

Clinical Student Information

- OSHA is the agency that requires employers to have written emergency and fire protection plans.
- Everyone is responsible for safety and emergency preparedness in the workplace.
- Housekeeping is very important to our facility because they keep exits clear and maintain the accessibility to fire response equipment.

What Every Employee Should Know....

- What does **R.A.C.E.** stand for?
- **R** = RESCUE anyone in immediate danger.
- **A** = ACTIVATE ALARM. Code 505 or wall pull stations
- **C** = CONTAIN fire by shutting off oxygen source and closing doors.
- **E** = EXTINGUISH fire if possible, prepare to evacuate if necessary.



Alarms

- “**Code RED** and the location of the fire” will be announced over the hospital PA system.
- Main alarm system will sound.
- All elevators will return to the first floor and all fire doors will automatically shut.
- All employees are to follow the established policy that will be discussed in your departmental orientation. -- **R.A.C.E.**
- Fire suppression system will automatically signal an alarm to the fire department.



Fire Response

- Notify Respiratory Therapy if it will be necessary to shut off Oxygen valves. They are responsible for overseeing the shut off of Oxygen. Before it is turned off, they must be notified.



Extinguisher Use

How do you operate a Fire Extinguisher?

To Use:

1. Hold the extinguisher upright and **PULL** ring on the handle.
2. Stand back approximately 10 feet, **AIM** at the base of the fire.
3. **SQUEEZE** the lever.
4. **SWEEP** from side to side until the fire is extinguished.

P.A.S.S.



Extinguishing Equipment

EXTINGUISHER TYPES

- **A** - For combustibles such as trash, wood, or paper
- **B** - For flammable liquids or gases
- **C** - For electrical fires
- **D** - For combustible metals like magnesium

Another suppression device is the sprinkler system.



Dangers

- Heat
- Flames
- Smoke
- Toxic Vapors
- Explosions
- Suffocation



WHAT ALL EMPLOYEES SHOULD KNOW.....

- **Code Triage** is the code for disaster.
- **Plan I** – Minor, can be handled with available personnel and ones on call.
- **Plan II** – Major- An event which impacts the hospital necessitating calling in additional personnel.
- **Plan III** – Major –Evacuation of hospital or nursing center to PT Department or National Guard Armory.

What Every Employee Should Know....

- **Line of Authority:**
- Incident Commander
- Hospital Administrator
- Chairman of Safety Committee
- Chief of Staff
- Chief Nursing Officer
- ER Medical Director



Disaster Assignments

- **Notification:** Existing lines of authority will instruct operator to overhead page "**CodeTriage**" three times and announce Plan II or Plan III. Plan I will not be announced through paging system.
- **ALL DEPARTMENTS HAVE SPECIFIC ASSIGNMENTS.** Please ask your department manager during department specific orientation of your department's responsibilities during a disaster.

WHAT EVERY EMPLOYEE SHOULD KNOW ABOUT CHEMICAL HYGIENE...

To be safe working with chemicals, you must: MSDS-Material Safety Data Sheet

1. Know the chemical your are handling.
 2. Know your **MSDS system**, where they are located and how to use them.
 3. Use proper techniques for using, handling, storing and disposing of any **HAZARDOUS MATERIALS**.
- If a **HAZARDOUS MATERIAL** is spilled in your department, **DIAL 7396** and speak with **Dan Gillespie**, the department head that is in charge of Environmental Services and **HAZMAT**.



Hazard Chemical that will harm you is a hazardous Chemical

A complete catalogue of all chemicals is located in the ER

Security...What all employees should know

- **CODE GREY** is security assistance
- When "Assistance Please Location" is called report to that area to assist with restoring order.
- Do not hesitate to call 911 if the situation warrants.



Security...What all employees should know...

- **CODE PINK**— Infant/Pediatric Abduction

- When a "Code Pink" is paged over the intercom it refers to an infant/pediatric abduction.

- All employees are to observe anyone who appears suspicious and is carrying an item which could be used to conceal a child, (i.e. a bag, suitcase, etc)



Security...What all employees should know....

- **CODE Silver**— Hostage Situation

- A "Code Silver" is paged when a hostage situation has occurred.
- If an employee encounters a hostage situation, the employee should dial "0" for the switchboard and let the operator know to page a "Code silver". The operator will page the code on the overhead speaker and then call the Nursing Supervisor who will then call the police.
- The employee who encountered the hostage situation should try their best to contain it in one area until the police arrive.

OTHER CODES OF IMPORTANCE

OTHER CODES THAT YOU SHOULD BE AWARE OF ARE:

- **CODE BLUE**—Cardiac Arrest
- **Code Yellow** —Bomb
- **CODE M**— Missing Resident
- **CODE E**— Elopement

Back Safety

- More back injuries occur at home.
- Poor posture can cause back pain by disrupting the back's natural curve.
- Two things to check before attempting a load are to size up the load and clear the pathway.
- Always lift with your legs.



Back Safety

- Back injuries can include, strained muscles, sprained or torn ligaments, bulging disk, herniated or ruptured disc.
- Most back injuries occur because the back is not properly conditioned for strenuous work.
- Designate a leader when conducting a team lift.

Back Safety

- Back injuries are usually the result of years of abuse until the back weakens and snaps.
- Material handling equipment can include patient lifts, carts, forklifts, etc.
- The back has more strength pushing than it does pulling..



HIPAA SECURITY TRAINING



GENERAL REQUIREMENTS

- Ensure confidentiality, integrity and availability of all Protected Health Information (PHI)
- Protect against any reasonably anticipated threats or hazards to the security of PHI
- Protect against any reasonably anticipated uses or disclosures of information
- Ensure compliance by the workforce

WHO IS RESPONSIBLE FOR HIPAA SECURITY?

- Every employee is responsible for ensuring:
 - Confidentiality of Protected Health Information (PHI)
 - Protecting against threats or hazards to security of PHI
 - Compliance



Conclusion: HIPAA Security is Your Business.



- HIPAA Security is the LAW and Everyone's Responsibility to Enforce.
- Be Responsible
- Be Observant
- Be Compliant

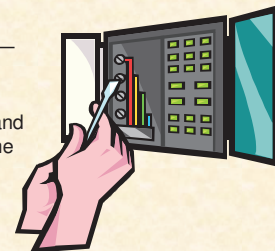


ACCESS CONTROL

Physical and Technical Safeguards

Physical Safeguards

- Facility Access Controls
 - Facility Security—safeguarding equipment
 - Access control and validation—Name Badges, Keyed entry, locked file drawers and cabinets
 - Access control records



Facility Access

- Locking doors to equipment rooms
- Maintenance: repairs to hardware, doors, locks, etc are documented
- Key distribution and inventory managed by Plant Operations
- Cabinets and drawers containing PHI will be locked when not in use

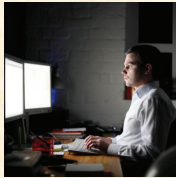
Workstation Use and Security

- Hospital computer equipment is to be used for business purposes only
- Hospital computer equipment will not be removed from the hospital without MIS consent
- Outside computer equipment will not be brought into hospital for use without MIS consent
- Outside computer equipment will not be connected to the hospital network without MIS consent



continued

- Hospital computer equipment will be screened from public view
- Unattended computers must be logged off
- Computer access will not be shared



Patient Rights

Your right's, My right's, Patient Right's

- Right to care regardless of ability to pay
- Right to participate in care decisions
- Right to file a grievance
- Right to have pain controlled
- Right to make informed decisions

Patient Rights

- Right to formulate advanced directives
- Right to privacy
- Right to safe setting
- Right to be free of restraints
- Right to be free from all forms of abuse and harassment

Patient Rights

- Right to have family member or representative visit and receive information
- Right to access information contained in clinical records within a reasonable time frame
- Right to confidentiality
- Right to use Case Management Department for aide in finding help outside the hospital

What are Advanced Directives



A document allowing a person to give directions about future medical care or to designate another person to make medical decisions if the individual loses decision-making capacity

- Every patient is asked upon admission if he or she has an advanced directive.

Abuse and Neglect

• STATE LAW

- Physicians and other professionals providing services to children and elderly are required by the state to report suspected incidents of child/elder abuse and neglect



STATE LAW

- Reporting Abuse and neglect
 - Report to supervisor any signs, symptoms, suspicions, conversations, etc. of possible abuse
 - Supervisor to discuss employees concerns with patient's physician
 - Report to County Social Services Department



Ethics Committee

- 1. Principles of right or good conduct
- 2. Rules or standards governing the conduct of the members of a profession



» Anyone who has a question or concern regarding ethics, may refer it to Susan Briscoe, Chief Nursing Officer, who is our hospital liaison for the Ethics Committee

Restraints

- Policy
- Behavioral vs non-behavioral
- MD order, signature
- PRN Order-not acceptable
- Alternatives (minimized use)
- Types restraints
- Annual Staff Competency
- Documentation
- Patient/Family Education
- Notification to family/significant other
- Seclusion is not offered at Hugh Chatham (if needed then patient is transferred)



Restraints continued

- Look at how staff behaviors can effect patient behavior.
- Useful techniques for medication, de-escalation, self-protection, time out.
- How to recognize physical distress in patients who are being held, restrained or secluded.



Death and Dying

- POA for healthcare needs
- Advanced Directive clear
- Communication between physician, nurse, and patient, family, and caregiver
- Consideration for organ donation
- Emotional, physical, spiritual needs
- Pastoral service
- Grievance tray/dietary-nourishment needs
- Pain control
- Comfort measures
- Time and space
- Sensitivity to patient's rights, values, religion, cultural diversity needs and philosophy

Why have a Safety Plan?

- IOM Report-Medication errors are the 8th leading cause of death
- Improve Patient Safety and Reduce Risk
- Create an Environment Focused on Medical/Health Care Error Reduction
- Cost of Medical errors has increased dramatically. Studies showed the cost of adverse events was 37.6 billion/year and preventable events account for 17 billion of that.



IMPROVING YOUR HAND HYGIENE PRACTICES

Purpose:

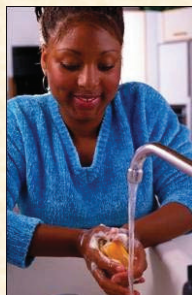
To review the importance of good hand hygiene reducing the risks of spreading germs by using soap and water and/or alcohol-based hand rubs

Hand Hygiene monitoring is conducted randomly thru-out the facility



Why is compliance with recommended hand hygiene so poor?

- heavy workloads
- skin irritation caused by frequent use of soap and water
- hands don't look dirty
- hand washing with soap & water takes too long



Many personnel don't realize when they have germs on their hands

By doing simple tasks, like:

- pulling patients up in bed
- taking a blood pressure or pulse
- touching the patient's gown or bed sheets
- touching equipment like bedside rails, over-bed tables, IV pumps



When should you wash your hands with soap and water?

If your hands are:

- visibly contaminated with blood or body fluids
- before eating
- after using the restroom



Hospital acquired infections are most frequently spread by not washing hands.

How to Wash Your Hands with Soap and Water

- wet hands first with water (avoid HOT water)
- apply a nickel or quarter-sized amount of soap to hands
- rub hands together for at least 15-20 seconds
- cover all surfaces of the hands and fingers including under and around fingernails
- rinse hands with water and dry thoroughly
- use a clean paper towel to turn off water faucet

When should you use an alcohol-based handrub?

If hands are:

- not visibly soiled or contaminated with blood or body fluids,
- before and after having patient contact
- after touching equipment or furniture in a patients room
- after removing gloves



How to Use an Alcohol-based Handrub

- Apply nickel or quarter-sized amount of an alcohol hand rub to the palm of one hand, and rub hands together
- cover all surfaces of your hands and fingers
- include areas around/under fingernails
- use friction when rubbing hands together until alcohol dries



Alcohol hand rubs take less time than Soap & water.

Isolation Precautions

<p>STOP AIRBORNE INFECTION ISOLATION PRECAUTIONS ALTO</p> <p>PRECAUCIONES AMBIENTALES</p> <p>PRECAUCIONES DE PROTECCION</p>	<p>STOP CONTACT PRECAUTIONS ALTO</p> <p>SPECIAL ENTRY</p> <p>PRECAUCIONES DE CONTACTO</p>	<p>STOP DROPLET PRECAUTIONS ALTO</p> <p>PRECAUCIONES DE GOTAS DIMINUTAS</p> <p>HEALTH CARE WORKERS MUST WEAR</p>
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TB

- TB can be spread thru the air by coughing sneezing, (anything that makes it airborne)
- Latent TB means you are not sick, not infectious but you have a positive TB skin test.
- Symptoms of TB include, persistent cough, bloody sputum, night sweats, fatigue, anorexia, fever.
- You must wear a NIOSH approved mask to enter an occupied negative pressure room.

What is the Policy?

- No artificial fingernails, acrylic or gel enhancements, or any artificial applications.
- Keep natural fingernails clean and short (no longer than $\frac{1}{4}$ inch past fingertip).
- If nail polish worn, must be a single color of clear or clear light pink without ornamentation.
- Polish must not be chipped and must be changed at least weekly.

Applicable to :

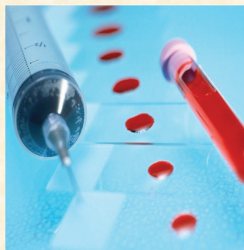
ALL staff with patient contact including but not limited to:

- Physicians
- Nursing Staff
- Dietary Staff



BBPs

- Pathogenic micro-organisms present in human blood that can lead to diseases including:
- Human immunodeficiency virus (HIV)
- Hepatitis B (HBV)
- Hepatitis C (HCV)



HIV

- A virus that leads to AIDS
- Depletes the immune system
- Does not survive long period of time outside the body

HBV

- Millions of Americans are chronically infected
- Symptoms include: jaundice, fatigue, abdominal pain, loss of appetite, intermittent nausea, vomiting
- May lead to chronic liver disease, liver cancer, and death
- Vaccination available to all employees
- HBV can survive for at least one week in dried blood

HCV

- HCV is the most common chronic blood borne infection in the United States
- Symptoms: Generally same as HBV
- May lead to same chronic diseases as HBV
- No vaccinations are given
- A person can be infected without any symptoms

Potentially Infectious Bodily Fluids

- Blood (per OSHA must be present to be a BBP)
- Body Fluid such as:
 - Saliva
 - Vomit
 - Urine



Potential Transmission

Contact with another person's blood or bodily fluid that contain blood

Mucous membranes:
eyes, mouth, nose
(Know where eyewash stations are located)

Non-intact skin

Contaminated sharps/needles



Universal Precautions

Treat all blood and bodily fluids as if they are contaminated
Proper cleanup and decontamination
Proper hand hygiene
Proper PPE



Protective Equipment

Bleeding control—latex gloves and any PPE needed to protect you and your clothing (uniforms or street clothes are not PPE)

Post accident cleanup—latex gloves

Janitorial work—latex gloves
Latex Free gloves are available for latex allergic



Exposure Incident

- A specific incident of contact with potentially infectious bodily fluid
- If there are no infiltrations of mucous membranes or open skin surfaces, it is not considered an occupational exposure
- Report all exposure involving blood, bodily fluids or chemicals
- Post exposure medical evaluation

Performance Improvement Guiding Points:

- Customers always come first- this is the primary focus
- Utilize systematic problem solving techniques including involving experts in the area.
- No matter how good the process- variables will always exist!



Who are the customers?

- Patient
- Doctors
- Families
- Other staff members
- Vendors
- Regulatory agencies
- Many, many more!

Who are the experts?

- You are!
 - The people doing the job know what needs to be done.
- If it doesn't feel right, report it.

Enjoy your clinical rotation at
Hugh Chatham Memorial hospital

Hugh Chatham Memorial Hospital Code of Conduct

(For Employees, Contract Employees, Volunteers, Students, Vendors & Board Members)

What rules do we need to follow?

- ✓ Federal Laws
- ✓ State Laws
- ✓ Local Laws
- ✓ Hugh Chatham Hospital
- ✓ Departmental Policies

The following list includes **THE MOST COMMON RULES** Hugh Chatham Memorial Hospital must follow, but is not intended to include all laws that affect us.

- We will respect our patients' rights at all times.
- We will provide only services that are medically necessary.
- We will document accurately and completely.
- We will not give or accept payment of any kind for the referral of patients.
- Each patient will be billed accurately.
- Patients referred for additional care must be given a choice of healthcare providers. We **MUST** disclose to patients any affiliations or relationships that Hugh Chatham Memorial Hospital has with providers or entities that they may be referred to.
- Every patient coming to the Emergency Room is entitled to a medical screening exam before we find out whether or not they can pay for their care.
- Patient information will not be shared except as necessary to provide healthcare or with written permission of the patient.
- Waste products will be disposed of according to Hugh Chatham Memorial Hospital written policy.
- Employees will use universal precautions when appropriate to protect themselves and others.
- Controlled substances will be dispensed and recorded as dictated by state and federal laws and Hugh Chatham Memorial Hospital Pharmacy policies.
- Hugh Chatham Memorial Hospital will set charges for services without discussion with our competitors.
- Hugh Chatham Memorial Hospital will pay reasonable fees for contracted services.
- Any gift, meal, or entertainment accepted from a vendor and valued over \$25.00 will be reported to the **Compliance Officer**.
- Hugh Chatham Memorial Hospital will use only properly licensed software.
- Hugh Chatham Memorial Hospital will maintain a safe working environment.

- Employment decisions will not be based on race, color, sex, religion, age, national origin, ancestry, disability or sexual orientation.
- Fundraising for Hugh Chatham Memorial Hospital Foundation must not include false, deceptive or misleading statements. All printed materials must be approved through the Marketing Department.
- All advertising and printed materials will be approved through the Marketing Department.
- Employees and contractors will not accept tips or gifts from patients or physicians.

If you have any reason to believe we are not complying with any law or regulation, you must report your concern. You may:

- Tell your Direct Supervisor
- Tell your Department Manager
- Tell your Administrative representative
- Tell the Compliance Coordinator at ext. 8342
- Tell the Compliance Officer at ext. 7216
- Call the anonymous

Compliance Hotline: 1-800-340-5877

What should we do if a government investigator comes to visit us?

Hugh Chatham Memorial Hospital is committed to obeying all local, state, and federal laws. Our Compliance Program is designed to make sure we do this. However, it is always possible that an investigator from the government will visit us. If a government official asks to talk to you:

- ◆ Tell them you want to cooperate, but you want to call your Compliance Officer first. You do not have to talk to a government official without representation.
 - ◆ Call the Compliance Officer at 7216.
 - ◆ If you cannot get the Compliance Officer, call the Chief Financial Officer at 7216 or the Chief Executive Officer at 7312 or 7381.
- *Tell them you have a government investigator waiting to speak with you.**



Student

Certification and Agreement of Compliance

I certify that I have read this Code of Conduct, which is a summary of Hugh Chatham Memorial Hospital's Compliance Program. I understand that the complete Compliance Program is available through department managers. I agree to follow Hugh Chatham's policies and all applicable laws, regulations and rules. I understand that I may be subject to disciplinary action, up to and including termination, for violating those policies or failing to report violations of those policies.

Print Student Name _____

Department _____

Student Signature _____

Date _____



Our Region's **CHOICE**
for TECHNOLOGY & CARE

Confidentiality/Security Agreement

Name: _____

Job Title: _____

Organization/Department: _____

Hire/Contract Date: _____ Employee #: _____

PURPOSE OF AGREEMENT:

Hugh Chatham Memorial Hospital is dedicated to preserving the privacy of patient information as well as other confidential organizational information. All individuals who have access to protected patient information in any format are accountable for protecting sensitive information as required by federal and state regulations and organizational guidelines. This agreement outlines general responsibilities with regard to ensuring the privacy and security of patients' protected health information.

BACKGROUND AND DEFINITIONS:

The Health Insurance Portability and Accountability Act (HIPAA) was enacted in 1996 to protect patients' privacy by providing guidelines for the dissemination and usage of individually identifiable health information, or Protected Health Information (PHI). The guiding rule for handling PHI in a compliant way is called "Minimum necessary." In other words, access to and use of PHI is restricted to the minimum amount a staff member needs in order to perform his/her job.

Confidential information includes – but is not limited to – the following:

- **Demographic information** (e.g. a patient's name, DOB, SSN, address, phone number, etc)
- **Financial information** (e.g. patient's insurance policy number, account number, credit card, or bank information, etc.)
- **Clinical Information** (e.g. a patient's admission and discharge dates, medical record number, test results, medical chart, etc.)
- **Proprietary Information** (e.g. information about departmental operations, business plans and strategies, financial data, contract terms, personnel information, etc.

Confidential information may be contained via any communication medium, including verbal, written, or electronic.

Confidentiality/Security Agreement

Please read and initial the following statements to indicate an agreement to use/disclose confidential information and maintain security in accordance with all applicable polices and regulations.

Initials	<i>I agree to:</i>
	<i>Follow all regulations, policies, and department-specific procedures appropriate to my role and responsibilities.</i>
	<i>Protect all confidential information from unauthorized access, download, use or disclosure.</i>
	<i>Report and/or secure all confidential information found unattended or unsecured.</i>
	<i>Inform Supervisors and/or Compliance Officer of known or suspected instances of unauthorized access, use, download, or disclosure of confidential information</i>
	<i>Keep passwords confidential and report any known or suspected instances of an individual inappropriately using or sharing passwords.</i>
	<i>Make reasonable effort to only access the minimum amount of confidential information needed to accomplish assigned tasks</i>
	<i>Safeguard all collected or generated confidential information in a manner that restricts access to only those individuals with a need to know the information.</i>
	<i>Limit discussion of confidential information to necessary work-related communication in private areas.</i>
	<i>Make a conscious effort to limit unauthorized individuals' view or access to confidential information in all forms of media, including electronic files, computer images, and hard copies.</i>
	<i>Take reasonable efforts to limit exposure of computer screens containing confidential information to non-authorized individuals and "lock" the screen of the computer work station when unattended.</i>
	<i>Dispose of papers or other items containing confidential information in accordance with established disposal processes (e.g., shredding) not in the trash.</i>
	<i>Avoid removing any confidential information from the premises physically or electronically, without specific authorization and without appropriate precautions.</i>

Initials	I understand that any proven violation of this agreement may result in:
	Result in termination of access
	Disciplinary action
	Criminal prosecution under State and Federal Laws

Signature _____ **Date:** _____



Standards of Performance

STARS

Service

As part of my commitment to Service, I will:

- ★ Exceed our customers' expectations and thank them for choosing HCMH.
- ★ Promote the health and well being of all patients who seek care at Hugh Chatham Memorial Hospital.
- ★ Smile, make eye contact, greet others and speak in ways that are easily understood and show concern to ensure understanding and facilitate learning.
- ★ Follow appropriate telephone, elevator and customer waiting protocols.

Teamwork

As part of my commitment to Teamwork, I will:

- ★ Recognize that every member of the Hugh Chatham Memorial Hospital team makes important contributions.
- ★ Promote interdepartmental cooperation, managing up those with whom we work.
- ★ Contribute to my work group in positive ways and continuously support the efforts of others.
- ★ Respond to call lights or requests from patients immediately, even if I am not the caregiver.

Accountability

As part of my commitment to Accountability, I will:

- ★ Provide the highest quality care to those we serve.
- ★ Recognize the high cost of healthcare and optimize the use of resources while delivering exemplary service.
- ★ Ensure that all team members understand team goals and their roles.
- ★ Adhere to departmental and hospital policies and procedures such as tobacco free environment, attendance and dress code.

Respect

As part of my commitment to Respect, I will:

- ★ Use AIDET – Acknowledge, Introduce, Duration, Expectation and Thank You when meeting with customers or peers.
- ★ Treat colleagues and those we serve who differ from us by gender, race, religion, culture, national origin, mental and physical abilities and sexual orientation, with dignity, courtesy and compassion.
- ★ Only engage in conversations regarding patients with persons who need to know and in accordance with the hospital's policies and regulatory requirements.
- ★ Recognize and encourage positive behaviors while providing private constructive feedback for inappropriate behaviors.

Safe Care

As part of my commitment to Safe Care, I will:

- ★ Take any concern (real, perceived, big or small) seriously and seek resolution or understanding – ask for help if the concern is beyond ability or scope of authority.
- ★ Keep my work area neat and clean up litter, debris or spills promptly to ensure a safe environment.
- ★ Offer assistance to those who need help or directions, walking people to their destination or helping them appropriately.
- ★ Adhere to all policies and procedures providing a safe environment for co-workers, patients and the public.

It's who we are.

I have read and understood the Standards of Performance above. I will adhere to all policy regarding these standards.

Employee Signature _____ Date _____

Manager Signature _____ Date _____



Our Region's **CHOICE**
for **TECHNOLOGY & CARE**