

Orientation Handbook

Daviness Community Hospital

Dear Employee, Student, Volunteer, Contract/Temporary Staff, or LIP:

Welcome to our team! As a member of the DCH team, we are committed to helping you to be the very best at what you do. Please read the information in this booklet carefully. It is your resource for developing competence in topics such as: Patient Safety, Confidentiality, Patient Rights, Evidence Based Care and Regulatory Compliance, etc. The topics in this handbook have been included because they are vitally important to best practice and quality patient care.

After reading the information in this booklet, please complete the post-test and sign the signature pages at the back of the booklet. Your completed post-test and signature pages are to be given to your supervisor, who will send them to the Education Department to be retained in your education file. These records are required to meet regulatory standards.

Revised January 2023

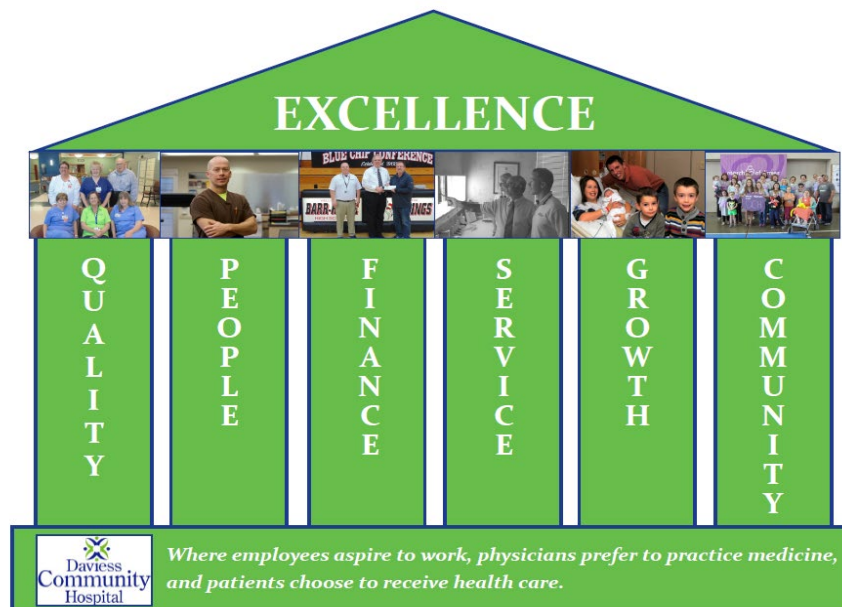


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Section 1: Mission, Vision and Values

Our Mission

- Daviess Community Hospital is committed to improving the health of the people who live in our communities by providing excellent medical care, ensuring access to that care, teaching healthy lifestyles, and working with local agencies to meet community health needs.

Our Vision

- We will be the community's choice in healthcare.

VALUES – WE CARE!

- **Willing Attitudes:** Show a positive, compassionate, and willing attitude every day.
- **Excellence in Customer Service:** Provide an excellent service experience every time.
- **Communication:** Be open and honest always.
- **Accountability:** Accept responsibility for all actions.
- **Respect:** Appreciate and show consideration for all people.
- **Embrace Commitment:** Fulfill all obligations and duties at all times

Section II: Environments of Care

Security Management

- Provides protection to staff, patients and visitors to facilities.
- Enforce Parking regulations.
- Offer employee and visitor escort services.
- Handle Lost and Found Items.
- Investigates security and safety issues.
- Responds to Emergency Codes.
- **Security Officer**
- **Security Office EXT. is 1189.**
- **Maintenance is security when Security not here**

Learn and use security procedures.

- Wear identification badge at all times when at work.

- Take threatening or violent behavior seriously.
- Take quick action and stay calm when dealing with angry or violent people.
- Have an action plan in place before a violent incident occurs and practice it.
- Learn what causes anger and the warning signs of violent behavior.
- Obtain and know policies and procedures dealing with Violence in the Workplace.

*Refer to the Security Plans in the Environments of Care Manual

EMERGENCY PROCEDURES

For immediate security response due to threatening, aggressive or violent behavior
Dial 345 & inform the operator of the security emergency and your location

*They will announce a **“Security Alert”** overhead (see codes) to report to your area.

- Provide your name and location of the incident
- Describe the nature of the incident
- Provide information and description

REPORTING “NON-EMERGENCY” SECURITY INCIDENTS:

(a suspicious person in the hallways or needing an escort to your vehicle)

Contact the Security officer at ext. 1189 or have the operator page.

In Case of an Emergency CALL # 345 to report:

- | | |
|----------------------------|---|
| ➤ External Emergency | External Disaster (Follow Disaster Plan) |
| ➤ Internal Emergency | Internal Disaster (Follow Disaster Plan) |
| ➤ Emergency Standby | Report to work area or labor pool |
| ➤ Code Blue | Cardio/Pulmonary Arrest – Code Team |
| ➤ Rapid Response | Deteriorating Patient, Call 345 |
| ➤ Trauma Team | Trauma Team respond to ER |
| ➤ Security Alert | Dangerous Person/Situation |
| ➤ Infant Abduction | Infant Abduction, search for missing infant |
| ➤ Pediatric Abduction | Pediatric Abduction, search for child |
| ➤ Missing Person | Patient missing, Call 345 with description |
| ➤ Active Shooter | Active Shooter Call 911 & 345 & hide! |
| ➤ Weather Alert | Follow Weather Plan for what to do |
| ➤ Security Alert Bomb | Bomb Threat, search area, no radios/cell |
| ➤ Fire Alarm | Fire (refer to RACE / PASS) |
| ➤ Stroke Alert | Possible Stroke patient (stroke team) |

Fire Safety Information

- **Never** use Elevators during a fire alarm
- **Fire Barrier Doors** - Double Doors in designated hallways close automatically when the Fire Alarm is activated. Staff will close doors to Patient Rooms and offer explanation/reassurance to visitors and patients.
- **When a FIRE ALARM sounds** listen for where the fire/Drill is located and be sure you are away from the fire behind at least 1 set of FIRE BARRIER DOORS.

FIRE PREVENTION*

Follow the NO Smoking Policy:

- **Never smoke in the hospital or on the hospital grounds.** Be an example to others. For everyone's health and safety, DCH has a smoke-free campus!
- **Inform patients and visitors of the No Smoking Policy.** If you see patients or visitors smoking – politely remind them of our policy. A polite explanation usually works. **Maintaining a smoke-free environment is everyone's job!**

7 Tips for Hospital Fire Safety

- **Elevators – Do not** use elevators during a fire alarm situation.
- **Smoke Barrier Doors** - Designated corridor hallway doors close automatically when there is a fire alarm activation. All room doors are closed by staff. Please provide a quick reassuring word of explanation to patients when closing their room doors, as well as visitors in your area.
- **Fire Alarms** - When fire alarms are sounded, remember to check the fire station chart to find the location of the fire.
- **"Fire Alarm"** - Never yell "fire" - it can cause fear and panic. ***Stay calm when discovering a fire or smoke situation.***
- **Horizontal Evacuation or Area of Refuge** - The first mode of evacuation is moving patients horizontally, to the other side of smoke-barrier doors or a designated area of refuge on the same floor. **This is done only when told to do so, or if someone is in immediate danger.**
- **Vertical Evacuation** - Moving patients vertically can be dangerous and should only be considered as a **last resort**. This type of evacuation will be completed only when ordered by Fire Department personnel or the hospital administration. Evacuate personnel at least two floors below the fire/smoke affected area.
- **Storage** – Do not store anything within 18 inches of the top of a sprinkler head.

In the Event of a Fire:

Ambulatory patients are evacuated first.

Whenever a fire alarm is activated, remember...

Please ask your manager/supervisor to explain or provide information on your department's specific fire response. When you are located on your unit or department, please walk around and become familiar with the location of important fire prevention items:

- Stairwells
- Manual fire alarm pull stations
- Fire alarm code charts (know your area's fire alarm pull boxes)
- Portable fire extinguishers (determine the type of extinguisher for your area, and read the directions on the side of the extinguisher)
- Smoke and fire barrier doors
- Medical gas shut off valves and note the area or room(s) they control (remember medical valves can only be shut upon the direction of a supervisor)

***You will be asked to complete a Seek and Find sheet for the above items.**

**IT IS EVERYONE'S RESPONSIBILITY TO LISTEN
AND RESPOND APPROPRIATELY TO A "Fire Alarm"!!!**

RESCUE persons in danger

ALARM; pull the alarm, dial 345, operator will announce "Fire Alarm"

CONTAIN fire by closing doors

EXTINGUISH fire if possible with an extinguisher

NOTE: Using a fire extinguisher on a fire has the potential to put you at risk! **DO NOT** attempt to use an extinguisher if you feel that your safety is in jeopardy. Staff should only try to extinguish small incipient fires, i.e., trash cans. **PLEASE** make sure the fire alarm system has been activated by pulling the nearest manual pull station.

FIRE RESPONSE TEAM LEVEL – Designated DCH Team members respond to the fire alarm activation area. These members may be from maintenance, engineering, security, and safety. They help the affected area's staff implement the RACE process as directed. They will also report the severity of the situation to security staff who will meet the fire department upon entry to the hospital. The Fire Department is an integral part of the hospital's fire response. Fire fighters are trained in the advanced techniques of suppression and containment, and the hospital's staff will work with them to coordinate a fire response and the hospital's resources once they arrive on-site.

Portable Fire Extinguishers are conveniently located throughout the hospital in cabinets along the corridors. The location of extinguishers are noted by signs adhered to the wall. The extinguisher or cabinet must be clearly seen from the corridor.

Dry chemical extinguisher – This is an all-purpose extinguisher and it can be used on Class A, B, or C fires - it is the type of extinguisher used at DCH.

- Contained in a red container marked “dry chemical”.
- Used for **Class A fires** – ordinary combustibles such as wood, paper, linen, clothing, mattresses, plastic, furniture, and waste containers.
- Used for **Class B fires** which involve flammable liquids such as oils, greases, chemicals, flammable gases, xylene, alcohol, and plastics.
- Used for **Class C fires** which involve electrical equipment, medical equipment, electrical wiring, fuse box, or circuit breaker. It can be used on electrical equipment without receiving an electrical shock.
 - Class C extinguishers can be used on all types of fires

To use a fire extinguisher remember - PASS.

Pull the pin. The pin is in place to prevent the accidental discharge of the fire extinguisher. Check its location on the extinguisher.

Aim the nozzle. The nozzle is usually clipped to the side of the extinguisher. In the event of a fire, aim the nozzle at the **base** of the fire.

Squeeze the handle. Use firm pressure and squeeze the two handles located on top of the extinguisher.

Sweep the extinguisher nozzle from side to side. Holding the nozzle and pointing at the base of the fire, the person activating the fire extinguisher should try to move nozzle in a sweeping motion.

EMERGENCY MANAGEMENT DISASTER PLAN

The emergency plans can be found in the Environments of Care Manual

Definition: A disaster is a natural or man-made event that results in a major disruption in our ability to maintain a SAFE ENVIRONMENT OF CARE for the patients and staff. Any event that threatens that ability can trigger DCH to activate our emergency response plans. A Safe Environment of Care means the physical environment in which care is delivered is free from hazards and is safe to care for patients and the hospital has sufficient resources to assure that patient care is not compromised.

Types of Emergencies

- **External Emergency** - those events occurring outside the hospital but affecting the way the hospital functions: for example, a disaster resulting in a surge of patients into the hospital, such as a tornado that occurs in the community
- **Internal Emergency** - those events occurring within the hospital: for example, a fire inside the hospital, or loss of internal communications

Activating the Emergency Response Plan

- An "External/Internal Emergency" is activated by senior administrator on duty.
- Key staff will be paged
- ***Disaster Team members are designated as such by Department Heads.***
- ***Others remain at usual post until called for by Disaster Command Team.***

Your role when an External / Internal Emergency is activated:

All on duty shall:

1. Report to your supervisor for direction
2. End all non-emergent phone calls
3. Wear Hospital ID on outermost garment clearly
4. Follow instructions of the supervisor
5. Avoid going to disaster treatment area unless requested to by supervisor

Hospital Emergency Incident Command System (HEICS)

Once an emergency is activated, HEICS goes into effect. HEICS is a standardized structure of organizing administrators and other key personnel within the hospital to lead and direct the hospital during a response to an emergency event. HEICS ensures that the disaster response is coordinated, effective and efficient.

Incident Commander - The Incident commander is in charge of the event and is assisted by other officers and chiefs, each assigned to specific responsibilities and duties. The Incident commander is the senior-most administrator on duty at the time of the event. During evenings, nights and weekends, this role is assumed by the Nursing Supervisor on site. The event is coordinated from a Command Center, which is equipped with all the tools necessary to effectively run the event.

Command Center:

Emergency Management office, second floor

Incidents other than disasters can occur WITHIN the facility:

These are the codes you may hear the operator announce at DCH:

"Fire Alarm" -- Fire alarm (see instructions on the "Fire Safety" section)

"Security Alert Bomb" -- Bomb threat (keep person on the phone as long as possible)

and try to obtain as much info as possible, have someone else call "345" to report, search facility for odd-looking items, do not use radios or walkie-talkies!)

"Infant Abduction" -- Infant abduction (employees should go to areas where someone could exit the building and observe for someone with large bag, long coat, or any other object used to hide an infant -- look in bathrooms, closets, near windows that open, or all other areas.)

"Child Abduction" – Pediatric / child abduction (employees should follow same protocol as for newborn abduction – no alarm will automatically sound with pediatric abduction – staff will have to call 345 to report the missing child).

"Weather Alert" -- Severe weather conditions exist (In non-patient areas, close blinds / curtains to windows, secure loose items, wheeled carts, etc. in work area. In patient areas, follow above instructions as well as place non-essential items in patient drawers, lower beds, call-light within reach, cover unstable patient with blanket and offer reassurance – stable patients will be moved to inner hallways in a tornado warning).

"Security Alert" -- Dangerous person - help! (Page security at "345", do not try to handle or diffuse a situation without help!)

"Code Blue" -- Cardiopulmonary arrest (Healthcare providers are to attend in-services every year to know what to do in a Code Blue. Code team responds to emergency.)

"Missing Person" – Patient missing, call 345 and give description (not name)

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## **INFANT or CHILD ABDUCTION: PREVENTION and RESPONSE**

### **What You Should Do to Prevent Infant and Child Abductions:**

- Always wear your hospital ID badge at all times while on hospital premises.
- Question suspicious visitors, asking if they need help or asking whom they are here to see.
- Abductors target hospitals where they don't feel threatened.

### **How to Respond to an Infant or Child Abduction:**

- In the event that a newborn, infant, or child is discovered missing from the maternal infant care or pediatric unit, an emergency announcement will sound overhead.
- For a newborn abduction, an **Infant Abduction** will be activated. The infant has an anklet alarm bracelet which will sound the alarm if the infant is taken off the unit unexpectedly.
- For a pediatric, or child abduction, a **Child Abduction** will be announced. Pediatric patients do **not** wear an alarm bracelet; therefore, the staff will have to notify the operator to sound the alarm (dial 345).
- When either **Abduction** is announced, all staff in the hospital should go "on alert" and notify Security immediately of anyone acting suspiciously. Be

especially aware of persons carrying handbags, wearing overcoats, or walking with a child or infant in arms. Anyone who may be concealing a child / infant should not be allowed to leave until they are searched and it is determined they are not hiding a child / infant.

- You may be assigned to check bathrooms, rooms, or monitor an egress. Check with your supervisor about what your role is when an **Infant / Child Abduction** is announced. It is important to remember that **all employees are the eyes and ears for the Security staff**. Notify Security if you see anyone or anything suspicious.

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## MEDICAL EQUIPMENT SAFETY

- Most of the patient related medical equipment (electrical, mechanical, etc.) used at DCH is periodically checked for proper performance and safety by the Maintenance Department as indicated by the stickers affixed to the equipment items. **ALL NEW EQUIPMENT, INCLUDING EQUIPMENT BROUGHT IN FOR PATIENT OR STAFF USE, MUST BE CHECKED BY MAINTENANCE PRIOR TO USE.**
- Report any abnormal noise, burning odor, electrical shock or other unusual signs to the floor supervisor immediately (see instructions below).
- Cell phones and/or other hand-held communication devices are prohibited from use within certain patient areas as per posted signs.
- All vital equipment should be plugged into red (emergency) electrical outlets at all times.
- All questions regarding medical equipment, its performance, safety, in-service, etc. are to be referred to Maintenance or the TriMedex dept.

### In case of equipment failure at DCH:

- **Immediately** remove the item from service, place a "Remove from Service" orange sticker on it with the reason for taking it out of service, and the date with your initials on the sticker.
- 24-7, call ext. 1191 or 866-522-2580 (TriMedex Call Center) and a work ticket will be generated. A repair work order can also be completed on the computer in the quick links section of the intranet site.
- In case of emergency, or if no replacement is available for the device, page the House Supervisor or call 866-522-2580.
- Lastly, complete an incident report!

## MRI (Magnetic Resonance Imaging) Safety

### What is Magnetic Resonance Imaging?

MRI is a diagnostic test that allows the physician to look at internal body parts without the use of x-ray. This is done by the means of radio waves and a very powerful magnet.

### What safety precautions should be observed by the patient?

Since metal of any kind can interfere with the test, patients are asked to inform the staff if they have any metal or electrical devices in their body as well as a tattoo or permanent make-up. Patients are also asked to remove metal jewelry, hearing aids, keys, safety pins, hairpins, removable dentures and other metal items. A questionnaire is completed with each patient before the MRI is done to ensure optimal safety.

### What safety precautions should be observed by the staff?

Clinical staff working with the patient should follow the same individual precautions as the patient. In addition, the staff must ensure that **no metal objects or pieces of equipment** are allowed in the room at any time.

(The MRI chamber and magnet is on 24 hours, 7 days a week.)

This includes, but is not limited to:

- Tools for repair
- Equipment for cleaning
- Oxygen tanks

### What could result if the safety precautions are ignored?

- *Serious injury/death to the patient or staff!!!!!!!!!!!!!!*

The magnet never shuts off, therefore, it is ALWAYS a safety risk!

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## HAZARD COMMUNICATION

The **Occupational Safety and Health Administration** and the Indiana **Right to Know Law** states that employers are responsible for informing employees of the hazards of workplace chemicals to which they are exposed. Under Occupational Safety and Health Administration regulations...

An Employer is required to provide the following information:

- Identify and list hazardous chemicals in their workplace.
- Obtain Safety Data Sheets and labels for each hazardous chemical.
- Train employees before they use known hazardous chemicals and how to identify hazardous chemicals used in their work areas.

## **SAFETY DATA SHEETS**

### **What is a SDS?**

- SDS stands for Safety Data Sheet. It provides detailed information prepared by the manufacturer of a chemical that describes the physical and chemical properties, physical and health hazards, routes of exposure, precautions for safe handling and use, emergency and first-aid procedures. It will list known acute and chronic health effects, material exposure limits, and it will also inform personnel if the material is a known carcinogen.

**SDS are found in every department. SDS manuals are located in areas in which staff have access 24/7. Ask your supervisor where your unit's SDS binder is located.**

All manufacturers are required by federal law to indicate hazards on the label of any chemical bottle which contains a hazardous material. If you want more detailed information on the hazard, then you need to go to the unit's SDS binder. If you cannot find the proper information, call the Environmental Services Manager for assistance at ext. **1181**.

If you want to learn more information about the Hazardous Communication Standard, go to [www.OSHA.gov/](http://www.OSHA.gov/).

Remember, do not throw away any hazardous material container that is not empty in a regular trash container. All hazardous materials and aerosols must be discarded through our hazardous waste vendor.

- Contact Environmental Services for more information.
- Update your dept's chemical inventory list when purchasing new chemicals.

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WASTE MANAGEMENT

Wherever you work, in whatever position, you are responsible for proper disposal of the waste you generate. The following is a brief overview of what you need to know.

What goes in red bags?

Red bag waste (Regulated Medical Waste) disposal is expensive. They are used for:

- Blood and blood products
- Anything soaked, caked or dripping in blood (not blood-tainted)
- Cultures and stocks of infectious agents
- Serums and vaccines
- Suction canisters, hemovac and pleurovac drainage containing any waste
- Waste generated from patients with highly communicable diseases

- Pathological Waste such as animal carcasses, placenta, surgery and autopsy waste

What goes in Sharps Containers?

Anything that can cut or puncture the skin must be discarded in a sharps' container. Do not overfill the sharps' container.

- Needles and syringes (even syringes without needles)
- Scalpels
- Slides, pipettes
- Razor blades
- Test tubes

What goes in Recycling Receptacles?

- Papers, newspapers, magazines

What goes in Chemotherapy Waste Containers?

In the chemotherapy waste containers deposit all items labeled "Cytotoxic Drugs":

- IV bags and tubing used with these drugs
- Bottles
- Needles and syringes used in preparation and/or administration
- Spill cleanup materials

UTILITY SYSTEMS

Employees must have a basic knowledge of operation for all utility systems in their work area.

Utility systems in the hospital include:

- Electrical (normal and emergency power)
- Elevators
- Heating/ventilation/air conditioning (HVAC)
- Medical gas and vacuum (suction)
- Steam, Water, Gas and Sewer
- Telephone and data systems
- Plumbing
- Fire Alarm system

Emergency power is available throughout the hospital in the event of a power failure. It is provided by emergency generators that start automatically upon the loss of power from the local utility.

Remember:

- Emergency power availability varies depending on location
- A **red** electrical receptacle indicates that emergency power is available at that outlet during a power outage.

- Unplug non-essential equipment from red outlets during a power outage to conserve generator power.

Safe Lifting Checklist

FOLLOW SAFE LIFTING PRINCIPLES TO AVOID BACK STRAIN.

- Let your legs, not your back, do the work.
- Try to avoid leaning, bending, reaching, and stooping.
- Stand at bedside with one knee bent or resting on a stool.
- Don't twist to reach or change positions. Turn your feet or swivel hips, keep your back straight.
- Wear sturdy shoes with nonskid soles.
- Keep feet spread a bit to provide support.
- Work at a height that doesn't require much bending.
- Change positions frequently.
- Take short breaks to stretch or move around.
- Don't overexert yourself. Learn your own limits.

NEVER LIFT OR MOVE A PATIENT by yourself if you are unsure.

GET HELP WHEN IN DOUBT - SOLO MOVES & LIFTS ARE VERY RISKY!!!

BODY MECHANICS

The basic lifting rule - *think things through before you start!*

GENERAL RULES FOR SAFE LIFTING!

- Stand close to object with wide stance and firm footing.
- Squat down, keep back straight and bend knees.
- Grasp object firmly so it won't slip.
- Breathe in – inflated lungs help support the spine.
- Lift with legs - straighten them slowly.
- Hold object close to body.

Be aware of awkward positioning, which can include:

- Twisting while lifting
- Bending over to lift
- Lateral or side bending
- Back hyperextension or flexion
- Forces on the spine increase when lifting, lowering or handling objects
- Reaching forward or twisting to support a patient from behind to assist walking.

CHRONIC STRAIN ON BACK MUSCLES

If your job requires you to sit or stand partly bent over for long periods of time, it can cause chronic strain on your back muscles.

To prevent or relieve fatigue and strain at work try the following:

- **Change Position** as often as possible. Shift your weight by alternating feet on a footrest during standing jobs.
- **Stretch.** Clasp hands behind head; bring elbows back. Then bend forward until back is horizontal.
- **Adjust Working Heights** to prevent slumping or excess reaching.
- **Relax.** Let shoulders and neck muscles go limp; swivel head and let it droop all the way forward.

Muscle pulls are due to microtrauma from repetitive activity over time, or the product of a single traumatic event. Many times, symptoms are ignored until the condition becomes acute. Please report muscular injuries to your supervisor, and get help when they occur. Use the Online Incident report system to report these injuries so the hospital can track and trend injuries.

***You must complete an incident report if injured!**

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## **Section III: Infection Control**

### **INFECTION CONTROL PROGRAM**

#### **Who can be contacted for information about infection control?**

Contact the Infection Control Nurse, Jennifer Butler, about any infection control questions at ext 1142.

#### **How can health care workers prevent the spread of infection?**

Handwashing remains the single most important way to prevent the spread of infection for both patients and staff. The Hand Hygiene Guidelines developed by the Centers for Disease Control and Prevention (CDC) recommend that healthcare workers use an alcohol-based hand wash to routinely clean their hands between patient contacts, as long as their hands are not visibly soiled. Understanding and practicing the principles and guidelines of Standard Precautions are essential for all healthcare workers.

#### **What are the indications for hand washing with soap and water or alcohol-based hand wash?**

When hands are visibly contaminated or soiled with blood or body fluids or when caring for a patient with *C. difficile* (Diarrhea), wash with soap and water!

- For general patient care, an anti-microbial soap is recommended.
- Handwashing with soap and water is most effective if it's done for at least 15 seconds. If hands are not visibly soiled, use an alcohol-based hand wash for routine decontamination of the hands.

- For invasive procedure (e.g., placing an IV) an antimicrobial soap or alcohol-based hand wash should be used before performing the procedure. For procedures that require a surgical scrub, nails should be kept short (nails flush with the fingertips).

### **Are artificial fingernails and long nails allowed in the clinical area?**

- Artificial fingernails or extenders can NOT be worn when having direct contact with patients since they are proven risk factors for colonization of organisms of the hand.
- Nail length is important because even after careful hand washing, healthcare workers often harbor substantial numbers of potential pathogens under their nail and fingertips.
- As per DCH dress code policy, nail length should be short enough to allow for thorough cleaning underneath the nails and not cause gloves to tear.

### **What are Standard Precautions?**

#### **Infection Control Manual**

Standard Precautions refer to the way that we handle:

- Blood
- All body fluids, secretions and excretions, except sweat regardless of whether or not they contain visible blood
- Non-intact skin
- Mucous membranes

### **You follow Standard Precautions when you:**

- Wear personal protective equipment (gloves, gown, mask, eyewear) when there is the possibility of contact with blood, body fluids, excretions, secretions, non-intact skin or mucous membranes.
- Wash your hands with soap / water or use alcohol-based hand wash between patient care procedures or activities (even with the same patient), after each patient contact, and after removing gloves
- Prevent needle stick and sharps injuries by using and disposing of equipment properly.
- Use appropriate hospital disinfectants to clean up and decontaminate spills of blood and body fluids.

### **What are Transmission Based Precautions?**

Transmission Based Precautions are designed for patients who have or who are suspected to have a transmittable illness that requires extra precautions in addition to



Standard Precautions. These precautions are needed to prevent the transmission of the organism to others.

**There are three categories of transmission-based precautions:**

- **Airborne**
- **Contact**
- **Droplet**

Standard precautions and these 3 Categories of transmission precautions replace the use of Universal Precautions.

The Infection Control Manual has specific policies with the necessary isolation/precautions category.

**How are blood borne pathogens transmitted?**

Common ways of blood exposure:

- Injection of blood, blood component, or blood containing fluid by a needle stick or cut from a sharp instrument contaminated with blood or blood product
- Splash of blood, blood component or blood-containing fluid onto exposed skin which has severe dermatitis, acne, open cuts, wounds or scrapes
- Splash of blood, blood component or blood-containing fluid onto mucous membranes such as mouth, eyes, nostrils

**What items are considered Personal Protective Equipment (PPE)?**

PPE is primarily described as items worn to protect the employee from contracting blood borne pathogens as part of Standard Precautions.

PPE to be worn when caring for all patients include:

- **Gloves** - to protect hands if there is a chance of exposure to blood or body fluids.
- **Mask** - to protect the mouth if there is a chance of blood splatter into the mouth.
- **Eyewear** - to protect eyes if there is a chance of blood splatter into the eyes.
- **Gown** - to protect clothes if soiling by blood or body fluid is possible.

**How can needle sticks be prevented?**

Preventing needle stick injuries is every employee's responsibility. Nobody wants to cause an accidental needle stick to himself or anyone else.

You can prevent needle stick injuries by:

- Using safety devices as much as possible.
- Discarding needles in the Sharps' Container.
- Never overfilling or forcing a needle into the Sharps' Container.

- Being aware of “at-risk” situations. (Example: an agitated patient resisting blood drawing.)

### **What do you do if you experience a needle stick or blood exposure?**

#### If you experience a needle stick or blood exposure:

- Wash the affected site.
- Contact your supervisor.
- Report to the ER / clinic / Quick Care which provides the post needle stick (HBV/HIV) protocol
- Fill out an online Incident Report form

\*Exposure evaluation includes a review of hepatitis B vaccine status, serologic testing or prophylaxis as indicated, and hepatitis C screening.

### **Latex Allergy**

Reports of reactions to latex have risen in recent years, especially among health care workers where latex gloves are widely used to prevent exposure to bloodborne pathogens. The increase is also the result of more latex-containing products in health care facilities and the environment in general. Reactions can begin within minutes of exposure, or they can occur hours later. Employees using latex gloves or latex products should be aware of the types of latex reactions both for themselves and their patients.

### **Allergic Contact Dermatitis**

- Caused by exposure to latex and chemicals added to products, such as gloves.
- It causes skin reactions similar to poison ivy.
- Rash occurs 24-48 hours after contact and may progress to blisters.

### **Latex Allergy**

- A more serious reaction.
- Begins within minutes but can occur 1 - 2 hours later.
- It can progress from skin redness, hives or itching to respiratory symptoms including sneezing, running nose, asthma and anaphylactic shock and possible death (rare).

## **Section IV: Patients’ Rights**

### **EMTALA**

**What is EMTALA?** The Emergency Medical Treatment & Active Labor Act (EMTALA) is a Federal law. Its purpose is to ensure emergency care for anyone who needs it

regardless of his/her ability to pay or insurance coverage. EMTALA is sometimes called the “Anti-Dumping” statute or COBRA Law.

**What is our Commitment?**

At DCH, we are committed to providing quality emergency healthcare services regardless of an individual’s potential to pay. Not just because it is the law, it is this hospital’s mission.

**KEY POINTS**

- The concept of EMTALA ensures healthcare for the nation’s most vulnerable populations, including the poor, under-insured and the uninsured. There is no valid excuse to justify refusal or delay in providing emergency treatment and services.
- Fines can be extremely high for any violations (\$25,000-\$50,000 per violation).
- EMTALA violations can result in the hospital and individual healthcare providers being excluded from Medicare and Medicaid reimbursement.

**BASIC OBLIGATIONS**

First, we must provide a medical screening examination to determine whether an emergency medical condition exists. Second, where an emergency medical condition exists, hospitals must either provide treatment until the patient is stabilized, or if they do not have the capability, transfer the patient to another hospital according to EMTALA provisions.

An appropriate transfer:

- Patient must agree/consent to transfer
- Receiving hospital must agree to accept the transfer
- Must be accompanied by necessary medical records
- Must be affected through qualified personnel and transportation equipment as required.

**What All Healthcare Providers Need to Know**

- This law applies to all patients in the hospital, not only Emergency Department patients.
- Report any suspected violations to your supervisor. If you have any questions regarding the transfer, the Supervisor or Administrator-on-call will assist in making appropriate plans based upon what is safe, legal and in the best interest of the patient.

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DIVERSITY

Providing professional health care that is culturally sensitive, appropriate, and competent is essential to DCH's success in the competitive healthcare market. In today's healthcare arena, we must be aware of and appropriately responsive to the diversity in the populations that we serve.

Diversity can include characteristics that are visible such as:

- Age
- Race
- Gender
- Ethnicity
- Language
- Physical abilities

Diversity also includes characteristics that are not visible such as:

- Education
- Work experience
- Socioeconomic level
- Religious beliefs
- Sexual orientation

PEOPLE ARE DIFFERENT FROM ONE ANOTHER IN MANY WAYS:

As a healthcare professional, we are faced daily with the challenge of delivering care to patients whom may be different from us. We must address people's needs and beliefs that are different from ours. In order to successfully meet the needs of all of our patients, we must develop cultural competence. **Cultural competence is the ability to recognize and respond to our similarities and differences and make better decisions based on that understanding.**

The first step to developing cultural competence is to start with **self-awareness**.

Knowing ourselves will help us to learn about others.

Here are some ideas for developing self-awareness:

- Have an open mind
- Examine honestly one's own values and beliefs
- Identify any prejudices or cultural biases
- Ask others how we respond to people who are different from us
- Identify a willingness to change behaviors that may be prejudiced or biased DCH values our first-class medical care that can be delivered to an increasingly diverse community.

At DCH, we are all expected to:

- Know oneself and one's own cultural beliefs
- Identify and respect the beliefs and practices of others

- Be open-minded and respectful by utilizing one's own knowledge of cultural diversity to provide culturally competent care

Remember the following points to be culturally competent:

- Don't stereotype, every person is unique.
- When working with patients from different cultures, ask them about their health beliefs.
- Use your active listening skills to better understand what patients and their families need. While some cultures encourage expressiveness, others don't.
- Communicate clearly and slowly using simple sentence structure. Speak slower, not louder. **YOU MUST use medical interpreters when appropriate.**
- Have a tolerant and accepting attitude about people's values and behaviors that are different from your own.
- Make no assumptions about education level or professionalism.
- Avoid using phrases such as "you people" and "culturally deprived", which may be considered culturally insensitive.
- Avoid using American slang (e.g., "red tape", "it's a snap").
- Listen carefully.

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## **PATIENT REPRESENTATIVES**

### **Patients' Bill of Rights**

Each patient in a hospital has rights under the law; they are described in the Patients' Bill of Rights. Basically, a patient is viewed as an equal partner in the healthcare process.

**Highlights from the Patients' Bill of Rights state each patient has the right to:**

- A complete understanding of the diagnosis and treatment
- A foreign language or sign language interpreter
- Refuse treatment and know the consequences
- Considerate and respectful care, without discrimination
- Privacy and confidentiality
- Complain about care without fear, and receive a response
- Get the telephone number for their state health department to register a complaint.

**A copy of the Patients' Bill of Rights can be found:**

- On every Inpatient Unit.
- In the Outpatient/Ambulatory Department.
- In the Emergency Department.
- In the Admitting Office.

## How can you demonstrate respect for patients' rights?

- Identify yourself to the patient by name and position.
- Explain your role in the care of the patient to the patient.
- Listen to patients and answer their questions.
- Identify problems early and refer them to your supervisor or to the Patient Representative.
- Respect a patient's need for privacy and confidentiality.
- Assess each patient for possible special needs, and do what you can to meet them.
- Obtain interpreter assistance if the patient has special communication needs.

## CONFIDENTIALITY

The Patients' Bill of Rights and the HIPAA laws both ensure patient confidentiality.

**Do not share computer passwords.**

**Do not discuss any patient information in public areas such as elevators, hallways, or cafeterias, or with...**

- One patient about another
- Relatives and friends of the patient (*unless officially authorized*)
- Visitors to the hospital
- Representatives of the news media
- Other staff except when they are providing care for the patient
- Your own relatives, friends and/or neighbors

## HIPAA OVERVIEW

The following information provides you with a basic knowledge of the main elements of the HIPAA Privacy Rule—and how you can continue to help protect our patients' health information. **Your supervisor or manager may also provide you with additional information if your job position requires it.**

As you review this information, keep in mind that we are **all** responsible for insuring compliance with the Privacy Rule. The importance of HIPAA may be reinforced for you when you remember that we (and our family members and our friends) are **all** patients at some time in our lives—and we all want our personal health information handled appropriately.

### **What is HIPAA?**

The Health Insurance Portability and Accountability Act of 1996 (commonly known as **HIPAA**) is an important law that affects how Continuum Health Partners handles confidential health information. The main aspects of the HIPAA Privacy Rule are:

- Restrictions on how personal health information is used and disclosed

- Greater patient access to his/her medical records
- Increased protection of patient medical records

### **Who has to comply with HIPAA?**

As a healthcare provider, Continuum is considered a “**covered entity**,” which means we must comply with all HIPAA regulations. Other covered entities include health plans, healthcare clearinghouses, and “**business associates**” (contracted vendors). Under HIPAA, when Continuum shares patient information with contracted vendors such as transcription services or billing companies, they become “business associates” and must also follow HIPAA rules. Continuum’s “**business associate agreements**” (contracts) with these vendors must include an acknowledgement of HIPAA compliance.

### **What is “Protected Health Information”?**

The HIPAA Privacy Rule requires that Continuum take specific steps in how we handle personal health information. When a patient provides us with any personal health information, under HIPAA it becomes **Protected Health Information (PHI)**. Remember that PHI is more than just what is contained in the patient’s medical record. **Spoken, written, recorded, and electronic** information is all PHI if it connects health and patient information. Whenever we are going to use or disclose PHI for purposes other than treatment, payment or hospital operations, we must get a **signed authorization form** from the patient. The authorization form must contain clear information on what PHI will be used/disclosed, a patient’s right to cancel the authorization, and expiration date of the authorization.

### **How do you comply with the Minimum Necessary Rule?**

We do need to make sure we are careful with how we use and share PHI. Basically, disclosure of PHI must be limited to the least amount needed to get the job done right. This is called the **Minimum Necessary Rule**.

### **Why is the “Privacy Notice” so important?**

Under the HIPAA Privacy Rule, when patients first receive healthcare services, they must receive a notice of their rights concerning the use/disclosure of their PHI. They must also be informed of the covered entity’s responsibilities relating to PHI. This information is very important and is known as the **Privacy Notice**.

### **The Privacy Notice must:**

- Be provided to the patient in print
- Contain information on the patient’s rights and the covered entity’s legal duties
- Be displayed at the site of service

We must make an effort to get from our patients a **written acknowledgement** that they have received the Privacy Notice. Copies of all privacy notices and patient

acknowledgements must be kept. Whenever there are any changes in Continuum’s privacy practices, we will need to produce new Privacy Notices. Continuum staff will also be notified whenever such changes occur.

**What can patients do if they feel their PHI has been mishandled?**

Patients who feel their PHI has not been used or disclosed appropriately can make a complaint about their concerns. We should direct these patients to either the **Compliance Officer** or the **Privacy Officer**. Remember, there are serious civil and criminal penalties for HIPAA noncompliance for individuals and the institutions. **If you have any questions or concerns about your compliance with the HIPAA Privacy Rule, speak to your supervisor or the Privacy Officer.**

- **Compliance Officer** – Joel Montgomery at ext. 1161
- **Privacy Officer** – Julie Alsman in HIM at ext. 1560

**What is Protected Health Information (PHI)?**

Protected Health Information is anything that contains:

- Patient Name and/or address
- Names of relatives
- Names of employer(s)
- Birth date
- Telephone number
- Fax number
- Email address
- Social security number
- Medical record number
- Health plan beneficiary number
- Account number
- Certificate and/or license number
- Photographic images
- Any other unique identifying number, characteristic or code

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LANGUAGE ASSISTANCE

It is our policy to provide our patients with free, trained, medical interpreters to eliminate language as a barrier to quality health care.

- DCH has contracted with a telephonic interpretive service to provide our patients with language interpretation 24/7. Dial 4900 from any DCH landline. When the operator answers; tell them the language you need, your name and

what department you are calling from. They will connect you with an interpreter. Speak to the interpreter as if he/she were the patient. Return the phone when interpretation is completed.

PAIN

Many of our patients who come to our facilities have pain. **ALL** staff members and students, not just patient care providers, have a role to play in effective pain management.

WHAT IS PAIN?

- Pain is whatever the person experiencing the pain says it is – remember that we all experience pain differently
- Pain may be expressed differently within different cultures.
- Pain is personal and can vary in intensity and severity.
- Pain can be acute (e.g., after an operation, fracture, or with an infection) or chronic (e.g., long term pain associated with cancer or persistent back pain).
- Pain can be expressed in different ways such as verbally (saying “It hurts!” or moaning) and non-verbally (crying or grimacing).

PAIN IS MORE THAN HURT. IT MAY LEAD TO:

- Depression, fear, and anxiety
- Weakness, fatigue, or confusion
- Loss of self-esteem
- Strained interpersonal relationships
- Disrupted sleep-wake cycles
- Decreased ability to work and enjoy social activities and family

SOME TIPS FOR ASSISTING OUR PATIENTS IN PAIN

- All staff members can promote a healing environment for our patients by limiting noise, clutter, and disruption.
- If you see or hear someone in pain, alert the patient care providers.
- Patient care providers may use various scales to help the patient assess his/her pain. There are scales available for children and patients who do not speak English.
- All patient care providers should always be aware of pain management concerns for all patients.

VICTIMS OF ABUSE, NEGLECT, OR EXPLOITATION

As employees in a healthcare institution, we are all responsible for recognizing and taking care of possible victims of abuse, neglect, or exploitation.

The following are some indicators for identifying victims:

Signs of Physical Abuse

- Multiple injuries such as bruises, welts, and bite marks, in various stages of healing
- Repeated injuries that are difficult to explain, claimed as accidental, or suspicious in nature
- Burns, resulting from scalding water, irons, ropes, or cigarettes
- Victim appears fearful of guardian or caretaker

Signs of Emotional Abuse

- Sudden changes in self-confidence
- Anxiety which can be mild or severe
- Abnormal fears, increased nightmares

Signs of Sexual Abuse

- Difficulty in walking or sitting
- Abdominal pain, bedwetting, urinary tract infection, genital pain or bleeding, and sexually transmitted disease especially for preteens and the elderly
- Finding foreign objects in vagina or rectum

Signs of Neglect

- Chronic health problems both physical and mental
- Signs of mal-nourishment (e.g. sunken eyes, loss of weight)
- Consistent hunger and poor hygiene

Signs of Exploitation

- Inability to pay bills for basic needs despite adequate income and resources
- Bills for expensive items not likely to be used by the victim
- Anxiety or lack of knowledge about own financial affairs

If you suspect that a patient may be a victim of abuse, neglect, or exploitation, what should you do?

- The guidelines for making a report and finding supportive data can be found in the **Hospital Organizational Manual**.
- At DCH, any hospital staff member or volunteer who believes or suspects abuse, neglect, exploitation of a child or endangered adult will report the information supporting the belief to their immediate supervisor who will then report it to a Manager and/or the Nursing Department House Manager. The Social Services Manager and / or the Nursing Department House Manager will report the information to Administration and the appropriate agency:

- Adult Protection Agency: 254-8681
- Child Protection Agency: 254-1021
- City Police: 254-4410
- County Sheriff: 254-1060
- Any DCH staff member or volunteer who makes a report in good faith shall be immune from any civil or criminal liability. Any staff member / volunteer who knowingly **fails** to make a report violates the law and may be prosecuted / terminated.

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## END OF LIFE CARE

**EVERY patient who enters DCH must receive information, if needed, concerning use of ADVANCE DIRECTIVES.**

As part of the admission process, the patient is given information on Advance Directives. (This is also available on every patient care unit). The patient is given an opportunity to discuss their questions and concerns with a staff member (nurse, patient advocate,...)

**When we ask patients if they have an Advance Directive, what does it mean?**

An advance directive is a mechanism through which patients can verbalize their treatment preferences in the event they lose the capacity to make decisions. Patients can select an authorized surrogate decision-maker in advance of a time when they may no longer be able to make their wishes known. Advance directives can be used to clarify what treatments patients do want as well as what treatment they do not want.

**Examples of Advance Directives include:**

- **Health Care Proxy:** A document in which a patient appoints a legally authorized surrogate decision-maker, called the health care agent.
- **Living Will:** A document patients can use to express their treatment preferences to be followed when they have lost their ability to be involved in the decision-making process.
- **Do Not Resuscitate (DNR) Order:** Patients and their surrogate decision makers also have the right to ask a physician for a DNR order if they would not want cardiopulmonary resuscitation attempted in the event they experience a cardiac or pulmonary arrest. Consent for a DNR order is given by the patient, health care proxy agent, or next of kin when a patient has lost decision-making capacity. This order for the DNR order is obtained by the attending physician.

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Section V: Performance Improvement & Risk Management

CORPORATE COMPLIANCE PROGRAM

ALL STAFF ARE EXPECTED TO:

Observe the Basic Rules of Conduct

- Strictly observe all laws and regulatory requirements that apply to their activities.
- Be familiar with and understand the basic legal and regulatory requirements that are relevant to his or her duties.
- Respect the cultural values and religious beliefs of patients and family members, co-workers, staff members and visitors.
- Prevent and/or refrain from, discrimination or harassment of any kind, including racial, ethnic or sexual harassment.
- Protect the confidentiality of patient and hospital related information.
- Ensure that all communications, internal and external are truthful.
- Adhere to the highest ethical standards. Refrain from conflicts of interest or using a position for personal gain.
- Comply with government requirements regarding record keeping.
- Report violations of legal, ethical or behavioral standards through the **Chain of Command**.

At DCH, everyone is expected to adhere to this high standard when dealing with other employees, with patients and their families, with vendors, with government regulators, and the general public. The Corporate Compliance Program is intended to define the conduct expected of employees, to provide guidance on how to resolve legal and ethical issues, and to establish a means for reporting possible violations of legal, ethical or behavioral standards at DCH.

Report possible violations through the *Chain of Command*

In your everyday activities you might come upon a situation that does not seem right to you. In this circumstance, you are required to make a report through your **Chain of Command**.

1. At DCH, a compliance issue may be reported in the following manner...

- Verbal report to your Supervisor
- Verbal report to Human Resources Dept
- Verbal report or message to the Compliance Officer, Joel Montgomery -- internally at ext. 1161 or externally by direct line phone line to the Compliance Officer at 254-8843
- Call the Ethics Line at 1-800-340-5877 (anonymous)

*No employee or staff will be disciplined because he/she made a report in good faith.

What to Report

Report concerns about any legal, ethical, quality, behavioral or practical issue, or any activity that you think may be a problem.

PROFESSIONAL MISCONDUCT & IMPAIRED HEALTH PROFESSIONAL

Some of the main examples of professional misconduct include:

- Engaging in substance abuse or practicing the profession while impaired by alcohol, drugs, physical disability or mental disability
- Verbally or physically harassing, or abusing or intimidating a patient or employee
- Refusing to care for a person because of race, color, religion, national origin, sexual orientation, or ability to pay
- Breaching confidentiality
- Failing to tell the patient who will be involved in their non-emergency procedure or surgery
- Performing services which have not been authorized
- Failing to respond to the Department of Health
- Abandoning or neglecting a patient
- Failure to maintain proper patient records
- Engaging in fraudulent activity in obtaining a license or in practice
- Permitting or aiding an unlicensed professional to perform activities that only a licensed professional can do
- Making false reports or failing to file reports
- Failing to give patients copies of documents which they request or failing to help them fill out insurance forms.

The decision about whether professional misconduct has occurred should be made by the Compliance Officer and Risk Manager in consultation with hospital administration. If anyone observes or suspects professional misconduct on the part of any professional, that person must immediately report the circumstance and the facts upon which it is based as stated above.

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## INCIDENT REPORTING

The responsibilities of the person witnessing or discovering a patient or visitor occurrence or accident are:

1. Call for a nurse or staff person immediately.
2. Remain with the patient, but do not move the patient.
3. Report what happened.

The **healthcare professional will evaluate the situation** and proceed as indicated.

An Incident Report will be completed online and submitted to Risk Management

*\*ALL accidents or incidents MUST be reported and an incident report MUST be completed on ALL incidents!!!*

## **Student, Volunteer, or Temp staff ACCIDENT REPORTING**

If you are injured while on duty as a result of your activities, you should do the following:

- Report the incident immediately to your school supervisor and DCH supervisor (this includes sharps or needle stick injuries, or injuries or accidents)
- With your DCH supervisor, complete the Incident Report form online. Make sure all areas are completely filled out. **Report to the ER if injured.**

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## **Section VI: Patient Safety**

### **PATIENT SAFETY**

DCH is committed to providing safe, high quality patient care. Maintaining an environment that ensures safety for patients, families, visitors and staff is critical to our success. To accomplish this, DCH not only has to have safety systems in place, but also needs the participation of all employees and students in recognizing and reporting risks and concerns to patient and staff safety and medical/healthcare errors. This reporting hopefully will effect changes that raise the bar for patient and staff safety at DCH.

### **WHAT IS ALREADY IN PLACE AT DCH TO ENSURE PATIENT AND STAFF SAFETY?**

- Policies and Procedures
- Competency Programs
- Hospital wide and department specific training programs
- Corporate Compliance Program
- Risk Management Programs
- Quality Improvement Programs
- Employee Health Programs
- Facilities Management Programs: Security, Engineering, Biomedical, Engineering, Safety, Waste Management
- Emergency Preparedness Programs
- Infection Control Programs
- Medication Safety

### **IF AN EMPLOYEE OR ANYONE CAUSES OR WITNESSES HARM, POTENTIAL RISK, OR HAS ANY CONCERNS ABOUT THE SAFETY OR QUALITY OF THE CARE PROVIDED, WHAT CAN BE DONE?**

- Speak with his/her manager
- Call the Ethics Hotline

- Contact Risk Management / Quality Improvement department
- Contact the Corporate Compliance Officer

**\*Concerns may be reported directly to the Joint Commission (1-630-792-5000).**

#### **WHAT ROLE DO ALL EMPLOYEES, VOLUNTEERS, STUDENTS, AND TEMPORARY. STAFF PLAY IN PROMOTING PATIENT AND STAFF SAFETY?**

- Strict adherence to **ALL** DCH policies and procedures
- Case finding and reporting of potential or actual unsafe conditions or practices
- Completing and forwarding Incident reports to Risk Management

**\*NO DISCIPLINARY ACTION WILL BE TAKEN FOR ANY REPORT MADE IN GOOD FAITH**

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The Joint Commission's NATIONAL PATIENT SAFETY GOALS

Medical errors are one of the nation's leading causes of death and injury. A recent report by the Institute of Medicine estimates that as many as 44,000 to 98,000 people die each year as the result of medical errors. The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in healthcare safety and how to solve them.

2020 National Patient Safety Goals

Identify patients correctly

- 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.
- Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve staff communication

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

Use medicines safely

- 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
- Take extra care with patients who take medicines to thin their blood.
- 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. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

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

Prevent infection

- 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.
- Use proven guidelines to prevent infections that are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use proven guidelines to prevent infection after surgery.
- Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify patient safety risks

- Find out which patients are most likely to try to commit suicide

Prevent mistakes in surgery

- Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
- Mark the correct place on the patient's body where the surgery is to be done.
- Pause before the surgery to make sure that a mistake is not being made.

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### **PATIENT FALL PREVENTION PROGRAM**

All patients are at risk for falling. In order to create an environment of safety for our patients, ALL HOSPITAL STAFF, students, volunteers, and temp staff - and not just patient care providers – have a role in preventing patient falls.

Adverse events associated with falls may include cuts, bruises, bone fractures, head injuries, and fear of falling again. Injuries resulting from a fall may lead to a longer hospital stay.

#### **WHAT IS THE HOSPITAL'S FALL PREVENTION PROGRAM?**

- On admission and at regular intervals during the hospital stay, nurses identify patients at risk for falling using a Fall Risk Assessment tool.
- Patients and caregivers are provided with education to prevent falls.
- All patients are instructed to use the call light for assistance.
- All patients are instructed to wear non-slip footwear.
- Increased monitoring of patients at **high risk** for falling. These patients will be identified with the following:
  - Yellow armband placed on wrist
  - Bright yellow slipper socks will be worn by patient
  - "Yellow falling star" will be placed outside door of high risk patient



- Educate ALL DCH STAFF to increase awareness of patients who are at risk for falls.

**If a patient falls, it must be reported and an incident report completed!**

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Section VII: Customer Service

MAKE A DIFFERENCE

You can MAKE A DIFFERENCE in the experiences our patients have in our hospital by choosing to make each and every encounter you have with our patients a memorable one.

Make patients and their family feel welcomed by:

- Acknowledging their presence with a greeting and a smile, and allowing the patient to speak without interruption.
- Responding promptly to inquiries or problems so movement through the system is smooth and efficient.
- Offering assistance to individuals who may be confused with the surroundings.
- Providing educational or instructional material when needed or requested.
- Expressing concern through body language and sympathetic words.

Act in a professional manner and dress the part by:

- Greeting a patient using his/her formal name, unless invited to do differently.
- Interviewing a patient in private by closing the door or the curtain.
- Always knocking before going into a room and asking permission to enter.
- Asking the patient if he/she wants others present when discussing private matters.
- Cleaning up after ourselves, and discarding trash in the proper receptacles.
- Identifying ourselves to callers by name, department, AND “How may I help you?”
- Asking permission to place a caller on hold and waiting for an answer.

Maintain a peaceful, calm and healing environment by:

- Maintaining clear, uncluttered public workspaces.
- Providing a proper gown/robe/blanket to ensure a patient’s modesty.
- Closing doors and curtains during exams and treatments.

Relieve patient’s fears and anxieties by listening, answering questions, explaining procedures by:

- Repeating a patient’s request or concern so he/she knows we understand.
- Giving honest reasons for any delay without causing unnecessary anxiety.
- Communicating in a clear, logical, easy to understand manner.
- Acknowledging their presence with a greeting and a smile.

- Always trying to “go that extra step.”

Acknowledge when we have failed to meet their expectations and apologize sincerely for inconveniences by:

- Recognizing / staying calm when a patient is upset, and ask what we can do to help.
- Assuming ownership of a problem regardless of fault.
- Apologizing for all delays – even though we may not be responsible for them.
- Remaining calm with an angry caller; the most important thing we can do is listen.

TEAMWORK

Using a TEAMWORK approach is one of the best ways we can all improve performance. Elements of effective teamwork are commitment, common purpose, organization, interdependence, and strong leadership.

WHAT ARE SOME EXAMPLES OF HOW WE WORK AS A TEAM?

- When we care for our patients, each member of the patient care team (physician, nurse, nursing assistant, physical therapist, dietitian, etc.) contributes to the overall care. All of the members of the patient care team communicate with each other (in person or in writing) so that all know what each member is doing. This contributes to the most efficient care for the patient.
- When we respond to emergencies, we respond as a team and each member has specific tasks to perform.
- When a department has been assigned a large job to complete, the work is divided up among the members of the department so that the job can be finished quickly and accurately.
- When we work together on Quality Improvement Initiatives – for example, increasing patient satisfaction or decreasing medication errors.

THERE ARE MANY ADVANTAGES TO WORKING AS A TEAM:

- Teamwork uses everyone’s skills and expertise
- Work is accomplished more efficiently
- Teams offer the opportunity to learn from each other

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## **Section VIII: Age-Specific Needs**

## **AGE SPECIFIC NEEDS**

### **Patient Age Care/Communication**

#### **BIRTH – 1 YEAR**

##### **INFANCY**

1. Involve parents.
2. Use distractions (pacifier, soothing voice)
3. Maintain environmental safety:
  - a) crib side rails up at all times
  - b) no removable parts on toys
  - c) never leave unattended in high places
  - d) never prop feed

#### **1 – 3 YEARS**

##### **TODDLER**

1. Involve parents.
2. Prepare child shortly before procedure.
3. Give one direction at a time.
4. Allow some choice when possible, but set limits.
5. Use distractions (toys, conversation).
6. Maintain environmental safety:
  - a) crib/bed siderails as necessary
  - b) no small objects, toys, dangerous items within reach
  - c) never leave unattended in high places
  - d) seat while being fed

#### **3 – 6 YEARS**

##### **PRE-SCHOOL**

1. Involve parents.
2. Explain procedures.
3. Demonstrate use of equipment.
4. Encourage questions.
5. Provide praise and rewards.
6. Allow some choice when possible, but set limits.
7. Maintain environmental safety:
  - a) crib/bed side rails as necessary

#### **6 – 12 YEARS**

##### **SCHOOL AGE**

1. Involve parents.
2. Explain procedures in advance using correct terms.
3. Explain equipment.
4. Provide privacy.

5. Promote independence by allowing some control.
6. Define and reinforce behavior limits.

### **13 – 18 YEARS**

#### **ADOLESCENCE**

1. Encourage questions.
2. Give reasons and use visual aids when explaining.
3. Provide materials to review.
4. Involve patient and parents in planning and decision making.
5. Provide privacy.

### **19 – 45 YEARS**

#### **EARLY ADULTHOOD**

1. Involve patient and significant other in plan of care.
2. Explore impact of hospitalization/illness on work and family.
3. Watch body language as cue for feelings.
4. Allow patient as much decision-making as possible related to care.
5. Provide teaching based on patient needs and learning style.

### **46 – 60 YEARS**

#### **MIDDLE ADULT**

1. Involve patient, family/significant other in plan of care.
2. Explore impact of hospitalization/illness to body image, work and family.
3. Encourage as much self-care as possible.
4. Allow patient as much decision-making as possible related to care.
5. Provide teaching based on patient needs and learning style.

### **61 – 79 YEARS**

#### **LATE ADULT**

1. Involve patient, family/significant other in care.
2. Explore related conditions and the effect on patient's care:
  - a) mental ability
  - b) hearing
  - c) vision
  - d) balance and mobility
  - e) condition of teeth
  - f) sensitivity to heat and cold
3. Adjust care/communication related to the above.
4. Encourage as much self-care as possible.
5. Provide opportunities for decision-making related to care.
6. Maintain environmental safety.

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Section IX: DCH DRESS AND APPEARANCE CODE

Every person providing care and services here is a reflection of Daviess Community Hospital's image. For this reason, anything that could be considered offensive, distracting, or not in the best interest of Daviess Community Hospital will not be permitted. All employees will adhere to specific grooming, dress, and uniform regulations. Personal cleanliness, appearance, professionalism, and safety are important employee and organizational responsibilities. Department specific or job specific policies concerning appearance must meet with the guidelines set forth by this policy and also must have administrative approval. Appropriate dress and grooming is a condition of continued employment and violation is considered cause for disciplinary action. It will be the responsibility of all employees to be in compliance with this policy and the responsibility of each department manager and/or supervisors to ensure this compliance.

The hospital may take action in response to violations of the dress code policy. Staff may be sent home to change, or a lab coat or scrubs may be provided for the scheduled shift. Repeated violations of the policy may result in disciplinary action. If an employee reports for work improperly dressed or groomed, the supervisor shall instruct the employee to punch out and return home to change clothes, or may take other corrective action.

Hospital Dress Code:

Areas involving direct or indirect patient contact:

- Footwear should be safe, supportive, and clean. No crocs with holes, flip flops or sandals are permitted
- Hose, stockings or socks must be worn. No bare legs are allowed
- Artificial fingernails are prohibited. Natural nails will be kept short (no longer than ¼ inch beyond the fingertip) and clean. Artificial fingernails includes, but is not limited to, acrylic nails, all overlays, tips, bonding's, extensions, tapes, inlays and wraps. Nail jewelry is not permitted. Nail polish, if worn, will be clear, neutral or shades of pink in color. Nail polish must be well maintained and non-chipped. See Hand Hygiene policy
- Jewelry must be kept to a minimum
- Visible body piercings will be limited to minimal ear piercings. Facial piercings should be covered
- Visible tattoos should be covered when possible
- Highly fragranced lotion, perfume or cologne will be avoided
- In order to prevent contamination, hair will be worn off the neck and free from falling forward
- When staff's clothing or uniform becomes contaminated while on duty with blood, body fluids, or hazardous chemicals, staff will exchange their soiled clothing for scrubs per policy. See IC policy
- Underwear will not be visible through clothing or above the waist band of pants
- If scrubs are permitted, they must be clean and properly fitted. Employees will obtain approval to wear or carry Daviess Community Hospital scrubs offsite. Employees who work in "clean areas" will wear a ¾ length lab coat buttoned as a cover gown if they leave the building.

- Wearing or carrying of personal pagers or cell-phones during work time for the purpose of making or receiving personal calls or pages is prohibited.

For clerical or administrative positions not involving patient contact:

- Business casual dress is appropriate for all positions.
 - For men this includes belted pants, firm soled shoes with socks, and long or short sleeves collared dress knit or sport shirt.
 - For women, this includes a just above the knee to long skirt, or dress pants no shorter than below the calf length, and firm soled shoes. Hose, stockings or socks (with trousers) must be worn (no bare legs). A shoe with a Peek a Boo toe may be worn provided they have a strap in the back.
- Polo shirts with Daviess Community hospital logos are permitted
- Minimal scents, such as lotion, perfume or cologne may be worn.
- Jewelry will be kept to a minimum.
- Visible body piercings will be limited to minimal ear piercings.
- Visible tattoos should be covered when possible.
- In work areas where nail polish can be worn, it will be in neat condition and not chipped.
- Shoes will be clean and in good repair. No open-toe shoes (with the exception of a peek a boo toe), flip flops, or sandals, are permitted.
- Underwear will not be visible through clothing or above the waist band of pants.
- Wearing or carrying of personal pagers or cell-phones during work times for the purpose of making or receiving personal calls or pages is prohibited. Please refer to Cellular phone policy

For other positions:

- Employees are to follow the basic hospital dress code and any department specific policies developed to conform with the safety and hygiene requirements of the position (example: food service, pharmacy, engineering).
- Students will be addressed on an individual basis if no uniform required per their schools program.

Orientation and education: Employees coming into the facility for orientation or any educational program should be appropriately dressed in business casual.

Uniforms:

- Individual departments may specify a particular style and/or color of uniform which will be loaned to the employee, and must be returned to the hospital upon termination.

Scrubs:

- Those departments that provide direct/indirect patient care as identified in this policy will have a designated colored scrub to be worn by their staff. The colors will be assigned to each department and may not be duplicated by any other department. Short or long sleeve color coordinated shirts may be worn under the scrubs. Jackets that are color coordinated with the same color may be worn over the designated scrubs.

Prohibited items include, but are not limited to the following:

- Shorts
- Capri pants, leggings, stretch pants, spandex, jeans or denim material, Sweatpants
- Sweatshirts with/without hoodies or T-shirts. (Sweatshirts with embroidered DCH logos are acceptable)
- Tank or tube tops, halter tops, spaghetti straps, or strapless tops or dresses
- Any tight, low cut, or sheer clothing, or any attire that exposes skin between the top and bottom layer of clothing
- Mini-skirts or deeply slit skirts
- Flip flop sandals, open toe shoes or crocs with holes on the top
- Headwear such as baseball caps, visors, durags, hats (unless issued as part of a department's uniform or worn for medical purposes or religious reasons).
- Brightly colored underwear that is visible through uniform or clothing

DCH Orientation Handbook

DCH Overview

- Mission, Vision, Values of DCH – Pillars of Success
- DCH Customer Service
- Documentation
- Tier I-III Confidentiality
- DCH / Departmental Information
- Harassment & Code of Conduct
- Policy & Procedure location / review

Environment of Care

- Security
- Fire Prevention
- Emergency Management
- Emergency Codes for DCH
- Rapid Response Team
- Medical Equipment Safety
- MRI Safety
- Hazard Communication
- Safety Data Sheets
- Waste Management
- Utility Systems
- Safe Lifting Checklist/Body Mechanics
- Workplace Violence

Infection Control

- Infection Control Program
- Prevention / Handwashing
- Latex Allergy

Patients' Rights

- Patients' Bill of Rights
- EMTALA
- Diversity / Cultural Competence
- Grievances
- HIPAA Overview
- Language Assistance
- Pain Management
- Abuse/Neglect/Exploitation
- End of Life / Ethics

Performance Improvement/Risk Mgmt.

- Corporate Compliance Plan
- Professional Misconduct & Impaired Health Professional
- Incident Reporting
- Teamwork

Patient Safety

- Patient Safety
- TJC National Patient Safety Goals
- Patient Fall Prevention
- Age specific care

Receipt and Acknowledgement

I have received information on the above topics and realize it is my responsibility to read the DCH Orientation Handbook.

I understand it is my responsibility to complete the required learning courses and to read and understand the policies and procedures required for my job duties. I understand that I am accountable for the information and should ask my supervisor for clarification, if needed.

DCH role (circle – employee, student, volunteer, contract/temp staff, physician/NP, other _____)

If here as a student, what school or university (if applicable): _____

Signature: _____ Date: _____ Department: _____

CORE COMPETENCY HANDBOOK QUIZ

Name: _____ Dept: _____ Date: _____

1. The security of DCH is strictly the Security Department's responsibility.
True False
2. When an "External or Internal Emergency" is activated, all staff on duty shall go to the disaster treatment area.
True False
3. All electrical equipment, including equipment brought in for patient or staff use, must be checked by maintenance prior to use.
True False
4. Which of the following is **NOT** one of the rules for safe lifting?
 - a. Stand close to object with wide stance and firm footing.
 - b. Bend over, keep back straight and bend knees.
 - c. Grasp object firmly so it won't slip.
 - d. Breathe in – inflated lungs help support the spine.
 - e. Lift with legs - straighten them slowly.
 - f. Hold object close to body.
5. The following are codes you may hear the operator announce at DCH:
Place the Code with the correct definition.

_____ "Fire Alarm"	a. Bomb threat, search area, no cell / radios
_____ "Security Alert Bomb"	b. Severe weather conditions exist
_____ "Child Abduction"	c. Child missing, 345, search area
_____ "Security Alert"	d. Newborn missing, 345, search area
_____ "Infant Abduction"	e. Dangerous person
_____ "Weather Alert"	f. RACE / PASS
6. The only type of fire extinguisher used at DCH is a Dry Chemical extinguisher.
True False
7. The steps to use a fire extinguisher are:
 - a. P-pull the pin
 - b. A-aim the nozzle

- c. S-squeeze the handle
 - d. S- sweep the extinguisher nozzle from side to side
 - e. All of the above
8. When does the MRI magnet shut off?
- a. The magnet is always on.
 - b. Only during night hours
 - c. When the valve is shut off, the magnet is off
 - d. The magnet is always off
9. SDS stands for?
- a. Safety Data Sheet
 - b. Summary Detailed Sheet
 - c. Safety Duty Sheet
 - d. None of the above
10. Who should be contacted at DCH for information about infection control?
- a. Centers for Disease Control and Prevention
 - b. Infection Control Nurse
 - c. Human Resources
 - d. Housekeeping
11. Handwashing is the most effective way to help prevent the spread of infection?
True False
12. All of the following are considered Personal Protective Equipment, EXCEPT?
- a. Gloves
 - b. Gown
 - c. Mask
 - d. Prescription eyeglasses
13. EMTALA (Emergency Medical Treatment & Active Labor Act) is a law that ensures emergency care for anyone who needs it regardless of their ability to pay.
True False
14. Each patient in a hospital has rights under the law which are called:
- a. The Patients' Bill of Rights
 - b. The Right to Know law
 - c. Advance Directives

15. What is Pain?
- a. Whatever the person experiencing the pain says it is.
 - b. Pain is personal and can vary in intensity and severity.
 - c. Pain can be acute (e.g. after an operation) or chronic (e.g. persistent back pain)
 - d. Pain may be expressed differently within different cultures.
 - e. All of the above
16. At DCH, if you **suspect** OR **have knowledge of abuse** of any kind, you will **immediately** report it to your Supervisor who will then report it to the Dept Manager or the Nursing Supervisor.
True False
17. What are Advance Directives?
- a. A mechanism through which patients can articulate their treatment preferences in the event they lose the capacity to make decisions.
 - b. Directives that the doctor wants to direct him in deciding whether the patient wants an IV
 - c. Information the patient sends to the hospital in advance of their admission to direct the staff on their needs.
18. Refusing to care for a person because of race, color, religion, national origin, sexual orientation, or ability to pay is an example of professional misconduct.
True False
19. What roles do all employees, volunteers, students, and temporary / contract staff play in promoting patient and staff safety?
- a. Strict adherence to ALL DCH policies and procedures.
 - b. Case finding and reporting of potential or actual unsafe conditions or practices
 - c. Completing Incident reports and forwarding to Supervisor / Risk Management
 - d. All the above
20. Medical errors are one of the nation's leading causes of death and injury.
True False

21. Which of the following statements does **NOT** apply as a standard of care for patient experiences?
- a. Make patients and their family feel welcome.
 - b. Act in a professional manner and dress the part
 - c. Keep patient up to date on the current DCH gossip
 - d. Maintain a peaceful, calm and healing environment
 - e. Keep personal frustration separate from the workplace.
22. Anytime you experience an injury while here at DCH, or you witness a patient or visitor experience an injury, you must notify your supervisor and an incident report must be filled out (online Comply Track).
True False
23. If a patient speaks a foreign language, we must be able to effectively communicate with them to determine their needs, so a DCH qualified interpreter or the language line should be used.
True False
24. If you see a DCH employee taking money from a patient's private belongings, you should report it to your supervisor and / or use the Ethics Line 1-800-340-5877.
True False
25. Customer Service is only for patients and not other staff members.
True False

DAVIESS COMMUNITY HOSPITAL
EMPLOYEE/MEDICAL STAFF/STUDENT/VOLUNTEER
CONFIDENTIALITY STATEMENT

It is the policy of Daviess Community Hospital (DCH) that users (i.e., employees, medical staff, students, and volunteers,) shall respect and preserve the privacy, confidentiality and security of confidential information.

As a user of information at DCH you may develop, use or maintain (1) patient information (for health care, quality improvement, peer review, education, billing, reimbursement, administration, research or for other approved purposes), (2) Personnel information (for employment, payroll, or other business purposes), or (3) confidential business information of DCH and/or third parties, including third-party software and other licensed products or processes. This information from any source and in any form, including, but not limited to, paper record, oral communication, audio recording, and electronic display, is strictly confidential. Access to confidential information is permitted only on a need to know basis and limited to the minimum amount of confidential information necessary to accomplish the intended purpose of the use, disclosure, or request.

DCH has established HIPAA Tiers for determining the level of corrective action based on the violation. Those are as follows:

Tier 1 Violation-Verbal Counseling

Tier 2 Violation-Written Warning and/or Suspension

Tier 3 Violation-Termination

Unauthorized use or release of confidential information may also subject the violator to personal, civil, and/or criminal liability and legal penalties.

I have received and understand the HIPAA Sanctions Policy and agree to comply with the terms of the above statement.

Name: _____

(Please print)

Department: _____

Signature: _____ Date: _____

Disciplinary Guidelines for HIPAA Violations

TIER 1-Verbal Counseling

Examples of Tier 1 Violations:

- Leaving confidential information in areas outside of your work area
- Disposing of confidential information in a non-approved container, such as a trash can
- Inadvertently routing confidential information to wrong recipient
- Release of confidential information without a consent
- Being away from your desk while you are logged into an application
- Accessing your own medical records or those of your minor child
- Not reporting violation to supervisor, HIPAA or Compliance officer, or Hotline

TIER 2-Written Warning and/or Suspension

Examples of Tier 2 Violations:

- Second offense of Tier 1 violation
- Unauthorized reading of patient account information (electronic or paper)
- Unauthorized reading of patient's chart (electronic or paper)
- Discussing confidential information in a public area such as a waiting room or elevator

TIER 3- Termination

Examples of Tier 3 Violations:

- Third Offense of Tier 1 violation
- Second Offense of Tier 2 violation
- Accessing information that you do not "need-to-know" for the proper execution of your job duties
- Actively seeking and/or discussing information with coworkers that is considered confidential patient health information that does not fall into your "need-to know" for the execution of your job duties.
- Public disclosure of confidential information outside the workplace
- Sharing passwords or access to secured applications with others
- Obtaining PHI under false pretenses
- Using and/or disclosing PHI for commercial advantage, personal gain, or malicious harm

The above are to be regarded as "Guidelines" when determining the level of corrective action. Those responsible should consider: 1) the effect on the aggrieved party 2) the effect on the hospital's reputation. 3) Whether or not malicious intent is a factor.