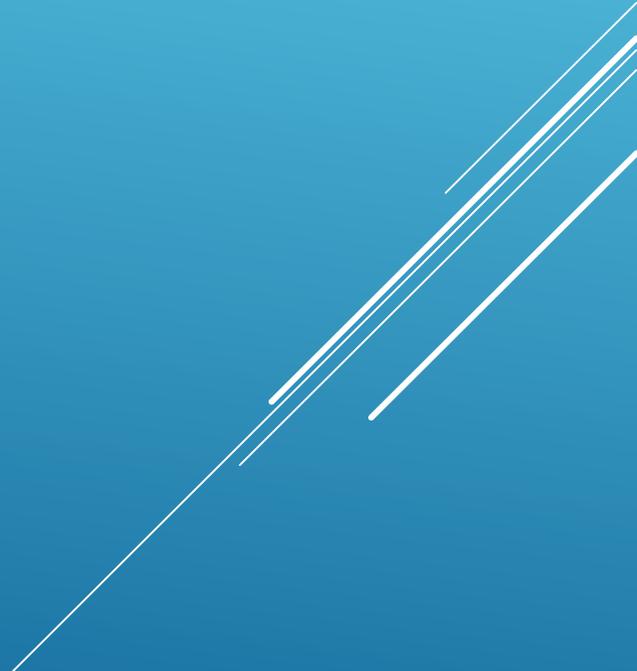
THE BARIATRIC PATIENT :
UNDERSTANDING,
AWARENESS, AND
SENSITIVITY

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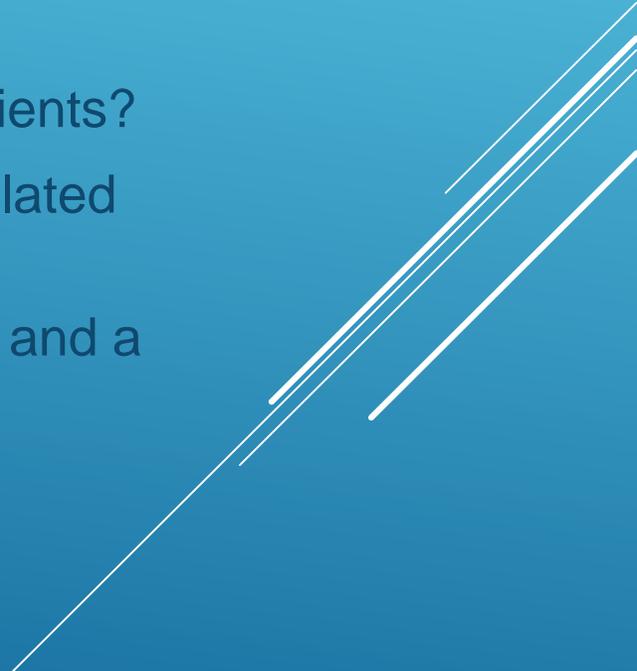
CONSEQUENCES OF OBESITY PSYCHOLOGICAL AND SOCIAL WELL- BEING

- ▶ Negative Self-Image
 - ▶ Discrimination
 - ▶ Difficulty maintaining personal hygiene
 - ▶ Depression
 - ▶ Turnstiles, cars, and seating may be too small
 - ▶ Diminished sexual activity
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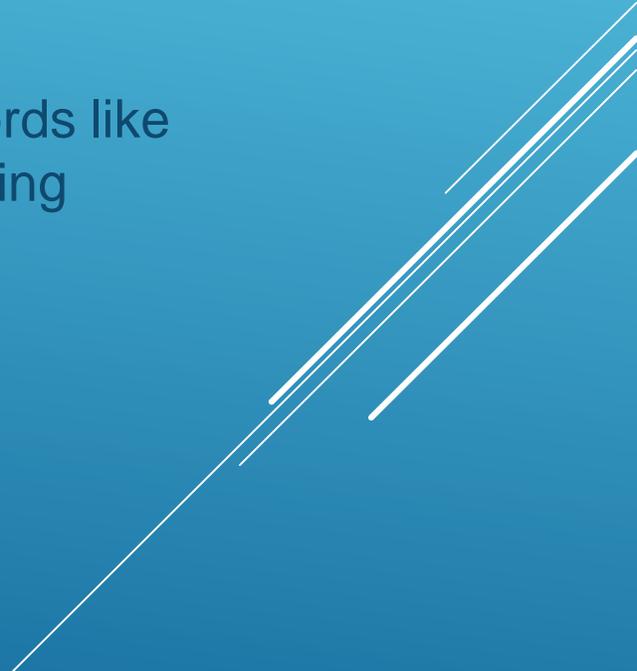
SOCIAL DISCRIMINATION

- ▶ Studies show society has a low respect for morbidly obese
 - ▶ These people may have a limited number of friends
 - ▶ The people may experience social rejection
 - ▶ These people may have poor quality relationships
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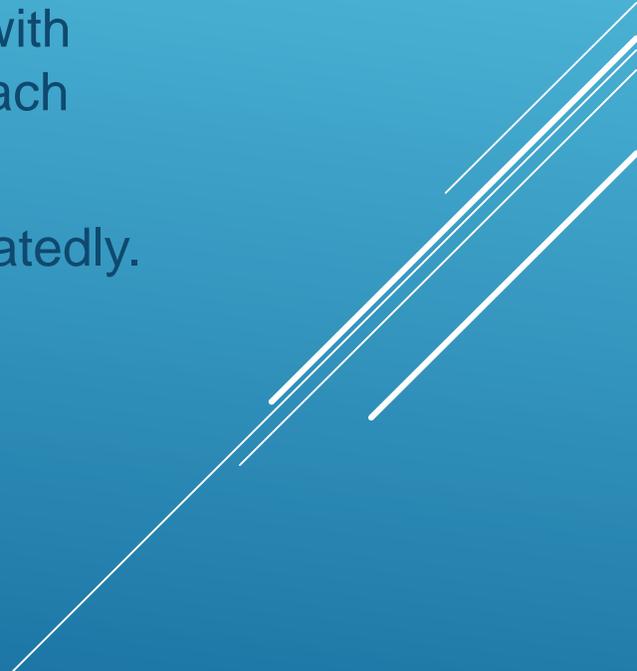
WEIGHT BIAS IN HEALTHCARE

- ▶ Definition: the belief that lack of self-discipline and willpower causes a person to be obese
 - ▶ What assumptions do I make based only on weight regarding a person's character, intelligence, professional success, health status, or lifestyle behaviors?
 - ▶ Could my assumptions impact my ability to care for these patients?
 - ▶ Do I only look at their weight problem, and not other health related issues?
 - ▶ Weight bias can create an atmosphere of blame, intolerance, and a reluctance to seek healthcare.
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CHALLENGE THE BIAS

- ▶ Lead by example: influence peers and others to demonstrate patient sensitivity - Become a good role model.
 - ▶ Show patients that you are sensitive to their needs
 - ▶ Avoid words such as: “fat, heaviness, or morbid obesity”. Words like “overweight, unhealthy weight or high BMI” are less stigmatizing
 - ▶ Treat others as you would want to be treated
- 
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STRATEGIES FOR HEALTHCARE PROFESSIONALS

- ▶ Consider that patients may have had negative experiences with other healthcare professionals regarding their weight; approach patients with sensitivity.
 - ▶ Recognize that many patients have tried to lose weight repeatedly.
 - ▶ Acknowledge the difficulty of lifestyle changes.
 - ▶ Focus on the INDIVIDUAL not the OBESITY
- 
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OUR ROLE

- ▶ We need to care for both physical and emotional needs.
 - ▶ Support and encouragement are so important.
 - ▶ Compassion and empathy must be conveyed.
 - ▶ Communication and listening skills are essential.
 - ▶ Smile, look at the person, do not ignore a patient because of their obesity.
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Health, Safety & Environment 2018

CATHOLIC HEALTH COMPREHENSIVE SAFETY PROGRAM

Good safety practices are the cornerstone of ensuring that you remain safe at work, provide for a better work environment, and directly correlate to Catholic Health being able to provide a truly positive patient and resident experience.

CATHOLIC HEALTH COMPREHENSIVE SAFETY PROGRAM

The fundamental success of the Health & Safety program here at Catholic Health depends on you.

Your involvement and adherence to our Health & Safety policies, practices, and expectations are the essential elements.

CATHOLIC HEALTH COMPREHENSIVE SAFETY PROGRAM

With specific goals and objectives focused on the reduction of work-related incidents and injuries, you will be learning more about the “*Steps for Safety*” initiative that is focused on enhanced and continuous communication, as well as education and training on Health & Safety related issues and concerns.

Success
Takes
Everyone
Participating in
Safety

THE SUCCESS OF OUR SAFETY PROGRAM REQUIRES EVERYONE'S PARTICIPATION

- Our ministries have a diverse cross section of stakeholders that all have accountability for ensuring a safe work environment.
- Associates . . . *You are the Most Important Link*
 - Providers
 - Patients
 - Visitors
 - Students
 - Contractors
 - Vendors
 - Volunteers

Safety Topics For This Presentation

- Security
- Workplace Violence
- Emergency Response
- Fire Safety
- Lock Out/Tag Out
- Confined Space
- Electrical Safety
- MRI Safety
- Asbestos
- SDS
- Smoking
- Associate Health
- Bloodborne Pathogens

Security

We Are All Responsible for CH Physical Security and Our Own Personal Security

- Follow all policies & procedures
- Wear your ID badge properly positioned at all times (above the waist and below the neck line)
- Notify your supervisor or person-in-charge of suspicious or suspected illegal activities
- Safeguard your personal valuables
- Use designated parking areas
- Don't make yourself vulnerable
- For any security disturbance: call Switchboard at 55555 and off-sites dial 911.

WORKPLACE VIOLENCE DEFINED

- Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the workplace or on duty.

TYPES OF INTIMIDATION OR ACTS OF VIOLENCE

- Threats
- Intimidation
- Harassment
- Sexual assault
- Obscene phone call, email, note, etc.
- Stalking, being sworn or shouted at
- Beatings
- Attack with a weapon

WORKPLACE VIOLENCE IN CLINICAL ENVIRONMENTS

- Workplace violence in hospitals usually results from patients, and occasionally, from family members who feel frustrated, vulnerable, and/or not in control of their circumstances

WHEN DOES PATIENT VIOLENCE TYPICALLY OCCUR

- During times of high activity such as meal times, during high patient visitation times, or when patients are being transported
- When services are denied
- When a patient is involuntarily admitted
- When limits are set regarding eating, drinking, or tobacco or alcohol use
- Hospital personnel having direct contact with patients and families are at increased risk

SAFETY TIPS

WATCH FOR SIGNS OF IMPENDING VIOLENCE

- A person verbally expressing anger and/or frustration
- Rage
- Body language such as threatening gestures
- Signs of drug or alcohol use
- Presence of weapons
- Keep an open path for exiting

DIFFUSING ANGER

- Present a calm, caring attitude
- Maintain eye contact
- Don't match the threats
- Be vigilant throughout the encounter
- Avoid giving commands
- Acknowledge the person's feelings - be empathetic
- Avoid behavior that may be interpreted as aggressive
- Don't isolate yourself with a potentially violent person

IF THE SITUATION ESCALATES

- Remove yourself from the situation
- Call security for HELP, if needed, call the **Switchboard at 55555 and off-sites dial 911. Notify your manager or person-in-charge.**
- Report potential or actual violent incidents to your manager or person-in-charge. Complete an Incident Report.

WORKPLACE VIOLENCE SUMMARY

- No universal strategy exists to prevent workplace violence
- All hospital workers should be alert and cautious when interacting with patients and visitors
- All associates should be attuned to unusual behavior patterns of co-workers or others

FIRE SAFETY



If You Encounter A Fire

Follow the acronym

Rescue

Announce

Confine

Evacuate

R E S C U E

A

C

E

ORDER OF RESCUE:

Rescue everyone in immediate danger of fire if it is safe to do so. Do not put yourself in danger to perform the rescue.

R ANNOUNCE C E



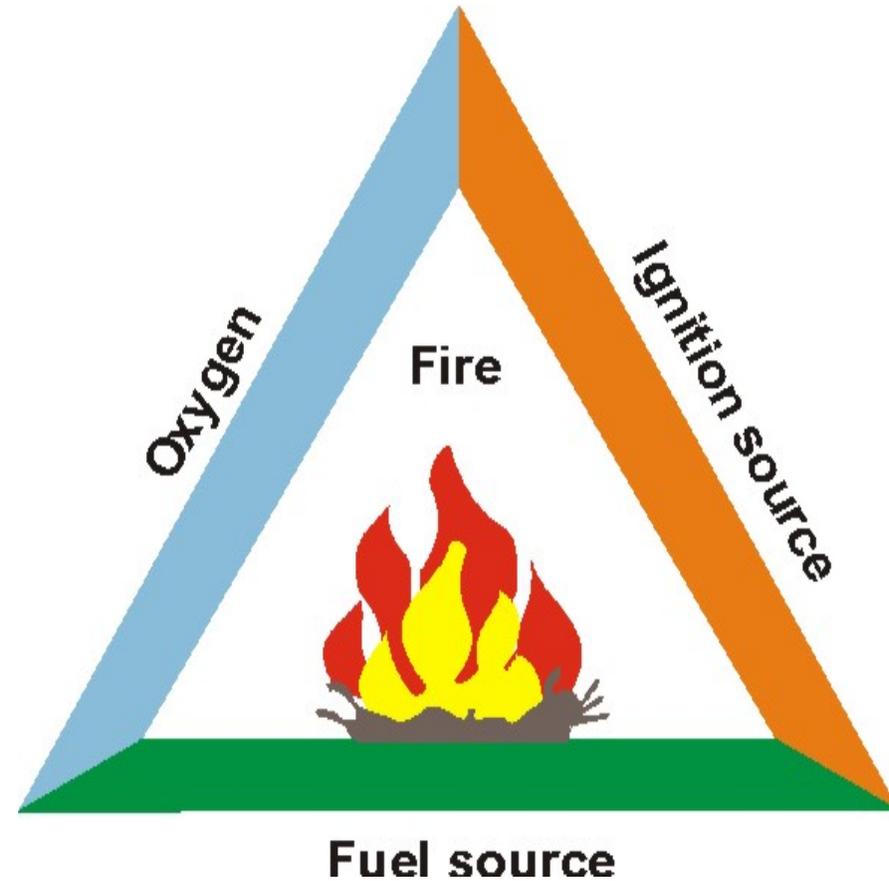
- **Verbally Announce**
FIRE & Location
- **Activate Alarm**
 - ✓ Pull Station
- **Telephone**
 - ✓ Call Switchboard by dialing **55555** and announce **FIRE** and Location
 - or
 - ✓ **911** – Off Sites - **Fire**

Close Windows and Doors

Remove Oxygen Source

- R
- A
- **CONFINE**
- E

Remove any one of
the three sources
and the fire will go out



IF THE DECISION IS MADE TO EVACUATE

- Shut down medical gas valves as directed
- R** ▪ First - evacuate horizontally past the next set of fire doors
- A** ▪ Second - if necessary, evacuate vertically

C

EEVACUATE



Fire Extinguishers

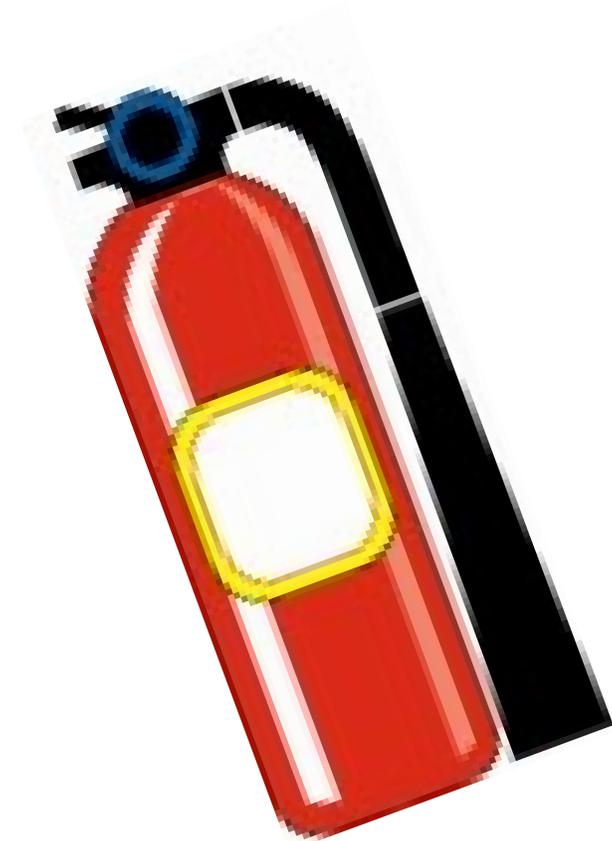
Follow: **PASS**

Pull the pin

Aim at the base of the fire

Squeeze the handle

Sweep side to side

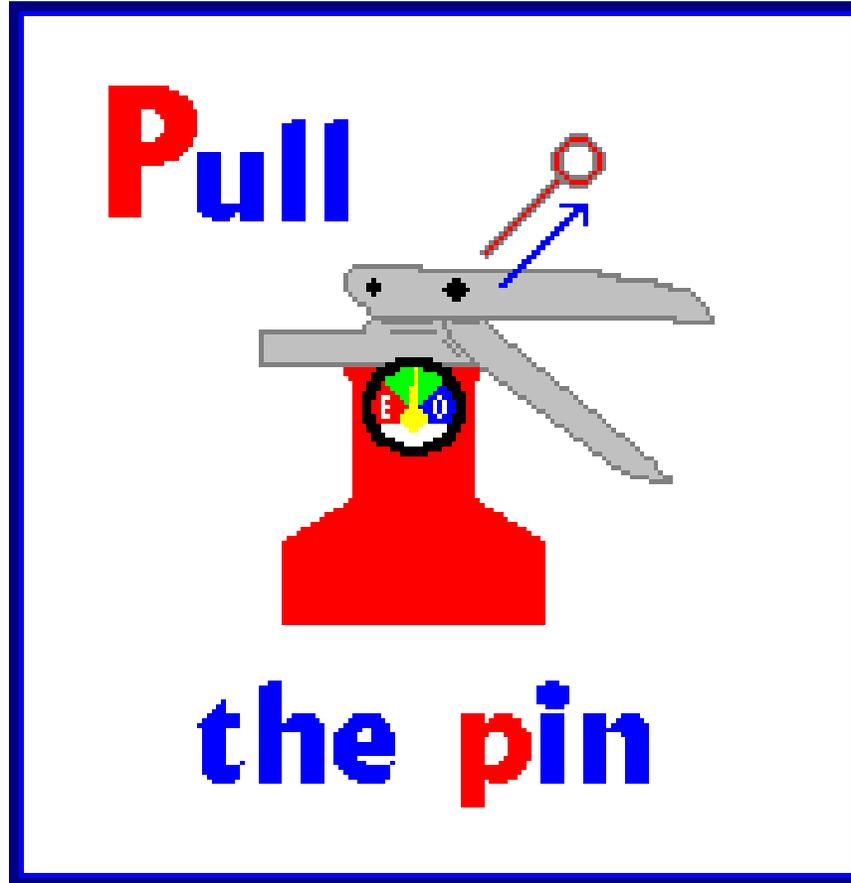


P.A.S.S. Method

Pull the pin

**A
|
S
|
S**

This will allow you to squeeze the handle in order to discharge the extinguisher



P.A.S.S. Method

P
Aim at the base
of the fire

S
S
I



P.A.S.S. Method

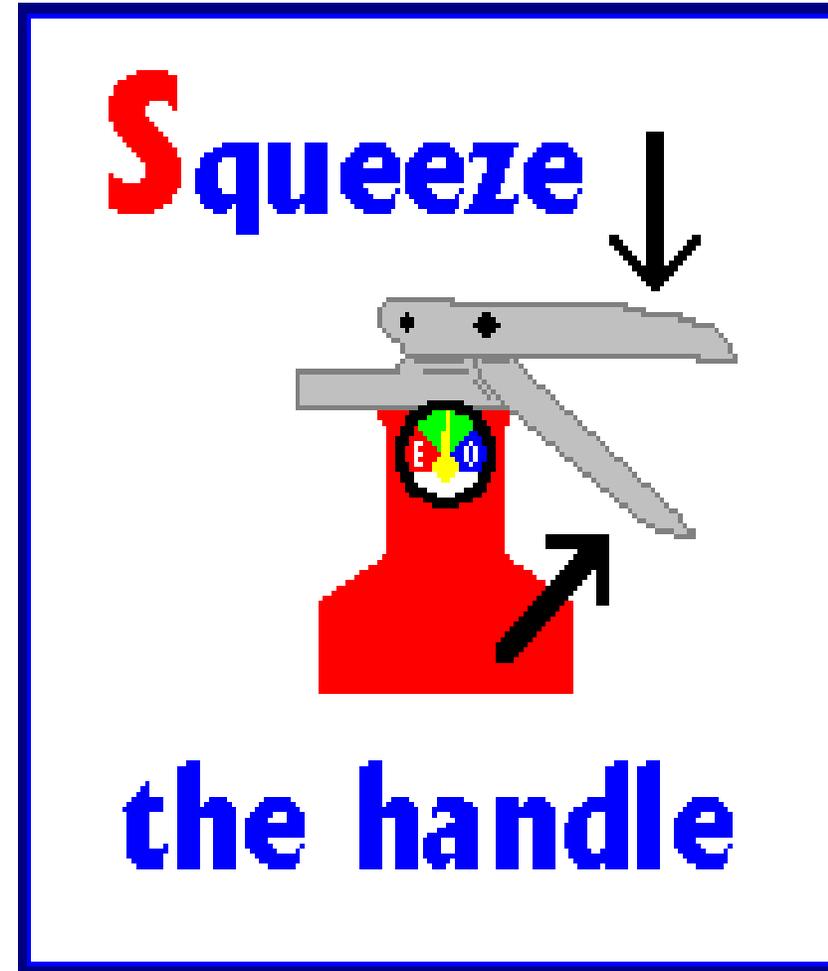
P

A

Squeeze the
handle

S

This will release
the pressurized
extinguishing
agent



P.A.S.S. Method

P

A

S

Sweep side to side

- Spray the extinguisher at the base of the fire, stand back 8-10'.
- Cover the entire fire area.
- Continue until fire is extinguished or extinguisher is empty.
- Always have a means of egress when using an extinguisher.



Lock Out–Tag Out Program



There are procedures to protect our associates from hazardous energy sources, electric shock, or moving parts on machines or equipment.

The key point is that if you see a piece of equipment tagged or locked, **DO NOT** attempt to use it.

Do not attempt to remove locks.

Review Title 29 CFR Part 1910.147 for more information. This can be found on the OSHA website (osha.gov).



If you see the above sign, please **DO NOT ENTER**. This area is off limits unless strict safety protocol and procedures are followed.

Review Title 29 CFR Part 1910.146 for more information. This can be found on the OSHA website (osha.gov).

Asbestos Program

Asbestos Containing Material (ACM)

Preventing Asbestos Exposure

Two types of ACM

1. Friable- items can be crumbled under hand pressure (Higher Hazard).
2. Non-Friable- items that CANNOT be crumbled under hand pressure (Lower Hazard).

Catholic Health is required to have an ACM inventory & it should be labeled.

Access is controlled when ACM is discovered in our facilities.

There is education/training of CH associates when asbestos work is being conducted.

Catholic Health only uses licensed third party contractors to perform asbestos work.

Typical ACM

Pipe insulation

Fire proofing

Floor tiles

- ❖ Construction use discontinued in mid 70s
- ❖ Review Title 29 CFR Part 1910.1001 for more information. This can be found on the OSHA website (osha.gov).



MRI SAFETY

“THE MAGNET IS ALWAYS ON”
IT IS A POWERFUL SUPERCONDUCTING MAGNET



MRI

INTERESTING MRI INFORMATION

- The magnetic force of an MRI is up to 25,000 times greater than the force of the earth's magnetic field
- The MRI uses up to 1,300 amps. Typically homes use 150 to 200 amp service for the entire house

MRI SAFETY - GENERAL

ACCIDENTS DO OCCUR – SAFETY MUST BE OBSERVED

- Technologists must ensure all policies and procedure are followed
- All objects/devices need to be approved by the MRI technologist before entering the room
- All metal objects must be checked for magnetism before being taken into the scan room, i.e. gurneys, oxygen tanks, tools, etc.
- The “Magnet is always on, only authorized personnel and screened patients permitted in Zones 3 & 4.”
- The zones for an MRI are identified with signage and warning signs.

Hazard Communications Program

- Protection under OSHA's Hazard Communication Standard includes all workers with the potential to be exposed to hazardous chemicals in all sectors. All associates have both a need and a right to know the hazards and the identities of the chemicals they are exposed to when working. They also need to know what protective measures are available to prevent adverse effects from occurring.
- OSHA requires companies that manufacture chemical products to develop and provide certain information to chemical users in the form of Safety Data Sheets (SDS).
- **In part, the purpose of the SDS is to instruct and inform of the proper and safe handling. This will help to plan for potential accidents and to develop policies and procedures.**

Hazard Communications Program

- Manufacturers of chemical products that have known physical, health, or special hazards must create and make readily available an SDS for that product.
- An employer using any chemical product must ensure all containers are properly labeled and the SDS is available for review.

- Labeling Requirements:

Name of Chemical

Name of Manufacturer & any contact information

All listed physical, health, or special hazards

Date Opened/ Expiration Date



OSHA Requirements

- OSHA has adopted new hazardous chemical labeling requirements, bringing it into alignment with the United Nations' Globally Harmonized System of Classification and Labeling of Chemicals (GHS).
- These changes will help ensure improved quality and consistency in the classification and labeling of all chemicals, as well as enhance worker comprehension.
- As a result, workers will have better information available on the safe handling and use of hazardous chemicals, thereby allowing them to avoid injuries and illnesses related to exposures to hazardous chemicals.

OSHA Requirements

- The label will provide information to the workers on the specific hazardous chemical.
- Safety Data Sheets (SDSs) – previously known as Material Safety Data Sheets (MSDSs), must accompany hazardous chemicals.
- All hazardous chemicals must be labeled with specified elements including pictograms, signal words, and hazard and precautionary statements.

Labels

- There are six Main Elements that need to be included on each label. They are as follows:
 - Product/Chemical Identifier
 - Supplier Identifier
 - Hazard Pictogram(s) – standardized under GHS
 - Signal Word – standardized under GHS
 - Hazard Statement(s) – standardized under GHS
 - Precautionary Information – standardized under HCS

Labels



Hazard Communication Standard Labels

OSHA has updated the requirements for labeling of hazardous chemicals under its Hazard Communication Standard (HCS). As of June 1, 2015, all labels will be required to have pictograms, a signal word, hazard and precautionary statements, the product identifier, and supplier identification. A sample revised HCS label, identifying the required label elements, is shown on the right. Supplemental information can also be provided on the label as needed.

For more information:



(800) 321-OSHA (6742)
www.osha.gov

SAMPLE LABEL

<p>CODE _____ } Product Identifier Product Name _____ } Company Name _____ } Supplier Identification Street Address _____ } City _____ State _____ } Postal Code _____ Country _____ } Emergency Phone Number _____ }</p>	<p>Hazard Pictograms</p>  <p>Signal Word Danger</p>
<p>Keep container tightly closed. Store in a cool, well-ventilated place that is locked. Keep away from heat/sparks/open flame. No smoking. Only use non-sparking tools. Use explosion-proof electrical equipment. Take precautionary measures against static discharge. Ground and bond container and receiving equipment. Do not breathe vapors. Wear protective gloves. Do not eat, drink or smoke when using this product. Wash hands thoroughly after handling. Dispose of in accordance with local, regional, national, international regulations as specified.</p> <p>In Case of Fire: use dry chemical (BC) or Carbon Dioxide (CO₂) fire extinguisher to extinguish.</p> <p>First Aid If exposed call Poison Center. If on skin (or hair): Take off immediately any contaminated clothing. Rinse skin with water.</p>	<p>Precautionary Statements</p>
	<p>Hazard Statements</p> <p>Highly flammable liquid and vapor. May cause liver and kidney damage.</p> <p>Supplemental Information</p> <p>Directions for Use</p> <p>_____ _____ _____</p> <p>Fill weight: _____ Lot Number: _____ Gross weight: _____ Fill Date: _____ Expiration Date: _____</p>

OSHA 3492-02 2012

PICTOGRAM

- “Pictogram” means a composition that may include a symbol plus other graphic elements, such as a border, background pattern, or color, that is intended to convey specific information about the hazards of a chemical.
- Nine pictograms are designated under this standard for application to a hazard category.

Label Pictograms

<p>Health Hazard</p>  <ul style="list-style-type: none"> • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity 	<p>Flame</p>  <ul style="list-style-type: none"> • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides 	<p>Exclamation Mark</p>  <ul style="list-style-type: none"> • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non-Mandatory)
<p>Gas Cylinder</p>  <ul style="list-style-type: none"> • Gases Under Pressure 	<p>Corrosion</p>  <ul style="list-style-type: none"> • Skin Corrosion/ Burns • Eye Damage • Corrosive to Metals 	<p>Exploding Bomb</p>  <ul style="list-style-type: none"> • Explosives • Self-Reactives • Organic Peroxides
<p>Flame Over Circle</p>  <ul style="list-style-type: none"> • Oxidizers 	<p>Environment (Non-Mandatory)</p>  <ul style="list-style-type: none"> • Aquatic Toxicity 	<p>Skull and Crossbones</p>  <ul style="list-style-type: none"> • Acute Toxicity (fatal or toxic)

Signal Word

- “Signal word” means a word used to indicate the relative level of severity of hazard and alert the reader to a potential hazard on the label.
- The signal words used in this section are “**Danger**” and “**Warning.**” “**Danger**” is used for the more severe hazards, while “**Warning**” is used for the less severe.

Hazard Statement

- “Hazard statement” means a statement assigned to a hazard class and category that describes the nature of the hazard(s) of a chemical, including, where appropriate, the degree of hazard.
 - Example: Fatal if swallowed (Acute Oral Toxicity)

Precautionary Statement

- “Precautionary statement” means a phrase that describes recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical, or improper storage or handling.
 - Example: Do not eat, drink, or smoke when using this product
 - Example: Keep container tightly closed

Precautionary Statement (cont.)

- The statements assigned to a chemical address the following four areas:
 - Prevention
 - Response
 - Storage
 - Disposal

Safety Data Sheets (SDS)

- Safety Data Sheets (SDSs), previously known as Material Safety Data Sheets (MSDSs), must accompany hazardous chemicals and are the more complete resource for details regarding hazardous chemicals.
- The information contained in the SDS is largely the same as the MSDS, except now the SDSs are required to be presented in a consistent, user-friendly, 16-section format.

SDS - Headings

1. Identification
2. Hazard(s) Identification
3. Composition/Ingredient Information
4. First-Aid measures
5. Fire-Fighting Measures
6. Accidental Release Measures
7. Handling and Storage
8. Exposure Control/Personal Protection
9. Physical & Chemical Properties
10. Stability & Reactivity
11. Toxicological Information
12. Ecological Information
13. Disposal Considerations
14. Transport Information
15. Regulatory Information
16. Other Information

****Sections 12-15 must be included in the SDS to be consistent with the UN Globally Harmonized System of Classification and labeling of Chemicals (GHS), but OSHA will not enforce the content of these sections because they concern matters handled by other agencies.****

Associates, What Can You Do?

- Ensure you are trained properly on any chemicals that you may use.
- Review the SDS on all chemicals used.
- Ensure you are trained on, and know where Personal Protective Equipment (PPE) is that is required.
- Review SDS annually for the chemicals you use.
- Talk to your Supervisor/Manager if you are unsure of procedures.
- Ensure that the containers with chemicals are properly labeled.

Tobacco Free Policy



Applies to all:



- Associates
- Medical Staff
- Patients & Residents
- Visitors
- Any others affiliated with Catholic Health

Smoking and all related tobacco product use is strictly prohibited in or around any Catholic Health Campus or Vehicle; this includes the use of E-Cigarettes.

ASSOCIATE HEALTH

Generally, the message is, if you're sick don't come to work.

If you experience the following, stay home or see your doctor

- If you have a fever > 100°
- Conjunctivitis (pink eye) - return to work after 24 hrs on antibiotics, if improved
- Strep Throat - return to work after 24 hrs on antibiotics
- Upper respiratory infection (not a runny nose, allergies, etc.)
- Diarrhea
- Shingles and Herpes Simplex, contact Associate Health
- Chicken Pox, measles, or mumps
- Other potentially communicable illnesses or conditions

**Always check with your manager or Associate Health on conditions which
may impact your ability to work**

CATHOLIC HEALTH BLOODBORNE PATHOGENS

- ◎ OSHA requires employers to protect healthcare professionals against the health hazards related to the more serious Bloodborne diseases, namely Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B (HBV), and Hepatitis C (HCV).
- ◎ A copy of OSHA standard 29 CFR 1910.1030 is available in any Associate Health office or on the internet at www.osha.gov.
- ◎ Catholic Health (CH) has a written plan for exposure to blood and other potentially infectious materials. The plan is located on the Infection Control website. Be sure that you can locate the plan at your facility.

CATHOLIC HEALTH

BLOODBORNE PATHOGENS

(CONT'D)

- Bloodborne Pathogens are microorganisms, which can transmit infection through direct or indirect contact with blood and some body fluids.
- There are three Bloodborne pathogens which are of special concern to the healthcare worker. They are:

Hepatitis B (HBV)

Hepatitis C (HCV)

HIV

BLOODBORNE PATHOGENS

HEPATITIS B

- Hepatitis B is 50 to 100 times more infectious than HIV.
- Hepatitis B (HBV) is a virus that attacks the liver.
- It can be transmitted from:
 - Infected blood and body fluids
 - From items contaminated with infected blood
 - Through sexual contact
 - From mother to child during pregnancy and birth (if the mother is infected)

BLOODBORNE PATHOGENS

HEPATITIS B (CONT'D)

- You can minimize the risks of developing **Hepatitis B** from an accidental exposure by receiving the Hepatitis B vaccine. You can receive the vaccine at no cost to you through Associate Health.
- The vaccination is synthetic (not a live vaccine); it is given in a series of three (3) shots at specific time intervals. You need all three doses to develop immunity!!!

BLOODBORNE PATHOGENS

HEPATITIS C

- Hepatitis C (HCV) is a virus that also attacks the liver. It is primarily transmitted through infected blood or blood products.
- It is the number one reason for liver transplants in the U.S.
- After initial infection, about 15% will clear the virus from their bodies.
- About 85% of individuals who become infected stay infected (lifelong chronically infected).
- There is no vaccine available for preventing Hepatitis C.

BLOODBORNE PATHOGENS

HEPATITIS C (CONT'D)

Contamination Methods

- **Non-Medical**

- Having unprotected sex with an infected person.
- Sharing drug needles with an infected person.
- Being born to a mother with Hepatitis C.

- **Medical Environments**

- By needle sticks. Improper needle use and techniques.
- Improper handling of blood contaminated waste.
- Improper disposal of bio waste.
- Not wearing PPE, or improper use of PPE.

BLOODBORNE PATHOGENS

HIV

- ◎ HIV is the virus that causes AIDS. It affects the immune system directly. Once someone is infected with the HIV virus, he/she is infectious to others who may have direct contact via blood, certain body fluids, or through sexual contact.
- ◎ The HIV virus is not transmitted through touching, feeding, or caring for HIV infected individuals; nor is it transmitted in all body fluids. Urine, stool, sputum, tears, and sweat have not been proven to transmit the virus unless there is visible blood in these body fluids.
- ◎ There is no vaccine and no cure. However, with the advances in medical treatment, individuals with AIDS can live a long life.
- ◎ All HIV related information is confidential. All HIV testing is voluntary and confidential.

BLOODBORNE PATHOGENS PREVENTION

Standard Precautions

- Wear the correct **Personal Protective Equipment (PPE)**.
- Regard all contact with blood, body fluids, mucous membranes, and non-intact skin as infectious.
- Gloves are worn whenever you have contact with blood, body fluids, non-intact skin, mucous membranes, or whenever you handle contaminated equipment.
- Eye protection & masks are worn whenever splashing or spraying into your face, particularly eyes and mouth, is likely.

BLOODBORNE PATHOGENS PREVENTION (CONT'D)

- Gowns are to be worn when splashing or spraying onto your clothing is possible.
 - There does not have to be a large volume of fluid anticipated to wear a gown. Gowns are single use.
 - Scrub suits, lab coats, or patient gowns do not provide any fluid resistance and are not considered protective.
- Do not eat or drink in work areas where blood or body fluids are located. This includes specimen storage areas, nurses stations, housekeeping carts, lab work areas, or areas where contaminated equipment is kept.

BLOODBORNE PATHOGENS

SHARPS

- ⦿ Sharps are to be handled carefully.
- ⦿ All used and opened sharps are considered contaminated.
- ⦿ Sharps DO NOT belong in the trash!!!
- ⦿ All sharps should be disposed of close to the point of use.
- ⦿ Needles should be disposed of immediately after use and placed in an appropriate sharps container.
- ⦿ Sharps containers must be changed when they are $\frac{3}{4}$ full.
DO NOT overfill sharps containers!!
- ⦿ Only put appropriate sharps into the appropriate sharps container. Do not put gauze, tape, EKG electrodes, plastic eating utensils, or gloves into sharps containers.

BLOODBORNE PATHOGENS SHARPS (CONT'D)

- If a sharps object is falling, allow it to fall completely. Do not try to grab it.
- Once a sharps item has fallen, only pick up the device with a forceps, hemostat or other mechanical device, or use a brush and dust pan.

BLOODBORNE PATHOGENS SHARPS (CONT'D)

- **Remember These Measures to Prevent Needle Sticks**
 - Use proper equipment set up and disposal procedures.
 - Proper use of needle stick-prevention devices.
 - Constant visualization and communication regarding sharps being used.
 - Preventing needle stick injuries is one of the best ways to protect you from accidental exposure to potentially infectious material.

BLOODBORNE PATHOGENS

BLOOD SPILLS

- Clean up blood spills promptly.
- Blood spill kits are available on clean supply carts on each unit.
- Clean with disinfectant. Spray on and wipe up any gross soil then spray again and allow drying.
- Always wear gloves. You may need to wear a gown and/or mask/eye shield if splashing in the face is anticipated.
- Dispose of everything in a red regulated medical waste bag.
- For large blood spills, initiate containment with paper towels and contact Environmental Services.

BLOODBORNE PATHOGENS

ACCIDENTAL EXPOSURE

- ◎ If an exposure occurs (e.g. contaminated sharp, blood or body fluid splashed to non-intact skin or mucous membranes), do the following immediately:
 1. Wash area with soap and water. If mucous membrane exposure – flush with water only.
 2. Report incident to your supervisor immediately and obtain an Accidental Occupational Exposure Packet (Red Folder).
 3. Report to the Emergency Department with the packet.
 4. This is a time sensitive issue. This must be done as soon as possible after the injury. **Report to the Emergency Department within 15-20 minutes.** Do not wait!

BLOODBORNE PATHOGENS ACCIDENTAL EXPOSURE (CONT'D)

5. Complete the Incident Report
6. Follow up with Associate Health as soon as possible.
7. You will receive a written opinion of the results of the evaluation from Associate Health within 15 days.
8. For any questions, call the Associate Health Nurse for your facility.

BLOODBORNE PATHOGENS BIO HAZARD SIGNAGE



Corporate Compliance & HIPAA Education

Learning Objectives

- To prevent, find, and correct violations of Catholic Health standards, federal & state laws, and regulations;
- To promote honest, ethical behavior in day-to-day operations;
- To understand our ethical, professional, and legal obligations and our role in meeting those obligations

Integrity

“Doing the Right Thing”

Standards of Conduct

Promotes ethical behavior in the workplace every day.

All associates are expected to follow standards to:

- Uphold Legal and Regulatory Compliance
- Promote Ethical Business Conduct
- Disclose Potential Conflicts of Interest
- Appropriately Use Resources
- Preserve Confidentiality
- Exhibit CH Behavioral Conduct
- Act Responsibly & Be Accountable
- Follow the Code of Ethics



(see Catholic Health Associate Guidebook)

Important Keys to Compliance

Following the Code of Conduct

- Maintain high standards of conduct in accordance with the CH Mission, directives of the Catholic Church, and applicable federal, state, and local laws and regulations
- Deal openly and honestly with others

Adhere to Compliance and HIPAA Policies

- Available on Compliance 360

Documentation and Billing

- Must be accurate and complete



Documentation

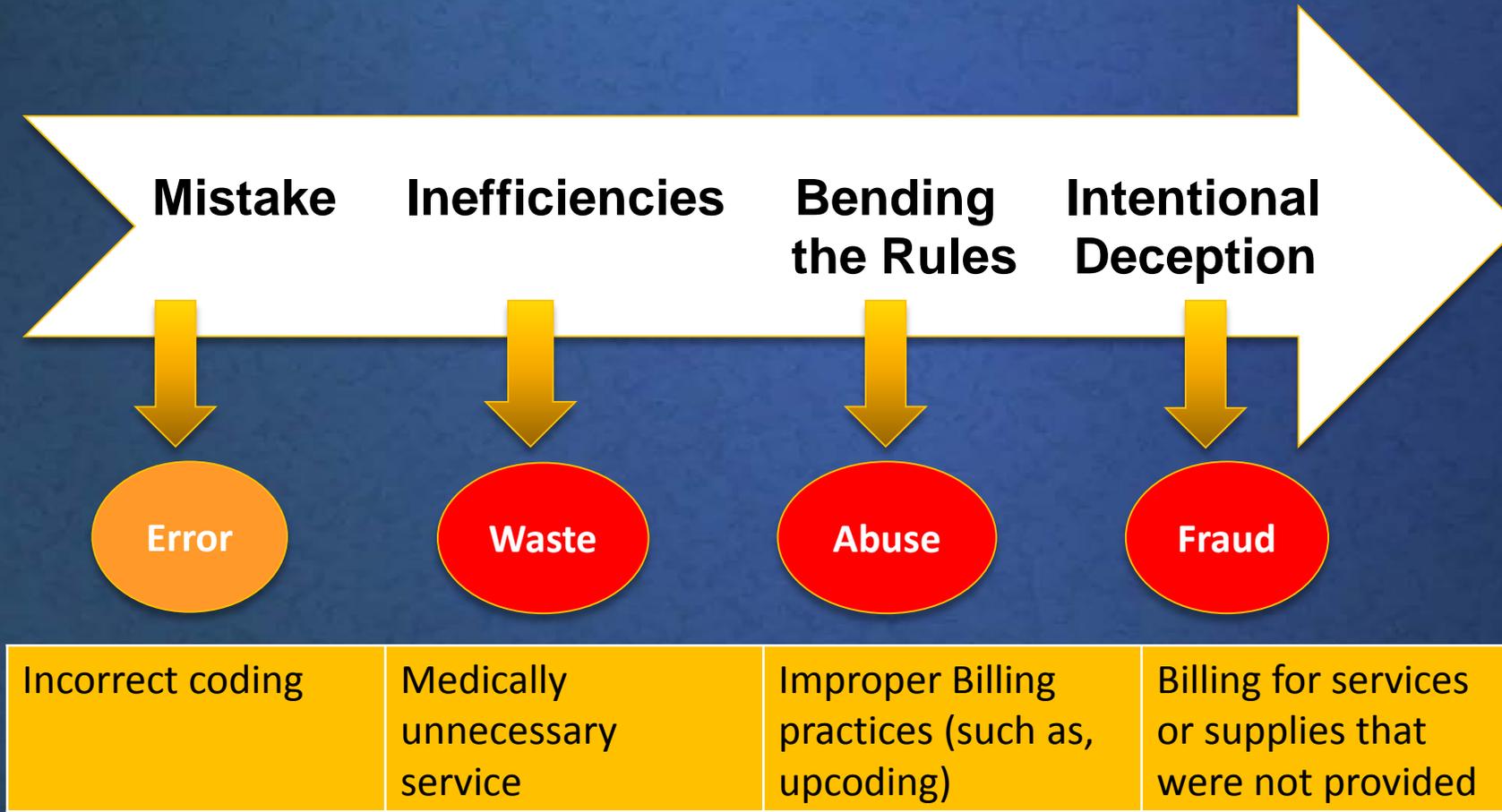
It is considered fraud to either document services that were not performed or to submit claims for services without appropriately documenting those services.

- Missing clinical notes or test results, (dates, signatures, orders, care or service rendered)
 - Incomplete or illegible documents, or
 - Improper billing and coding
- can be interpreted as fraud or abuse and lead to a false claim with the government resulting in penalties.

Reimbursement can only be sought for services or items that have been provided and appropriately documented.

If it's not documented, it's not done.

Compliance Concern



False Claims Act Governs Fraud, Waste & Abuse

It is a crime to knowingly make a false record, file, or submit a false claim with the government for payment.

A false claim can include billing for service that:

- ❖ was not provided or documented
- ❖ was not ordered by a physician
- ❖ was of substandard quality
- ❖ improperly coded or billed



Allows for Qui Tam Relator – notification to government with protection (Whistleblower provision).
It is also unlawful to improperly retain overpayments.

Examples of Fraud

- **Unnecessary services** – Ordering and then subsequently charging for services a patient does not need;
- **"Phantom" billing** – Billing for services or for dispensing products that the patient never received, such as patient visits that never took place
- **Multiple billing** – Intentionally sending bills for the same procedure or office visit more than once;
- **Improper Upcoding** – Intentionally billing for a more expensive treatment or medication than the one the patient actually received;
- **Kickbacks** – When providers give money, items of value, or other considerations to other healthcare providers in exchange for referrals or for business; and
- **Selling drugs/forging or altering prescriptions** – When a patient fills a legitimately authorized prescription, written by an authorized physician, and then sells the contents for profit, that is fraud. Altering the amount of the prescription, or stealing a prescription pad from a doctor and then using it is also fraud.



Medicare Conditions of Participation

Government Sanctions

- CHS must not submit any claims to Medicare and/or Medicaid in which a sanctioned individual or entity provided care or services.
- Sanctions can be applied for fraud & abuse, felony convictions, and for failure to repay a federal student loan.

If an associate/provider is sanctioned, he/she must provide notification immediately to the Compliance Officer.

Conflicts of Interest

If working on behalf of Catholic Health, do your actions or activities result in

- personal gain or advantage;
- potential adverse effects for Catholic Health; or
- the potential to interfere with professional judgment, objectivity, or ethical responsibilities?

All Potential conflicts of interest relationships must be reported to Compliance.



Offering or receiving kickbacks, bribes, or rebates triggers a compliance concern.

Gifts and Other Free Items

- Associates may **NOT** accept any cash gifts or cash equivalent gifts (gift cards) from any person (including patients) or business conducting, or seeking to conduct business with Catholic Health.
- Under no circumstance should gifts be accepted or offered for the purpose of influencing patient referrals or any other business referral

Follow Policy: Gifts, Gratuities & Discounts



Patient cash donations may be directed to the Foundations

Patient Communication Assistance

Language Assistance

Associates have a legal duty to provide communication to a patient in a patient's preferred language including providing language services for the hard of hearing or deaf patient. Only qualified interpreters are to be used.

Communication services must be offered and documented.

See Communication Assistance Policy



Blind or Visually Impaired Patient

The hospital must “offer” pre-admission information or a patient discharge plan in enlarged print to the visually impaired patient. If a blind patient requests an audio of the above documents, follow policy or check with your manager.

DOCUMENTATION of the service is required

HIPAA- Protected Health Information

- Names
- Full face photos
- Medical Record Number
- Health Plan Number
- Account Numbers
- Certificate/License Numbers
- Vehicle Identifiers
- E-mail and web addresses
- Biometric Identifiers
- Geographic subdivisions smaller than a state
- All elements of dates related to birth date, admission, discharge, or date of death, ages over 89
- Telephone and fax numbers
- Social Security Number
- Any other unique identifying data

When Can Protected Health Information (PHI) Be Shared?

for

**Treatment, Payment, or
Healthcare Operations**

or if an authorization has been signed
or an exception is met.

Access, Acquire, Use, or Disclose the
minimum necessary
related to your job function and
that of the other person's job function

**Access, use, or disclosure other than above is
UNAUTHORIZED!**

HIPAA Safeguards

- Be aware of surroundings
 - Be conscious of who is in the immediate area when discussing sensitive patient information or at your computer terminal (lower your voice)
- Secure area when not attended
 - Log off of computer screens containing PHI before leaving the area
 - Close medical records/chart when not in use
 - Do not allow other associates to utilize your password
 - Report theft or loss of computer devices immediately
- Correctly Dispose of PHI
 - Use of shred bin



Additional HIPAA Safeguards

- Telephones
 - Be careful with phone calls pertaining to patient information
- Fax Machines and Scanners
 - Pick up faxed or printed PHI immediately
 - Use fax cover sheet, verify # and receipt
 - Scan PHI only to CH e-mail accounts
- E-Mail
 - Encrypt e-mail sent outside Catholic Health
 - Do not open or respond to suspicious email
 - Careful forwarding and replying
- Delivery
 - Double check name/address and material prior to providing to patient or recipient

Computer Security Policies

- Secure your computer password
- Do NOT download any programs or software
- Never leave Mobile Computing Devices (i.e. Laptops, etc.) unsecured
- Do NOT open or respond to suspicious e-mail.
 - Promptly report suspected phishing attempts
- Do NOT post patient PHI to Social Media
- Do NOT text PHI via unsecured means
- Report thefts/loss/electronic security concerns immediately
 - IT HelpDesk- 828-3600
 - Security Analyst- 862-1938



BEWARE of Phishing Techniques

(1) Email

Most of the messages have an urgent note which requires the user to enter credentials to update account information, change details, and verify accounts.

(2) Malware Phishing

Phishing scams involving malware require it to be run on the user's computer. The malware is usually attached to the email sent to the user by the phishers. Once you click on the link, the malware will start functioning. Sometimes, the malware may also be attached to downloadable files.

(3) Website Phishing

Mimic visual elements from the target site or use subtle changes to the site address.

- www.ebay.com.kr
- www.ebay.com@192.168.0.5
- www.google.com



Unauthorized Access or Disclosure of PHI

Curiosity can be a normal human trait ... however accessing health information or disclosing PHI of family members, friends, co-workers, persons of public interest, or any patient that is NOT related to your work responsibilities is ... **VIOLATION of HIPAA & CH policy.**

Corrective Action will be applied. Associates can and have been terminated for violation of policy.

Computer use is monitored.



Associates viewing their own Medical Record

It is a **violation of CH policy**
for an associate to look up
their own medical record using CH's Electronic
Medical Records systems

Associates are encouraged to utilize the
Patient Portal for direct secured access
to their medical information.

OR

Associates may file a written request with
Health Information Management for
their medical record information

CH Associates' Responsibilities

- Duty to report concerns and support non-retaliation
- Upholding CH Mission and Values
- Adhering to Code of Conduct, Policies and Procedures, and the Law
- Completing education and employment requirements
- Constant monitoring for concerns
- During an investigation
 - Be truthful
 - Preserve documentation or records relevant to ongoing investigations

Examples of Concerns to Report

- Dishonest business/patient communication
- Violations of patient/associate/proprietary confidentiality
- Conflicts of interest including inappropriate gifts, entertainment, or gratuities
- Stealing or misuse of assets and resources
- Fraud, abuse, or false claims
- Documentation concerns
- Environmental, health, or safety issues
- Discrimination/harassment
- Retaliation for reporting a compliance concern in good faith



Catholic Health Non-Retaliation Policy

- Protects associates from adverse action when they do the right thing and report a genuine concern
- Reckless or intentional false accusations by CH associates are prohibited
- Reporting the possible violation does not protect the constituent from the consequences of their own violation or misconduct

Associates have a duty to report
HIPAA/Compliance concerns

3 Steps to Reporting Compliance Concerns

Immediate supervisor or appropriate department



Higher level manager



Compliance & Privacy Officer
Leonardo Sette-Camara, Esq.
821-4469

Compliance Hotline 1-888-200-5380 -available 24/7
Confidential. Anonymous (if desired).
HIPAA Hotline 862-1790

Questions and Commitment

- You will have the opportunity to ask questions regarding the Catholic Health Compliance Program during your orientation.
- During orientation you will be required to attest, by signing a commitment statement, that you understand and agree to comply with the Compliance Program.



Harassment and Diversity in the Workplace

What is Harassment?

- Verbal or physical conduct that denigrates or shows “hostility” or aversion toward a person.
- Harassment can be based on race, color, national origin, citizenship, religion, gender, marital status, sexual orientation, age, disability, or any other characteristic protected by law.

What is Harassment?

Harassing conduct includes:

- Abusive words, phrases, slurs, put-down jokes, or negative stereotypes.
- Harassing behavior can be hidden behind humor, insinuations, and/or subtle remarks or acts.

The Costs of Harassment?

The cost of harassment is high and includes:

- Legal costs and out-of-court settlements
- Decreased productivity
- Lowered morale
- Increased employee turnover
- The chance of workplace violence
- Loss of credibility in the community

Title VII of the Civil Rights Act of 1964 Prohibits Discrimination

The Civil Rights Act prohibits discrimination based on the following traits:

- Race
- Color
- Religion
- Sex
- National Origin

What Prohibits Further Types of Discrimination or Harassment?

- Age Discrimination in Employment Act of 1967 (ADEA)
- Americans with Disabilities Act of 1990 (ADA)

Hostile & Pervasive

Harassment and/or discrimination must be both hostile and pervasive:

- Hostile statements make another person uncomfortable.
- “Hostile” might not mean angry or violent.
- Hostile comments/behaviors that are pervasive and ongoing.

Preventing Harassment

- *Think* before you speak or send emails!
- Be careful with humor.
- Ask yourself: *How would I feel?*

What To Do If You Are Harassed?

- Tell the offender their behavior is unwelcome and needs to stop!
- If it is too awkward to talk to the offender, speak to your HR Manager or Director.

What To Do If You Think You Harassed Someone?

- Apologize to the person you may have offended.
- Be careful not to repeat the behavior!

Harassment Summary

- Every associate is responsible for their professional *on-stage* behavior.
- The costs of harassment are high: *think before you speak!*

Respect for Diversity

- Cultural competence is a set of attitudes, behaviors, and skills that enable staff to work effectively in cross-cultural situations. It reflects the ability to gain and use knowledge of health-related beliefs, attitudes, practices, and communication.

Respect for Diversity

- As healthcare providers, we must provide evidence-based care that is appropriately tailored to meet the needs of our patients, their families, and the community.
- Cultural competence begins with an honest desire not to allow biases to keep us from providing care and treating each patient with respect.

Respect for Diversity

Cultural Diversity covers many obvious and less-obvious manifestations to include:

- Religion
- Ethnicity (race)
- National Origin
- Gender
- Age
- Education
- Mobility – including physical disabilities

Respect for Diversity

To respect diversity, associates need to understand the following terminology:

■ Culture

- is the sum-total of the way-of-living that includes values, beliefs, standards, language, thinking patterns, behavioral norms, and communication styles.
- Culture guides decisions and actions.
- Behaviors whereby a society realizes collective achievement.
- Patterns of behaviors transmitted by symbols
- Set of rules and norms that promote stability and harmony within a society

Respect for Diversity

- Culture affects health belief systems in the following ways:
 - Defines and categorizes health and illness
 - Offers explanatory models for illness
 - Based upon theories of the relationships between cause and the nature of illness and treatments
 - Defines the specific "scope" of practice for healers

Respect for Diversity

- Culturally diverse populations have varying belief preferences, nutritional preferences, communication preferences, and varying beliefs on patient-care and dealing with death.
- To assist you with the care of culturally diverse populations, the Catholic Health Culture Tool will be available to you online.
- This tool demonstrates possible different healthcare beliefs and should not be utilized as a guideline for stereotyping. Always ask the patient and family their preferences and approaches to healthcare.

Respect for Diversity

- Acquiring cultural competence creates an environment in which people feel safe to express culturally based values, perceptions, and experiences.
 - Listen to the patient's perception of the problem
 - Explain your understanding of the problem
 - Discuss differences and similarities
 - Recommend a treatment-plan and negotiate the plan
 - Ask the patient to explain the treatment plan back in their own words so you can make sure you have explained it in a way the patient understands (teach back method)

Harassment & Diversity

- If you would like additional information on Harassment and Diversity in the Workplace, the video links below can be viewed by copying and pasting the link into your browser:
- https://www.youtube.com/watch?v=E1MI_h0Hlcw



Catholic Health

Our Commitment to Sustainability





The health of the environment
is connected to the health of
people.





Our Commitment to Sustainability

- **Healthcare leaders have become increasingly aware that how we care for patients, staff, and the community, and the impact we have on the environment, are undoubtedly connected.**
- **Today we know that certain materials and products can have negative impacts on patients, staff, and our communities, - impacts that run counter to healthcare's healing mission.**
- **Removing the environmental harm out of healthcare has become a natural extension of our work to achieve the triple aim: better population health, improved quality of care, and financial savings.**

First, Do No Harm



Patient Health



Staff Health



Community Health



- **The system’s Green Steering Committee is comprised of nearly two-dozen volunteer members. In addition, local green teams may exist at the larger ministry locations.**

- **Ten topic areas comprise Catholic Health’s environmental stewardship program:**

* Engaged leadership	* Less waste
* Safer chemicals	* Greening the operating rooms
* Food	* Environmental purchasing
* Leaner energy	* Water reduction
* Climate	* Green building



In 2015 and 2017, Catholic Health and several of its ministries were recognized by Practice Greenhealth* for excellence in environmental stewardship



Catholic Health
Kenmore Mercy Hospital



Catholic Health
Mercy Hospital of Buffalo



Catholic Health
Sisters of Charity Hospital



Catholic Health
Sisters of Charity Hospital
St. Joseph Campus



Catholic Health
Mount St. Mary's Hospital



*Practice Greenhealth is the source for environmental solutions for the healthcare sector and lends support to create better, safer, greener workplaces and communities.

Wellness & Sustainability Go Hand-in-Hand





Catholic Health's single-stream recycling program

- **Catholic Health has a robust single-stream recycling program that annually diverts approximately 31% of waste away from landfills**

- **Please review a link below to review the program at your work location so that you can participate and help us increase our recycling percentages.**
 - **All Catholic Health locations** (except Mt. St. Mary's Hospital & off-site facilities)
<https://youtu.be/4zjsk1C4h4c>

 - **Catholic Health Administrative & Regional Training Center location** (includes composting)
<https://www.youtube.com/watch?v=8-4FXMpPO2A&feature=youtu.be>



- **Catholic Health envisions a system where patients and associates interact in a healing environment that embraces safer building products, clean air, reduced toxins, safe working practices, energy and water efficiency, education, and a commitment to public health demonstrated through waste volume and toxicity reduction.**

Please ask your supervisor how you can become more involved in Catholic Health's sustainability program activities.



GET SOCIAL!



PRACTICE
Greenhealth™

www.practicegreenhealth.org



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PracticeGreenhealth (group)