

GENERAL INTRODUCTORY TRAINING FOR TRAINEES, INTERNS, VOLUNTEERS, STUDENTS AT THE JOHN PAUL II SPECIALISED HOSPITAL IN KRAKÓW

Personal data protection

- **GDPR** means Regulation (UE) 2016/679 of the European Parliament and of the Council of 27.04.2016 on the **protection of natural persons** with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (EU L of 2016, No. 119, p.1).
- **SUPERVISORY AUTHORITY (Article 4(21) GDPR)**
Supervisory Authority means an independent public authority established by a Member State (EU) in accordance with Article 51 of the GDPR. In Poland, this is the President of the Office for Personal Data Protection (PUODO).
- **DATA CONTROLLER (Article 4(7) GDPR)**
Means the natural or legal person, public authority, entity or other body which alone or jointly with others determines the purposes and means of the processing of personal data.
The Controller of all information and personal data processed at the Hospital is the Unit Director.
- **PERSONAL DATA Article 4.1 GDPR**
“personal data” means information about an identified or identifiable natural person (“data subject”);
An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as: first or last name, identification number, location data, online identifier, one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of the natural person.
- **LAWFULNESS OF PROCESSING (ARTICLE 6) GDPR**
Processing is only lawful where one of the conditions is met:

- a) The data subject has given their consent;
- b) The processing is necessary for the performance of a contract to which the data subject is a party;
- c) The processing is necessary for the fulfilment of a legal obligation incumbent on the controller;
- d) The processing is necessary to protect the vital interests of the data subject;
- e) The processing is necessary for the performance of a task in the public interest;
- f) The processing is necessary for the purposes of the legitimate interests pursued by the controller.

- **SPECIAL CATEGORIES OF DATA (sensitive data)**

It is forbidden to process personal data which is co-called SENSITIVE DATA Article 9(1) GDPR revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership and genetic, biometric, health, sexuality or sexual orientation data.

- **PROCESSING OF SPECIAL CATEGORIES OF PERSONAL DATA (ARTICLE 9 (2))
GDPR**

It is permissible to process special categories of data if certain conditions are met, e.g:

- a) the data subject has given their consent
- c) the processing is necessary to protect the vital interests of the data subject
- e) the processing relates to data which have been made public
- h) the processing is necessary for the purposes of preventive healthcare or occupational medicine, for the assessment of a worker's fitness for work, medical diagnosis, the provision of healthcare or social security, medical treatment or the management of healthcare or social security systems and services
- i) the processing is necessary for reasons of public interest in the area of public health, such as protection against serious cross-border threats to health
- j) the processing is necessary for archiving purposes in the public interest, for scientific or historical research purposes or for statistical purposes in accordance with Article 89(1) of the GDPR.

Article 89(1) GDPR

Processing of special categories of data for scientific research or statistical purposes should be subject to appropriate organisational and technical safeguards. It is recommended to pseudonymise or anonymise the data.

- **HEALTH DATA Article 4 (15) GDPR**

Means personal data about the physical or mental health of an individual including the use of healthcare services - revealing information about the state of their health.

- **PROCESSING OF PERSONAL DATA Art. 4 (2) GDPR**

Means an operation or set of operations which is performed upon personal data or a set of personal data, whether or not by automatic means, such as collection, retrieval, alignment or combination, recording, storage, organisation, structuring, adaptation or alteration, consultation, use, disclosure by transmission, dissemination or otherwise making available, restriction, erasure or destruction

- **PROCESSING OF SPECIAL CATEGORIES OF DATA (SENSITIVE DATA) IN THE HEALTH SECTOR**

The processing of so-called sensitive data requires the application of higher standards of protection, as it involves an increased risk of violation of the rights and freedoms of the person concerned. Medical data refers to the most important values of human beings, their health and life.

- **PROCESSING OF SENSITIVE DATA IN THE HEALTH SECTOR**

Sensitive data in the health sector may be processed by an employee only to the extent specified in the authorisation granted by the Data Controller.

Everyone who processes personal data is obliged to maintain confidentiality.

- **PERSONAL DATA BREACH Art. 4 (12) GDPR**

Means a security breach leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure or access to personal data transmitted, stored or otherwise processed.

- **GDPR does not apply**

This Regulation shall not apply to the processing of personal data:

- concerning deceased persons (Recital 27 GDPR)
- in the course of purely personal or household activities, i.e. without any connection with a professional or commercial activity (Recital 18 GDPR)

- **PRINCIPLES OF PERSONAL DATA PROCESSING ART. 5 GDPR**

1. Personal data must be:

- a) processed lawfully, fairly and in a manner transparent for the data subject (“**lawfulness, fairness and transparency**”)
 - b) collected for specified, explicit and legitimate purposes and not further processed in a way incompatible with those purposes (“**purpose limitation**”)
 - c) adequate, relevant and limited to what is necessary for the purposes for which they are processed (“**data minimisation**”)
 - d) accurate and, where necessary, kept up to date; every step must be taken to ensure that personal data which are inaccurate, in light of the purposes for which they are processed, are erased or rectified without delay (“**accuracy**”)
 - e) kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the data are processed; personal data may be kept for longer periods insofar as the data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes pursuant to Article 89(1), subject to the implementation of appropriate technical and organisational measures required by this Regulation to protect the rights and freedoms of data subjects (“**storage limitation**”)
 - f) processed in a way which ensures appropriate security of personal data, including protection against unauthorised or unlawful processing and accidental loss, destruction or damage, by means of appropriate technical or organisational measures (“**integrity and confidentiality**”)
2. The Data Controller shall be responsible for compliance with paragraph 1 and must be able to demonstrate such compliance (“**accountability**”).

- **LAWFUL PROCESSING**

One of the prerequisites for authorising the processing of personal data is consent given by the data subject to the processing.

A person who consents to the processing of personal data must, inter alia, know to whom they are giving their consent and for what purpose and what specific data will be processed.

Consent should be freely given, specific, informed and unambiguous. (Article 6(1)(a))

The legal basis for the processing of personal data in medical entities is Article 6(1)(c): “*The processing is necessary for the fulfilment of a legal obligation incumbent on the controller*” (provision of health services).

- **LAWFUL PROCESSING Art.6(1)(f) GDPR**

Personal Data Protection Act of 10 May 2018.

This Act serves for the implementation of Regulation (UE) 2016/679 of the European Parliament and of the Council of 27.04.2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (General Data Protection Regulation).

- **Personal Data Security Policy**

The Policy document is general in nature and sets out the basic principles of safety behaviour and guidelines for the whole Hospital. Hospital employees are required to familiarise themselves with and apply the “Personal Data Security Policy” and security procedures and are responsible for compliance therewith.

- ***It is not permitted to work in the IT system using an ID other than one's own.***

An employee should not be given more privileges in IT systems than are necessary to carry out their duties.

The user shall securely destroy printouts/copies of unnecessary documents containing personal data. Personal Identification Numbers (PINs) connected with electronic cards should be protected in the same way as **passwords to the computer system (cannot be shared!)**.

General initial training in occupational health and safety and fire safety.

Moving around the Hospital.

Particular care should be taken when moving around the Hospital. A large number of motor vehicles and heavy construction equipment travel on the internal roads, which can endanger the health and life of pedestrians. It is only permitted to walk on internal paved roads or pavements around the Hospital; it is forbidden to take shortcuts through construction sites or lawns. Smoking and the use of e-cigarettes, as well as open fires or means that could start a fire, are prohibited in the entire area of the Hospital.

Instructions at the placement, internship, student position:

The immediate supervisor or tutor is obliged to acquaint the trainee/student with:

1. the configuration of the ward rooms, to show where the trainee/student will be able to change into work clothes (apron) and leave private clothes, where the staff and sanitary facilities are located;
2. colleagues and the organisation of the ward;
3. evacuation routes from the unit, the location and use of hand-held fire-fighting equipment (fire extinguishers).

Work clothing and personal protective equipment (apron, footwear, glasses, goggles).

The trainee/student is obliged to equip himself/herself with working clothes (apron) and footwear. In case of significant contamination of work clothing (apron) with potentially infectious material: blood, secretions or excretions from a patient, the trainee/student is obliged to change, e.g. into ward duty clothing or disposable clothing, and return the soiled apron for central laundering at the Hospital. It is forbidden to take soiled clothing with potentially infectious material outside the Hospital premises for epidemiological reasons.

In case of practical training, internship or educational classes in operating theatres, the trainee is to be provided with disposable clothing while in the operating theatre. It is also prohibited to bring private belongings such as mobile phones etc. into the operating theatres.

The intern's/student's/trainee's work footwear must be stable, with non-slip soles. Clogs and flip-flops are not permitted.

If there is a risk of splashing eyes with potentially infectious material or chemical agents (disinfectants), the trainee is required to wear goggles that fit tightly over the face in the eye area, which are available at the ward.

During direct contact with the patient or with potentially infectious material, the trainee/student must wear disposable gloves during all activities. When moving onto the next patient it is necessary to change gloves for new ones and to disinfect the hands. Hand disinfection is to take place before and after putting on disposable gloves. It is forbidden to wear jewellery such as (wedding) rings on the fingers because of the difficulty in disinfecting the hands.

Sharp objects.

Only scissors with rounded ends are used to cut drains, gauze and other materials on the ward. If it is necessary to open ampoules, close or open tubes made of glass or plastic, all these operations must be carried out through a material such as gauze, never with unprotected hands or with gloved hands only. Disposable gloves do not protect against injury.

Adverse events on the ward.

In the event of a breakdown of medical equipment or any other devices on the ward, the trainee is obliged to immediately inform their immediate supervisor and the ward staff of the incident. Unauthorised repair of a malfunctioning device is forbidden, as it can result in various types of injury, electric shock and make a warranty claim for the device void.

Accident to an intern/student/trainee.

If the intern/student suffers or witnesses an accident, they are obliged to notify their immediate superior of the accident without delay.

Exposure to potentially infectious material.

In case of exposure to infectious material, being cut with a sharp instrument or splashing infectious material on the face, eyes or in the mouth, the trainee is obliged to carry out the procedure for dealing with exposure to potentially infectious material and report the incident to the immediate supervisor.

Every person is obliged to follow the guidelines on epidemic outbreaks and the instructions given by the supervisor or the staff of the respective organisational unit.

Training materials on the prevention of healthcare-associated infections/hospital-acquired infections

(prepared by: HOSPITAL INFECTION CONTROL TEAM)

DEFINITIONS:

Hospital-acquired infection - An infection which has occurred in connection with the provision of health services where the disease:

- was not in the incubation period at the time the health services were provided,
- occurred after the provision of health services and within a period no longer than the longest incubation period.

Isolation - is the isolation of an infected or suspected infected person or group of persons under conditions which prevent transmission to susceptible individuals. The decision on implementing and discontinuing isolation is made by the physician, while the Hospital Infection Control Team consults and recommends isolation. The type of isolation depends on the route of spread of the infection, i.e. how the micro-organism spreads and enters the susceptible organism.

- **Standard** isolation includes the use of routine precautions for all patients regardless of health status to minimise the risk of infection. It is mainly based on:
 - practising hand hygiene,
 - reducing unnecessary contact with the patient and their environment,
 - possibility of stationary isolation,
 - using post-patient disinfection of workstation and equipment.
- **Contact** isolation prevents the spread of infections transmitted by direct and indirect contact with the patient or infected body fluids and contaminated surroundings (herpes, MRSA, MRSE, gas gangrene, scabies).
- **Droplet and air** isolation prevents the transmission of micro-organisms by aerosol particles with a diameter of more than 5µm, formed during speaking, coughing, sneezing and

procedures performed within the patient's airways - bronchoscopy, intubation, suctioning, breathing exercises (influenza, mumps, rubella, meningococcal meningitis, SARS-CoV-2).

- ***Dust and air*** isolation prevents the transmission of micro-organisms carried by contaminated dust particles with a diameter of less than 5µm, which can be transmitted over considerable distances and persist for a long time (tuberculosis, smallpox, measles, shingles).
- ***Protective*** isolation is used for patients who have a severely compromised immune system and are therefore highly susceptible to infection and require protection from infection from other patients, staff and the environment.

Hand hygiene

GENERAL PRINCIPLES:

1. respect the rule “BARE BELOW THE ELBOWS”!!!
 - the sleeves of staff clothing end at the elbows (except when working on a patient with scabies),
 - hands free of jewellery (rings, wedding rings, watches, bracelets),
2. short nails (no longer than 5 mm),
3. do not paint your nails (varnish, conditioner), do not wear anything artificial on your nails,
4. do not cut the cuticles around your nails,
5. use only liquid soap for hand washing,
6. when washing your hands, use a mixer with a swivel arm; in case of mixer taps, use a paper towel to turn off the taps,
7. use only paper towels to dry your hands,
8. soap and alcohol-based hand disinfectants should not be used immediately after each other,
9. after washing hands must be completely dry before disinfection to avoid skin irritation.

REMEMBER!!!

1. separation of hand washing and disinfection is recommended,
2. always rub the disinfectant into completely dry skin of the hands in accordance with the diagram below (HYGIENIC HAND DISINFECTION TECHNIQUE),
3. the use of gloves does not replace the obligation to follow a hand hygiene procedure,
4. always disinfect hands before putting on and after taking off gloves,
5. put on gloves on completely dry hands,
6. always remember to take care of the skin on your hands,

7. not every patient-handling activity requires gloves (e.g. blood pressure measurement, administration of oral medication, correcting bedding, auscultation of the patient), but every activity requires hand disinfection.
8. Put on and remove protective gloves correctly - see diagram below

WASHING HANDS WITH SOAP AND WATER

Indications for hand washing:

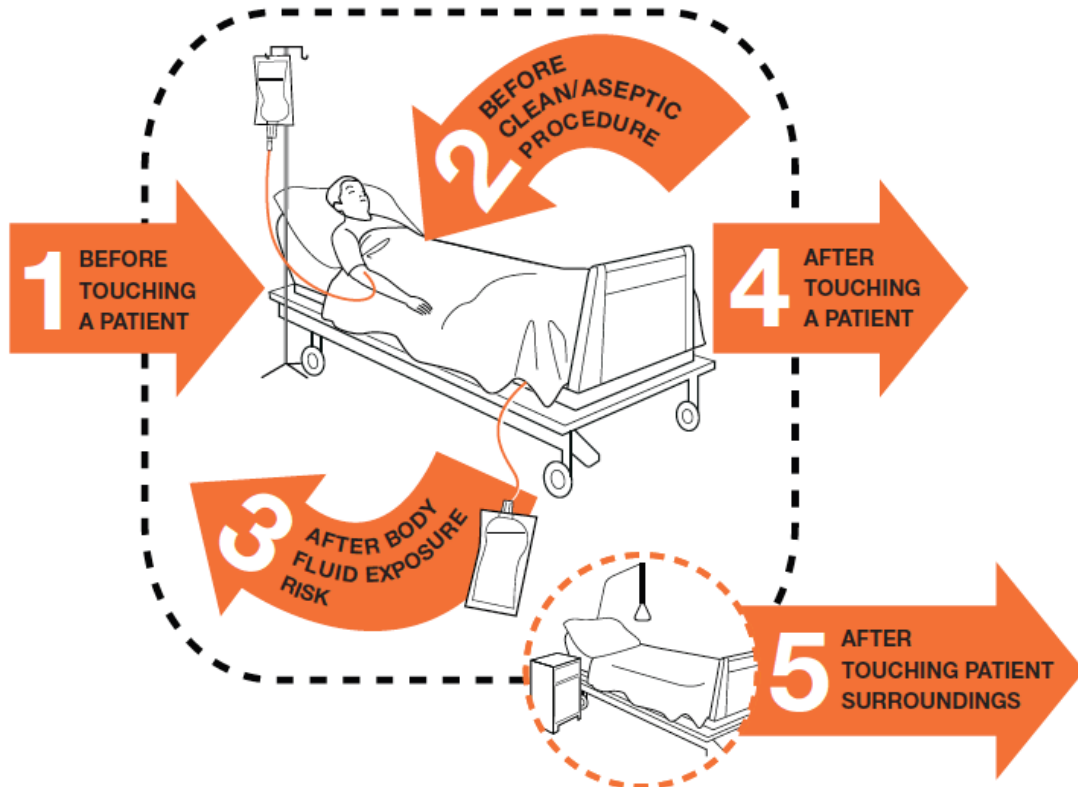
1. before starting work,
2. in case of visible contamination, contact with blood or other body fluids, secretions and excretions,
3. after using the toilet,
4. before preparing and consuming food,
5. in case of strong suspicion or confirmed exposure to spore-forming organisms, including *Clostridium difficile*,
6. when feeling physically dirty.

HAND DISINFECTION

1. Use a minimum of 3 ml of disinfectant on the palm of the hand,
2. Rub in the disinfectant at least for 20-30 sec, or until completely dry using the Ayiliff technique, repeating each of the 6 movements 5 times.

FREQUENCY OF DISINFECTION IN MEDICAL FACILITIES

According to WHO guidelines - 5 moments of hand hygiene - diagram below.



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.

When it is indicated to practise hand hygiene before contact requiring the use of gloves, perform hand hygiene activities by disinfecting your hands with an alcohol-based agent or by washing them with soap and water.

| HOW TO PUT ON GLOVES :



1. Remove the gloves from the original packaging



2. Only touch a limited area of the glove in the wrist area (on the very top)



3. Put on the first glove

