



Student / Associate Self Instructional Packet

Directions

- Read the following information.
- At least 2 business days prior to beginning your first shift, return the Post-test to:

CHC Human Resources Department

604 Fairview Court

Bowling Green, KY 42103

(270)-745-1585

WELCOME TO COMMONWEALTH HEALTH CORPORATION

We are pleased you will be joining us at CHC. We hope this booklet will help you learn more about our organization. It contains required information about important patient care and safety issues. Please review the booklet carefully and feel free to contact Trish Tison, Human Resources Educator at (270)-745-1585 should you have questions.

For over 80 years, Commonwealth Health Corporation has been caring for people and improving the quality of life in the communities we serve. Growing from a 35-bed city-county hospital to a 490-bed regional healthcare system, CHC and its affiliated hospitals now offer South central Kentucky the services needed to stay close to home for medical care: a comprehensive cardiac program including open heart surgery, obstetrics and neonatology, cancer treatment and orthopaedic services, as well as programs and services like The Medical Center Health & Wellness Center to help keep people healthy.

Throughout this document, CHC refers to the hospitals at the main campus in Bowling Green and the affiliated hospitals in Scottsville and Franklin.

MISSION	
Commonwealth Health Corporation's mission is to care for people and improve the quality of life in the communities we serve.	
VISION	
Commonwealth Health Corporation will be an innovative leader in healthcare delivery and outcomes.	
WHAT WE VALUE	
Quality	We are committed to providing the highest level of care and service at every opportunity.
People	People are our most valuable resource. We work together to achieve our organization's goals. We treat everyone with honor, dignity, and respect.
Accountability	Each of us is responsible for managing our resources ethically and wisely.

The Medical Center at Bowling Green



Connie Smith, Chief Executive Officer
302 Acute Care beds

The Medical Center at Scottsville



Eric Hagan, Vice President
25 Acute Care/Swing beds; 110 Nursing Facility beds

The Medical Center at Franklin



Clara Sumner, Chief Executive Officer
25 Acute Care/Swing beds

Commonwealth Regional Specialty Hospital



Joe Murrell, Administrator
28 Long term acute care beds

Introduction

Orientation is provided for all new students/associates who come to work for Commonwealth Health Corporation and to give a foundation of knowledge to assist the student/associate in learning those things necessary to function safely. The following is a self-study course prepared to assist you in becoming familiar with this information before you begin work in your department.

OBJECTIVES

1. Describe the standards of customer service and list examples for modeling those behaviors.
2. Describe CHC's commitment to quality improvement.
3. Identify cultural differences and suggestions to enhance cultural communication.
4. Identify the Health Insurance Portability and Accountability Act (HIPAA) and your responsibility as a healthcare worker.
5. Identify the different disaster codes.
6. Determine what to do during tornado and severe weather.
7. Determine what to do if you come in contact with hazardous materials.
8. Determine the proper way to use a fire extinguisher.
9. Determine what to do in reporting faulty equipment and property damage.
10. Identify who the corporate safety officer is.
11. Describe some key electrical safety tips.
12. Identify ergonomic positioning and work practices to decrease the risk of injuries.
13. Recognize common mistakes in lifting.
14. Determine the way to properly lift equipment, patients, etc. keeping you and the patient safe from an injury.
15. Determine procedures to take when a student, employee, or patient incident occurs.
16. Determine the procedures to follow when handling suspicious incoming mail or packages.
17. Describe symptoms of latex sensitivity and how to identify a patient with latex sensitivity.

18. Discuss Bloodborne Pathogens and how to protect yourself using personal protective equipment
19. Describe what Tuberculosis is and what to do to prevent the spread of TB.
20. Identify the importance of hand hygiene and how this practice reduces the risk of transmitting microorganisms from one person to another.
21. Identify transmission-based precautions.
22. Determine where to place patients who are identified with a resistant organism.
23. Identify the Patient Rights and Responsibilities and what to do to honor the patient's rights.
24. Describe the Organizational Ethics Policy and Procedures.
25. Identify the 2007 National Patient Safety Goals and requirements.
26. Identify the signs, assessment, documentation and reporting of abuse.

Customer Service Excellence

Create a Memorable Experience

At CHC, we believe that serving our customers is a privilege. Every time a customer encounters an employee, we want it to be remembered as a sincere and caring moment. We want to create a memorable experience! To accomplish this, we need to consistently practice these behaviors:

- Acknowledge all customers by speaking, making eye contact and smiling. Do not allow anyone to feel ignored. Acknowledge customers at every opportunity...in parking lots, hallways, work areas and waiting areas.
- Use "please" and "thank you," "sir" and "ma'am" in all conversations when appropriate.
- Always introduce yourself: state your name, department and explain to customers what you are going to do for them.
- Personalize service by using customers' names whenever possible.
- Treat everyone with dignity and respect. Knock before entering patient rooms or someone's office.

- Use elevators as an opportunity to make a favorable impression. Smile and speak to fellow passengers.
- Know how to operate telephones in your work area. Ask permission before placing callers on hold. Give numbers before transferring calls in case callers are disconnected.
- Always thank the customer. Thank them for choosing us, for waiting, for their kindness, for letting us serve them. Be creative and sincere, always looking for opportunities to show appreciation.

Have a Positive Attitude

We believe that attitude is a choice. Each day, we can choose to have a positive attitude and maintain that attitude throughout the workday. Choice is powerful! We will demonstrate our positive attitudes by consistently practicing these behaviors:

- Be aware of your body language and how it speaks to customers. Practice good posture, make eye contact and walk with purpose.
- Use a kind and positive tone of voice in all communications.
- Use customers' names when possible. Smile warmly and introduce yourself.
- Respond to requests with positive statements such as "I will be glad to," "It would be my pleasure," and "I am happy to help." Never create the impression that serving our customers is a bother.
- Meet customers' needs or gladly take them to someone who will. Do not say, "It's not my job." If you are unable to meet a request, be responsible for finding someone who can. If you are unable to fulfill a request, explain the reason(s) why and offer alternatives.
- Escort customers to their destinations whenever possible.

Commit to Co-Workers

At CHC, we work as a team. Each member is valuable and needed to fulfill our mission. Our commitment to each other is critical. It is evidenced when we practice the behaviors listed below with every member of our team, every day, regardless of position or department assignment.

- Treat one another as professionals deserving courtesy, honesty and respect.
- Welcome newcomers to your department and the organization.
- Show consideration. Be sensitive to a fellow employee's inconvenience by avoiding last minute requests.
- Never correct or embarrass fellow employees in the presence of others.
- Be there for all the members of the CHC team by offering assistance whenever possible.
- Communicate nothing but positive comments about other departments, shifts or employees to our patients, visitors and fellow teammates.
- Assume the best about your teammates and appreciate the challenges they may face.
- Return all equipment (wheelchairs, IV pumps, office supplies, etc.) to its proper place.

Service Excellence

We want every customer to experience service excellence. We recognize that our continued success is dependent on consistently providing superior service during each and every customer interaction. As we strive to exceed the expectations of our customers and earn their loyalty, we will:

- Complete tasks. If interrupted, return to the job as soon as possible or find someone who can finish the task.
- Maintain the confidentiality of each patient who enters our facilities. Unless there is a need to know, never access or seek information about a patient's condition.
- Practice professional behaviors in all that we do. Never discuss patient information or corporate business in public areas such as elevators, waiting areas or cafeterias.
- Use easily understood and appropriate language when giving patients information about their health, special diets, procedures, medications, etc. Avoid technical jargon and abbreviations.
- Provide a comfortable atmosphere for waiting families. Update families and customers on a regular basis—at least hourly—as they wait. When people are worried or sick, every minute seems like an hour.
- Apologize when there has been a delay and thank customers for waiting.
- Anticipate customer needs by offering assistance before they make a request.
- Maintain a clean and safe work environment. Pick up litter and dispose of it properly.

Quality Assessment and Improvement Plan

CHC is committed to supporting its mission, vision, and values and to providing quality healthcare and achieving customer satisfaction. We design, develop, and deliver care and service in an environment dedicated to continuous quality improvement and the Six Sigma philosophy and methodology, recognizing the staff's vital role in improving performance. We focus our efforts on the implementation, coordination and success of our performance assessment and improvement program. All improvement efforts must address one of our organizational CTQ's (factors critical to quality), which include:

- Customer Satisfaction
- Quality of care and service
- Timeliness/speed/convenience
- Cost

Caring About Culture

What is a cultural and linguistic competency?

They are the skills you use as a healthcare provider to deliver effective care to racially, ethnically, and culturally diverse individuals.

What is “culture”?

Although “culture” is generally thought of as relating to ethnic or religious background, it can involve much more. Components of “culture” can also include: “thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups”.

It’s important to consider Culture, but it’s also important to avoid stereotyping. Learn about each person’s unique views on health care. In a multicultural society individuals gradually modify beliefs and common daily practices that set them apart from their cultural group of origin. Competent Cultural Skills involve treating each person as an individual and considering the person’s culture when working with them without bias.

Consider views about health & health care, family & community relationships, language and communication styles, ties to another country or part of the United States, food preferences, religion, views about death, and other factors that may affect needs.

How should you begin to develop cultural competency skills?

Think about your own cultural beliefs and practices. Also, think about how your culture and upbringing affect you. For example:

Do you have certain ideas about?

How to show politeness when talking to someone? Acceptable ways to express pain?

How and when to seek medical care? The appropriate way to communicate with and treat children? Older people? People of the opposite sex? People from certain social classes?

What Does Developing Culturally Competent Skills Mean?

It does not mean knowing everything about every cultural group you work with. It does mean being aware of cultural factors and taking appropriate steps to learn about each patient or customer, such as asking questions and doing research.

Areas of Common Cultural Differences.

1. Pain – different cultures have different ideas about how to express and respond to pain. Some cultures value bearing pain silently, while others expect expressiveness.
2. Dietary Preferences and Restrictions – For many different reasons: religious, ethnic, health, personal preference, etc., a person may eat or avoid certain foods at certain times, or not eat some foods at all.
3. Conventional Medical Interventions – Different cultures have different views about when to seek professional medical help, treat oneself, or be treated by a family member or traditional healer.

Language.

The degree to which a patient or staff member is fluent in English, or any other language you speak, will have a bearing on your interactions. A prime factor affecting this communication is your attitude toward people who speak limited English. How open are you to work with people who speak with accents? Can you adapt your speech to work through an interpreter?

How do you feel when people speak with family members or co-workers in their native language while you are working with them? Be aware of your non-verbal messages if you demonstrate impatience or frustration the Non-English speaking patient may inappropriately interpret your message as hostility or anger.

Overcoming Language Barriers.

The Language Line provides a telephone interpreter service. Reference materials are available for use on every unit as well as in registration, lab and x-ray. The Language Line Service can help to identify an unknown language, if needed or can be used for those patients and families who use English but slowly, or with a heavy accent:

Direct versus Indirect Communication

Good manners in some cultures means that individuals prefer to talk around the issue (indirect communication). For example, indirect communicators might praise sections of a form that were correctly completed, implying that an incomplete section is a problem, rather than pointing out that part of a form was missing or incorrect information. In another example, in some Asian cultures, silence is a sign of respect, particularly to an older person. Another example, directness in expressing negative feelings or information is discouraged among some Hispanic cultures. This may result in a patients not following treatment procedures or withholding critical information. Differences regarding directness can be particularly frustrating, especially when specific information and answers are needed. For example: Asking “Do you understand?” and the response is a nod or a yes may indicate good manners rather than an affirmation of understanding.

Be Alert To The Meaning of Non-Verbal Communication

*Facial expressions, body language, and tone of voice play a much greater role in cultures where people prefer indirect communication.

*Use gestures with care, as they can have negative meanings in other cultures.

*Thumbs-up and the OK sign are obscene gestures in parts of South America and the Mediterranean.

*Pointing with the index finger and beckoning with the hand as a “come here” sign are seen as rude in some cultures.

Distance

*American culture generally expects people to stand about an arm’s length apart when talking in a business situation. Any closer is reserved for more intimate contact or seen as aggression.

*In the Middle East it is normal for people to stand close enough to feel each other’s breath on their faces.

Touch

Cultures also have different rules about who can be touched and where. When you need to touch someone for purposes of an examination, explain the purpose and procedure before you begin. Touch is used often in Mexico. Some Hispanics believe that using touch while complimenting a person is important.

Cultural Beliefs about Health, Disease, and Healers

The following is a short summary of some health-related norms and preferences of a few ethnic groups that are represented in our local area. Although you need culture-specific information about the groups you care for and work with, remember to take into account the whole person, to see him/her as a unique individual. Do not assume that a particular patient fits the general cultural descriptions of his or her culture.

Suggestions

*Convey comfort by your tone of voice and body language.

*Pay attention to body language, facial expressions, and other behavioral cues.

*Do not speak loudly or shout. It will not help the person understand English.

*Speak more slowly and distinctly.

- *Avoid yes/no questions.
- *Remember that a nod or yes may mean: “Yes, I heard” rather than “Yes, I understand” or “Yes, I agree”.
- *Keep messages short and simple.
- *Use pictures and drawings as appropriate.
- *Repeat the message in different ways.
- *Be alert for words the person seems to understand.
- *Take your cue from the individual regarding formality, distance, touch and including family in discussions.
- *Do not use medical terms, abbreviations or slang.
- *Be alert for signs that the person is pretending to understand. Nodding and answering “yes” to all questions are signs that the person does not understand what you are saying.
- *Explain the reasons for all information you request or directions you give; also acknowledge any cultural differences that may present challenges or difficulties.
- *Consider the best way to show respect, perhaps by addressing the “head” of the family or group first.
- *Pay attention to subtle cues that may tell you an individual’s dignity has been wounded.
- *Recognize that differences in time consciousness may be cultural and not a sign of laziness or resistance.

Patient Rights

The mission and philosophy of CHC, its Governing Body and Medical Staff provide for the patient's right to independence of expression, decision and action. CHC makes every effort to ensure that its employees respect the rights of all patients.

In addition, we recognize that each patient is an individual with special health care needs. We recognize the importance of respecting each patient's personal dignity and privacy and we provide considerate, respectful care which focuses on individual patient needs. We inform patients of their rights and responsibilities and assist the patient in the exercise of their rights.

The staff at CHC respects the basic rights of all human beings. These rights include the patient's independence of expression, decision, and action. Concern for the patient's personal dignity and human relationships is always of great importance to our staff. The recognition of the rights and concerns has led to the adoption of the statements of patient rights and responsibilities.

Refer to Nursing policy and procedure PR2 located in I Care Central.

Organizational Ethics Statement

This statement of organizational ethics has been established in recognition of the organization's responsibility to our patients, staff, physicians, and the community we serve. It is the responsibility of every member of the hospital's community (board members, administration, medical staff members, and employees) to act in a manner that is consistent with this organizational statement and its supporting policies. Our behavior will be guided by the following general principles:

A dedication to the principle that all patients, employees, physicians, and visitors deserve to be treated with dignity, respect, and courtesy. The organization will constantly strive to adhere to these principles and will expand on these principles through the development of additional policy statements addressing the following:

- A. We will fairly and accurately represent ourselves and our capabilities.
- B. We will provide services to meet the identified needs of our patients and will constantly seek to avoid the provision of those services which are unnecessary or do not produce the desired result.
- C. We will adhere to a uniform standard of care throughout the organization.

In all of the various settings in which this organization provides patient services, we will consistently follow well-designed standards of care based upon the needs of the patient and without regard to his or her ability to pay. Even as we work to provide care in a more economical manner to patients and providers, we will strive to provide care that meets our own standards.

We will provide services only to those patients we can safely care for within this organization and will not turn patients away who are in need of our services, based on their ability to pay, or based upon any other factor that is substantially unrelated to patient care. We will strive to provide care that is of comparable quality regardless of the setting in which that care is provided.

RESPECT FOR THE PATIENT

We will treat all patients with dignity, respect, and courtesy. These patients (or their significant others) will be involved in decisions regarding the care that we deliver to the extent that such is practical and possible. We also seek to inform all patients about the therapeutic alternatives and the risks associated with the care they are seeking. We will constantly seek to understand and respect their objectives for care.

In all circumstances, we will attempt to treat patients in a manner giving reasonable thought to their background, culture, religion, heritage, and age.

RESOLUTION OF CONFLICTS

We recognize that from time to time conflicts will arise among those who participate in hospital and patient care decisions. Whether this conflict is between members of administration, medical staff, employees, the board members of this institution, or between patient caregivers and the patient, we will seek to resolve all conflicts fairly and objectively. In cases where mutual satisfaction cannot be achieved, it is our policy to involve a patient advocate or the administrator on call to oversee resolution of the conflict. Other staff and second opinions will be involved as needed to pursue a mutually satisfactory resolution.

RECOGNITION OF POTENTIAL CONFLICTS OF INTEREST

Conflict of interest refers to situations in which financial or other personal considerations may compromise, or have the appearance of compromising, a decision-maker's professional judgment in the provision of patient care. We recognize that the potential for conflict of interest exists for decision-makers at all levels within the hospital. This includes members of the board, administration, the medical staff, and all other employees. It is our policy to request the disclosure of potential conflicts of interest so that appropriate action may be taken to ensure that important decisions are not inappropriately influenced by such conflict. Board members are required to submit an annual disclosure form to disclose potential conflicts. Administration and the medical staff leaders are also expected to disclose any potential conflict of interest. In the event a potential conflict of interest has a direct implication for patient care, the institution may convene an ethics committee to assist in the resolution of this issue.

INTEGRITY OF CLINICAL DECISION MAKING

Clinical decisions including tests, treatments and other interventions are based on identified patient health care needs. There is no relationship between the use of services for patients and financial incentive for hospital leaders, managers, clinical staff, and licensed independent practitioners.

FAIR BILLING PRACTICES

CHC and its medical staff will invoice patients or third parties only for services actually provided to patients and will provide assistance to patients seeking to understand the cost relative to their care. We will also attempt to resolve questions and objections to the satisfaction of the patient while considering the institution's best interest as well.

CONFIDENTIALITY

The organization recognizes the extreme need to maintain patient and other information in a confidential manner. As such, patient information will not be shared in an unauthorized manner and sensitive information concerning personnel and management issues will be maintained in the

strictest confidence and utilized only by those individuals authorized to review and act upon such information.

Underlying each of the above principles is the organization's overall commitment to act with integrity in all of our activities and to treat the organization's employees, patients, physicians, and the many constituents we serve with utmost respect.

COMPLIANCE PROGRAM

The Code of Conduct represents a reaffirmation of CHC's long standing commitment to compliance and quality of services to our patients and to the communities we serve. The Code of Conduct applies to all employees, associates and physicians, each of whom has an affirmative duty to report a problem and right to do so without the threat of retaliation. In addition, we expect anyone conducting business at or on behalf of CHC to adhere to standards set forth in the code. All levels of management are receptive to compliance concerns and questions. In addition, a compliance hotline (1-800-826-6762) is available for employees and physicians to report any concern or violation of code.

Signs of Abuse

Introduction

Abuse reaches all social and economic levels, touches all age groups, and can even pass from generation to generation. As a skillful caregiver, you must be able to:

- Recognize a victim of abuse.
- Offer the necessary physical and emotional support
- Report known or suspected abuse, neglect or exploitation in accordance with applicable law.

There are many forms of abuse in our society today. Some causes are easily recognized and are treatable; other forms of abuse are more difficult to identify and treat.

Financial/Material Exploitation

Material exploitation occurs when a caregiver is responsible for handling finances or other resources and fails to use them for the adult's or child's well being. It includes misuse of finances and material items and can result from coercion or deception. Caregivers can be formal (institutions) or informal (family members, friends).

Self-Abuse/Neglect

Self-neglect results when adults will not or cannot meet their own basic needs. The abuse or neglect may stem from a mental illness such as schizophrenia or depression, or may be the result of an untreated physical illness where they are incapable physically or emotionally to care for themselves.

Caregiver Neglect

This type of abuse occurs when the basic needs of a dependent adult or child are not provided or arranged for by a caregiver. When caregivers neglect dependents, it may be *active* or intentional, but it could also be *passive* or *unintentional*.

Active or intentional neglect is the deliberate withholding of services, materials or intangibles by the caretaker, and is intended to cause pain and suffering or to inflict punishment. Examples include: poor hygiene, soiled clothing, body lice, and withholding food or medications.

Passive or unintentional neglect is failure to fulfill the caregiving obligation. There is no conscious or willful attempt to inflict physical or emotional distress on the person, but the effect can be the same. Examples include: Lack of adequate food or health services due to the caregiver's own infirmity, inadequate skills, or knowledge and understanding of the necessity of prescribed or other essential services.

In infants and children, a failure to thrive is an additional indicator of caregiver neglect.

- Neglected infants often have a repetitious, desperate cry.

Munchausen Syndrome by Proxy is a rare form of child abuse in which an adult makes a child ill on purpose in order for the adult to get attention. Remember that child abuse is usually a pattern of behavior, not one single attack or incident.

Emotional/Psychological Abuse

This type of abuse is the infliction of mental anguish caused by actions or verbal assaults against a person's well being that has the effect of lowering self-esteem. It may include: aggressive/unreasonable behavior, threats of punishment, or verbal abuse. Emotional abuse can result in vague physical symptoms such as headaches or back pain, dizziness, confusion and insomnia.

Physical Abuse

Physical Abuse is the infliction of pain or injury by an offender to a victim causing or is intended to cause harm. Any non-accidental injury to an adult or child is considered physical abuse. This abuse may include: pushing, kicking, pinching, bruising or inappropriate use of restraints.

Signs of physical abuse include: old or new bruises on the face, arms, trunk or inner thighs in various stages of healing. Recognizing physical abuse is not always easy. Some wounds are hidden or explained away by an unlikely story. A full assessment of suspected physical abuse must include an evaluation of the injury, story and behavior.

Sexual Abuse

Sexual abuse is non-consensual activity, which involves inappropriate touching, or sexual behavior directed toward adults or children.

Non-consensual activity may include sexual behavior by undue influence, coercion, or with an individual who inflicts lack of judgment or discretion including: victim that is over the age of 60, physically or mentally/cognitively handicapped, a patient who is asleep, unconscious, or impaired by mood or mind-altering medications.

Sexual abuse involves the exploitation of a child or adult for sexual pleasures. The healthcare provider should be alert for signs of exploitation targeting children, the elderly, or any mentally/physically handicapped individual that may not be able to report for themselves.

Signs of sexual abuse may include the following: sudden change in behavior, difficulty trusting others, a need to belong, a knowledge of sex beyond their age, indiscreet sex play or, evidence of sexually transmitted disease. The victim may often experience depression, withdrawal, and feelings of guilt and low self-esteem.

Assessment

Injury: Physical abuse is recognized by physical injury that is difficult to explain or patterns of injury that could be caused by another person. Look for injury or bruises on both limbs, multiple injuries or bruises in different stages of healing, and injury or bruising in patterns. In women, watch for injury or bruises on the face, neck, breasts, and abdomen.

Story: The story does not make sense or conflicts with another's story; the explanation for an injury is confusing or exaggerated; or it doesn't seem to fit the wounds received. The abuser prevents the victim from reporting the incident.

Behavior: The abuser may be overprotective, hover around the victim, speak for the victim, or be aggressive if challenged. The victim may be quiet and submissive or have marked personality changes when the abuser is near.

Indicators of Abusive or High-Risk Caregivers

Look for signs that may indicate an abusive or high-risk caregiver including: extreme control, restrictive, irrational when responding to the victim's needs, or demonstrating unrealistic demands on the victim

In the case of suspected or known abuse, you should take immediate action and document all observations and known facts.

Adults and children should be removed from an abusive situation immediately.

In domestic violence cases women are at **greatest risk** when they decide to leave an abusive situation.

Guidelines

- If any student/or associate suspects abuse or neglect, they should report suspicions to their instructor or the department supervisor. An oral or written report will be made to the Bureau of Social Services, Department of Community Based Services and Adult/Child Protective Services.
- Document all facts and observations with complete, objective reporting: document information that might be used in a legal process. Use direct quotes, not opinions and remember to focus on observable evidence
- The first hospital that suspects abuse must report it even if the person is transferred to another facility.
- A person who knowingly fails to report abuse is guilty of a misdemeanor and may also be imprisoned
- Anyone acting upon reasonable cause in making such report shall have immunity from any civil or criminal liability that might otherwise be imposed.
- The death of an adult does not relieve anyone of the responsibility for reporting the circumstances surrounding the death.
- Anyone knowingly and willfully violating the provisions of this policy shall be punishable by law.
- Record everything you have personally seen or heard.
- Abuse Hotline – 1-800-752-6200
- Refer to Nursing Policy and Procedure Manual for Suspected Abuse Policy and for a complete list of appropriate community agencies and reporting procedures.

Introduction to HIPAA

What is HIPAA?

HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996. The HIPAA regulation:

1. Guarantees that people can change insurance policies or companies without having a new preexisting condition period—portability is guaranteed.

2. Protects the privacy of a patient's personal and health information in all forms—oral, written and electronic.
3. Protects the security and confidentiality of health information.
4. Simplifies billing and other transactions.

What is “protected health information”?

Protected health information (PHI) encompasses all patient individually identifiable health information transmitted or maintained by a covered entity, regardless of form.

Who does HIPAA affect?

All covered entities must comply with the regulations. Covered entities are health care providers, health plans, employers, public health authorities, life insurers, clearinghouses, billing agencies, information systems vendors, service organizations, and universities health plans.

Why should we care about HIPAA regulations?

1. Because it's the right thing to do. No one should have unnecessary access to a patient's medical information without the individual's knowledge and authorization. HIPAA places the control of a patient's information in the hands of the patient.
2. It's the Law and we are accountable under federal legislation and violation of this law becomes a violation of an individual's constitutionally guaranteed civil rights.
3. And . . . Civil and Federal penalties can be imposed up to \$250K and/or imprisonment up to 10 years for those who knowingly misuse of individually identifiable health information.

What is the Privacy Rule?

The Privacy Rule for the first time creates national standards to protect individuals' medical records and other personal health information.

- It gives patients more control over their health information.
- It sets boundaries on the use and release of health records.
- It establishes appropriate safeguards that health care providers and others must achieve to protect the privacy of health information.
- It holds violators accountable with civil and criminal penalties that can be imposed if they violate patients' privacy rights.
- And it strikes a balance when public responsibility requires disclosure of some forms of data – for example, to protect public health.
- For patients –it means being able to make informed choices when seeking care and reimbursement for care based on how personal health information may be used.
- It enables patients to find out how their information may be used and what disclosures of their information have been made.

- It generally limits release of information to the minimum reasonably needed for the purpose of the disclosure.
- It gives patients the right to examine and obtain a copy of their own health records and request corrections.

The rule states as a covered entity we must also:

1. Designate a privacy official. Our Privacy Official is Neil Shields – HIPAA Compliance Coordinator. The Privacy Official coordinates the implementation of the privacy standards, acts as the contact person for CHC’s workforce and patients, and ensures CHC is compliant with the HIPAA regulations.
2. Develop a complaint system giving patients, family members, physicians and employees the ability to lodge complaints if they believe CHC has not met its obligations pursuant to privacy of health information. The Privacy Official receives all privacy complaints and is responsible to process, investigate and resolves complaints in a timely manner.

There are four ways a patient’s privacy is most often violated

- Discussions of patient information in a public place or with inappropriate, unauthorized individuals.
- Print or electronic patient information that is left exposed where visitors or unauthorized individuals can view it.
- Records that are accessed without the need to know in order to perform job duties.
- Unauthorized persons hearing patient-sensitive information.

To prevent violation of patient privacy, CHC has established safeguards to protect health information from misuse. The rules require a covered entity to have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information.

Some of CHC’s Privacy Safeguards are . . .

- Treat all information as if you didn’t know how sensitive the patient might be.
- Access only those systems you are officially authorized to access.

- Access only the information you need to do your job.
- Only share sensitive and confidential information with others that have a “need to know.”
- Keep sensitive and confidential information from the view of others when not in use.
- Use only your own User ID and Password to access systems.
- Follow policies established for transmitting and/or copying patient information.

General Safety

CHC has a plan of action when a disaster occurs. It is important for students/associates to know what each code means and what his/her role is during a disaster. Always refer to your departments Emergency Management Plan for understanding your role.

CODE RED (FIRE)

It is imperative that a “Code Red” is called when a fire is observed, regardless of the size or severity of the fire. Buildings are sectioned into Smoke and Fire Compartments. If you ever encounter a fire follow the RACE plan:

The Medical Centers at Bowling Green and Scottsville

- R-** Remove everyone from danger and close the door.
- A-** Alarm should be pulled and call extension 3000.
- C-** Contain the fire by closing windows and doors.
- E-** Extinguish only if there are enough people to do the rest of the RACE functions.

The Medical Center at Franklin

- R-** Remove everyone from danger and close door.
- A-** Alarm should be pulled and call extension “0”.
- C-** Contain the fire by closing windows and doors.
- E -** Extinguish only if there are enough people to do the rest of the RACE functions.

FIRE EXTINGUISHERS

The proper way to use a fire extinguisher is as follows:

- P** – Pull the pin between the two handles.
- A** – Aim at the base of the fire.
- S** – Squeeze the handles together while holding the extinguisher upright.
- S** – Sweep from side to side evenly coating the entire area of the fire.

Silver Extinguishers – contain water for A type fires (mattress, wood, trash can, etc. fires.)

Red Extinguishers – contain dry chemical for ABC type fires (electrical, computers, etc. fires.)

Evacuation Routes are posted throughout our building corridors. Become familiar with recommended evacuation routes for all areas you are in.

Fire Drills are performed once each quarter per shift (twice per quarter per shift if required by construction or renovation occurring in the building). Staff and building systems are evaluated during drills to improve performance.

Pull Station fire alarms are located in main corridors and at nurse's stations. To activate a fire alarm insert fingertips in handle and pull down.

CODE EVACUATION

This code will be activated when there is a need to remove all occupants from the hospital. Example includes: Fire threatening more than one area/floor of the hospital, bomb threat, or massive smoke or gas inhalation. Follow your assigned department's plan.

CODE XT (EXTERNAL DISASTER)

This code will be activated when the hospital receives more patients in the Emergency Department than the on duty staff can handle. Off duty staff are called in to assist. Follow your assigned department's plan.

CODE ZERO (INTERNAL DISASTER)

This code will be activated if there is an internal disaster. Examples include major fire, cave in, flooding or steam in the building requiring removal of patients to safer areas in the hospital. Follow your assigned department's plan.

CODE ORANGE

A violent intruder is in the building so immediately notify the Switchboard at extension 3000 for The Medical Centers at Bowling Green and Scottsville and dial "0" at Franklin. Follow your assigned department's plan.

CODE PINK (INFANT/CHILD ABDUCTION PLAN)

All hospital areas:

1. Upon hearing CODE PINK announced via overhead page, search hallways, lobbies, stairwells, elevators, parking lots, etc. in your immediate area for individual (s) carrying an infant/child or an object that may conceal an infant/child. Keep the individual in sight and follow them at a safe distance. Do not attempt to engage the individual.
2. Call Security at extension 1350 in Bowling Green, call local law enforcement at 911 in Scottsville and Franklin, followed by a call to extension 2845 in Scottsville and extension 4862 in Franklin if someone matching the above is noticed. Obtain a description of the Individual: Race, Sex, Age, Height, Weight, Hair, Outstanding Features, etc.
3. Obtain the following if possible: Automobile make, Model, Color, License, Direction of travel, and Number of occupants.
4. Report above information to Security at extension 1350 in Bowling Green, Engineering at Extension 2845 in Scottsville, and Engineering at extension 4862 in Franklin as soon as possible.

Please Note:

Nursery, Labor/Delivery, and 5C have their own written policies, which have additional measures to be followed. Please review these policies when working those areas.

Risk Management Department should be notified also at 1429 or 2241.

SEVERE WEATHER

The goal is to protect everyone from the elements and from flying glass and debris.

If danger is apparent, Administration will notify departments to shelter patients and visitors in place by closing doors to patient rooms and asking everyone to remain in place.

Definitions:

Tornado Watch – Conditions are right for tornado activity.

Tornado Warning – Tornado has been sighted or radar indicates a tornado exists.

HAZARD COMMUNICATION YOUR RIGHT TO KNOW

In the event you are exposed to a hazardous chemical, you can access the Material Safety Data Sheets (MSDS) for the chemicals specific to your department. You will go to ICareCentral on

the computer and click on the MSDS Online Icon. Some important information on a MSDS includes:

- The identity of the chemical
- The physical characteristics
- The hazards of fire, explosion, and reactivity
- The safe ways to handle, use, dispose and store hazardous chemicals
- The emergency information about the chemical

You will be supplied with appropriate Personal Protective Equipment (PPE) to wear to protect yourself. Always wear your PPE when handling chemicals.

PROCEDURES FOR HAZARDOUS MATERIAL SPILLS

If a spill/release of a potentially hazardous material occurs, the supervisor/designee of the unit/department involved will secure the area and review MSDS (Material Safety Data Sheets) for potentially hazardous material. If the material is not hazardous, Environmental Services personnel will assist the department with clean up of the spill. If the material is hazardous, the supervisor/designee will evacuate the immediate vicinity, i.e., patient room, utility room, etc., if necessary. The supervisor/designee notifies Security to shut down air-handling equipment to stop the spread of toxic fumes, if necessary. Security notifies the Special Emergency Response Team Coordinator, Assistant Coordinator, Corporate Safety Officer and EMS Director. The SERT Coordinator decides if outside agencies need to be notified. The SERT Team responds with appropriate equipment and removes the hazardous materials. When the area is safe, Environmental Services personnel works with the department to clean up the area. The supervisor/designee completes a report; sends a copy to the Safety Committee for evaluation. At this point the staff will resume normal duties.

TAGGING FAULTY EQUIPMENT

If a piece of clinical equipment malfunctions, please fill out a WARNING TAG and attach the tag to the faulty equipment and tell your supervisor. These tags are located in your department and are not to be removed from equipment by anyone other than Bio-Med personnel. For non-clinical equipment utilize the same tags and refer to the Engineering Department. Do not use any equipment with a warning tag on it. It is each department's responsibility to deliver portable equipment to Bio-Med or Engineering for repair. If it is too heavy or not portable, then tag the equipment and call Bio-Med or Engineering to repair it.

REPORTING SAFETY RISKS

Report all safety risks to your clinical instructor or department supervisor. If the problem persists, please contact the Corporate Safety Officer- Dennis Strom at extension 1653.

REPORTING PROPERTY DAMAGE

Report all property damage to your instructor or department supervisor. If you think the damage needs immediate attention, please call the Engineering Department at extension 1652 in Bowling Green, extension 2845 in Scottsville, and extension 4862 in Franklin.

ELECTRICAL SAFETY

For your safety *PLEASE DO* the following:

- A. Check the cord end for bent or broken prongs
- B. Check for cut, frayed, bare or exposed wires
- C. Check for loose or pulled out strain relief
- D. Turn off equipment before unplugging it
- E. Unplug power cords before moving equipment
- F. Do not overload electrical outlets and extension cords
- G. Do not unplug equipment by pulling on the power cord
- H. Do not run over electrical cords with equipment carts, beds, etc.
- I. Do not spill liquids into electrical equipment

If you are shocked, disconnect or unplug the equipment, tag it out of service and tell your supervisor. The Engineering department should be notified immediately.

UTILITIES FAILURE

If you experience a utility outage contact Engineering, and also refer to the Emergency Management Plan.

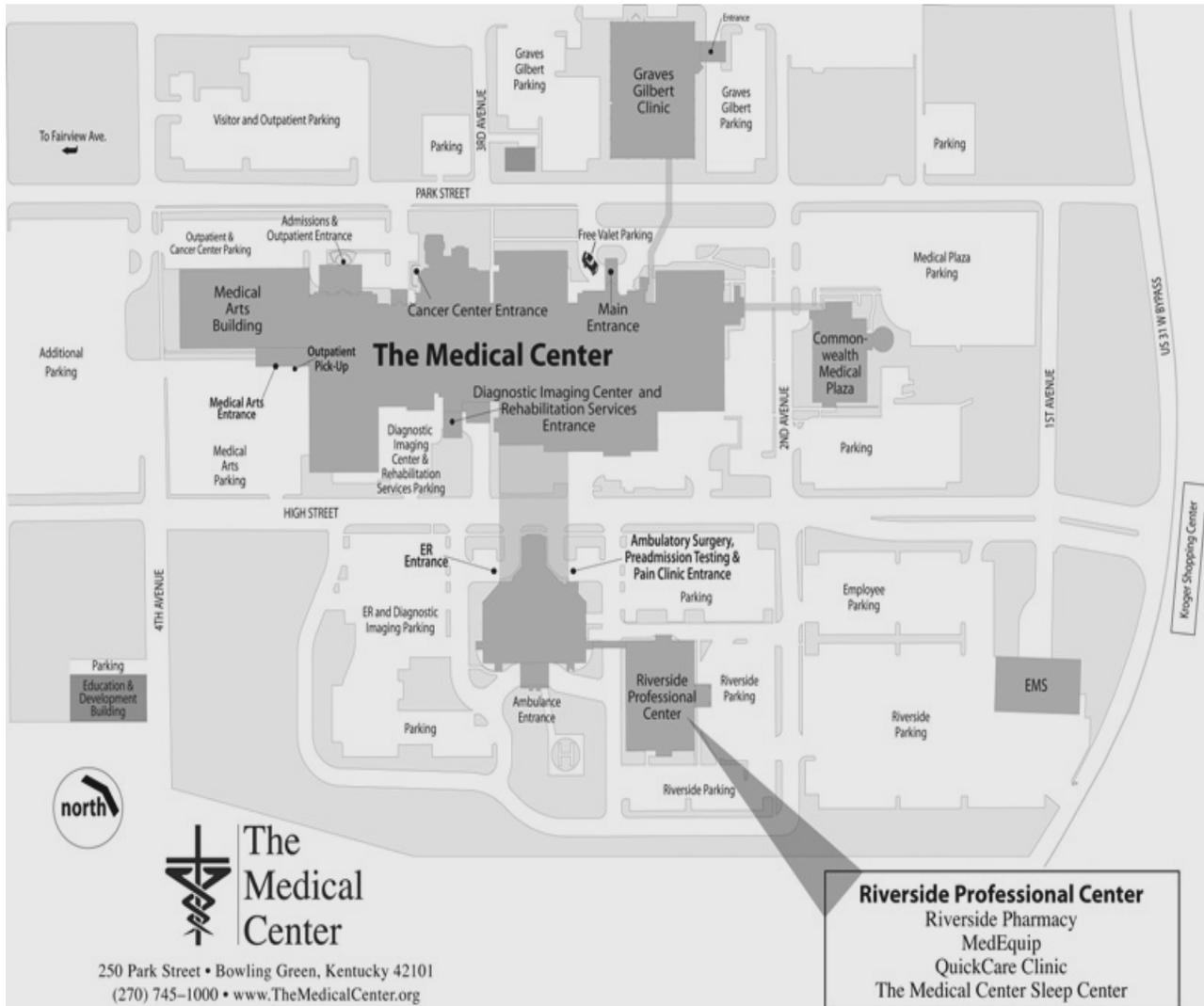
MEDICAL GAS SHUTOFF

Medical Gases are only to be shutoff by Respiratory Department personnel assisted by the Engineering Department.

SECURITY INFORMATION

Security Department – Staffed 24 hours a day. Gary Sullivan is the Director of Corporate Security. Security may be contacted at 745-1350 or ext. 1350.

Parking – On The Medical Center campus, students are asked to park in employee parking lot J (located between 4th and 5th Avenue just off of High Street) only, while on duty. When on the Scottsville campus, park at the rear of the building, and while at the Franklin campus, park in the front of the building. Unauthorized students found to be parked in patient and visitor parking areas will be towed. Please park in marked spaces and occupy one space only.



Assistance – Security offers escorts for anyone who requests an escort. Security also offers jump-starts for vehicles with dead batteries.

Suspicious persons – If you notice someone who appears suspicious or you observe any incident that security should be notified about, please call ext. 1350.

Vehicles – Please secure your vehicle and any personal property you may have in it. Do not leave items like cell phones, purses, and CD players in sight inside the vehicle.

Entering/Exiting the building – When entering or exiting the building please walk in groups of two or more after dark, stay in well lit areas and take time to observe the interior of your vehicle before getting in.

ERGONOMICS/BACK SAFETY

Ergonomics is a dynamic process relating to work practices, workstation design, and the work environment. In simple terms, ergonomics is making the work task, the workstation, and the work environment fit the individual worker, instead of the other way around. It is the responsibility of every individual to seek creative work practices that can decrease the risk of illness or injury associated with their work environment. For instance, your work may require prolonged sitting or standing, incorporate simple stretching exercises. Change positions often. If you are required to stand for long periods of time you can reduce stress to the low back by propping your feet on a stool. When sitting use a chair with good lower back support to help protect your lower back or sit on the front edge of the seat, which will encourage good posture. Keep your feet flat on the floor with your weight evenly distributed on both hips. Arrange your work area to reduce the amount of reaching and twisting you must do. Instead of twisting, turn your whole body, keeping your hips and feet pointed in the same direction. Perhaps looking at a distant object may rest your eyes enough to prevent or reduce eyestrain when doing tedious work.

COMMON MISTAKES IN LIFTING

1. Lifting with the back flexed and the legs straight. This places stress on the discs and ligaments.
2. Using fast jerking motions adds additional stress to your muscles and joints.
3. Bending and twisting at the same time causes maximum stress on the structures of the lower back.
4. Load too far away. Failure to bring the load being lifted close to your body is another potential cause of back injury. Weight held at arm's length from the body can cause a stress that is 7 to 20 times greater than the same weight held close to the body.
5. Poor planning. Failure to plan the move or transfer properly often leads to back injury. Injuries often occur as the result of a misplaced piece of equipment or failure to anticipate the need for help.

6. Poor communication. Lack of understanding by the patient as to what is being done can also cause unnecessary risk. The patient can usually assist with the transfer if he knows what to do.
7. Insufficient strength. If you do not have enough strength to handle the patient, you are more likely to injure your back. There can be situations that require assistive devices or more than one person to do the job safely.

PROPER LIFTING TECHNIQUES

1. Maintain a wide, balanced base of support.
2. Bend at the knees and hips, not at the waist.
3. Maintain your low back curve, stick the rear out and keep the head and shoulders up.
4. Keep the weight as close as possible.
5. Never jerk or twist.
6. If you must turn, turn with your feet (pivot), don't twist.

PATIENT/VISITOR INCIDENT REPORTING

An incident report should be completed for any unusual or dangerous occurrence involving a patient and/or visitor. The incident report should be completed by the individual who observes or is made aware of an incident before leaving the premises. Notify your instructor or the department supervisor of the incident and review the incident report. The attending physician should be notified of a patient incident involving possible injury to the patient. The Risk Management Department should be notified if there is a potential liability issue. Forward the original incident report to the department head/clinical manager, who shall then send the report to Quality Resource Management within three working days of the incident.

INCIDENT REPORTING

An incident report should be completed for any individual who is injured (or potentially injured) while performing work for the corporation. This includes not only accidents, but also incidents involving exposure to harmful substances, such as chemicals or bloodborne pathogens. The injured individual should complete the incident report, if possible. If you are not able to complete the report, then the immediate supervisor of the department you are in or a witness should complete the report. The incident report should be completed prior to the end of the shift. Immediately upon completion, fax a copy of the report to Risk Management, and forward the original report to Quality Resource Management. If the student seeks treatment from Employee Health, then the student should give a copy of the incident report to the Employee Health representative.

Incident reports are important because they are a component of our organization-wide risk management program. They are used to identify patterns or trends; they are a tool for Performance Improvement activities; and they can help identify processes for improvement.

Latex

With the introduction of Universal Precautions in 1986, the use of latex gloves increased dramatically. Consequently, we are now experiencing an increase in the numbers of health care workers and patients who are sensitive to latex proteins. Many of the items we use in our every day life, for our personal use and for patient care, contain latex.

Symptoms of latex sensitivity range from mild to life threatening. They may occur immediately, or they may not occur until hours after exposure. Symptoms are redness, skin rash, hives, swelling of the hands or face, runny nose, itchy or watery eyes. More severe, possibly life-threatening symptoms are drop in blood pressure, wheezing caused by blocked airways, rapid heart rate, flushing of the face, and swelling of the throat. Individuals who experience these symptoms should report them to the Employee Health Nurse.

All patients will receive a written latex sensitivity screening. Patients who are noted to be latex sensitive/allergic will have an asterisk (*) placed by their name. They will also wear an orange ID bracelet. Their chart will be flagged with an orange “Latex Allergy” sticker or will be stamped with “Latex Precautions.” A “Latex Precautions” sign will be posted over the patient’s bed. Only latex-free items should be used for these patients.

OSHA/ Infection Control

OSHA-is the Occupational Safety and Health Administration-a government agency that requires employers to provide the safest work environment possible. OSHA’s Bloodborne Pathogen Rule requires both students and workers to prevent the spread of bloodborne diseases.

- I. **BLOODBORNE PATHOGENS** – may be present in human blood and some other body fluids. These include Hepatitis B, Hepatitis C, and HIV. These viruses can be spread when blood or body fluids from an infected person enter the body of another person. This can occur through splashes to the eyes, nose, or mouth, blood or body fluid contact with open areas of the skin, needle sticks, human bites, cuts, and abrasions.
 - A. **Hepatitis B (HBV)** – is a disease caused by a virus that attacks the liver. The virus can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Persons with HBV may have yellow skin and/or eyes, abdominal pain, loss of appetite, nausea, vomiting, joint pain, and fatigue. Healthcare workers who may be exposed to blood or body fluids should take the Hepatitis B vaccine to prevent HBV infection. Post-exposure prophylaxis drugs (PEP) may be given to non-immune individuals after an occupational exposure.
 - B. **Human Immunodeficiency Virus (HIV)** – is a virus that can weaken the immune system to the point that it has difficulty fighting off certain infections. An HIV-infected person receives a diagnosis of AIDS after developing one of these “opportunistic”

illnesses. Persons with HIV may have enlarged lymph nodes, loss of appetite, diarrhea, weight loss, fever, night sweats, rashes, and fatigue. Post-exposure prophylaxis (PEP) drugs may be given to employees who have had an occupational exposure to reduce the risk of getting HIV. Not all exposures qualify for the PEP drugs. CDC guidelines are followed. Knowledge about the effects of PEP drugs is limited. Individuals may decline any or all drugs for PEP.

- C. **Hepatitis C (HCV)** – is a disease of the liver caused by the hepatitis C virus. There appears to be an association between HCV infection and the later development of cirrhosis and liver cancer. It has been estimated that 3.9 million Americans are infected with HCV. Most of these persons are chronically infected and might not be aware of their infection because they are not sick. Even though they might not be sick from the virus, it is possible to get the virus from an exposure to that person's blood or body fluids. Persons with HCV may have yellow skin and/or eyes, dark urine, abdominal pain, loss of appetite, nausea, and fatigue. There is no vaccine and no PEP for HCV.
- D. **Standard Precautions** – are used to prevent contact with the blood, body fluids, non-intact skin, and mucous membranes of ALL persons. These are considered to be potentially infectious. It is not always known when a person is infected with one of the bloodborne pathogens. Many persons infected with HBV, HIV, or HCV do not have any symptoms for a long time. These precautions include routinely using engineering controls (safety needles, lancets, IV catheters, blood gas kits, blunt needles, etc.), work practice controls (hand hygiene, careful handling and disposal of contaminated sharps, etc.), and personal protective equipment (PPE) (barrier gowns, gloves (synthetic or latex), visor masks, safety glasses, etc.) when there is potential for contact with blood or body fluids of another person. Safety devices must be used whenever possible. Frontline workers must be involved in selecting and evaluating safety devices. You are required to use appropriate engineering controls, work practices, and PPE anytime there is potential for exposure to blood or body fluids, etc.
- E. **Miscellaneous**
 1. The Exposure Control Plan is our written plan to eliminate or minimize exposures. The Exposure Control Plan and a copy of the Bloodborne Pathogen Standard is available to all students and associates.
 2. The biohazard sign or the color red are warnings of potential for exposure to bloodborne pathogens. Soiled linen and equipment should NEVER be placed in a red bag. Soiled linen should be placed in the regular linen hampers and is handled with Standard Precautions at the laundry. Contaminated equipment should be decontaminated as much as possible and placed in a clear bag with a biohazard label.
 3. Students and associates who have had an exposure to a patient's blood or body fluids should contact Infection Control immediately. If Infection Control is not available, obtain the Exposure Packet from Forms Fast where available and follow the policy. In facilities where Forms Fast is not available, obtain a hard copy of the Exposure Packet and follow the policy. You must contact Infection Control the next day Infection Control is available. The Infection Control Nurse will do the exposure evaluation and arrange follow-up testing, MD appointments, etc. An Infection Control Nurse is available at all times and can be reached by phone, pager, or email. After hours, weekends and holidays, contact the Bowling Green Medical Center switchboard. You will not know if you are infected at the time of the exposure. If you become infected, a blood test will normally be positive within 6 months.

- II. **TUBERCULOSIS** – is a tiny germ that can be spread through the air. One can get TB by sharing the air space with someone who has ACTIVE TB.

- A. **Active TB** – Individuals with active TB are sick from the TB germs. They have at least one symptom of the disease, such as chest pain, coughing, weight loss, loss of appetite, fever, and night sweats.
- B. **Latent TB** – Healthy persons exposed to TB usually do not get active TB. The body walls off the TB germs. The person has no symptoms of the illness. The germ cannot be spread to others. Persons with latent TB have a positive TB skin test.
- C. **TB (PPD) skin test** – is performed by injecting 0.1 ml. of PPD intradermally (just beneath the surface of the skin) on the forearm. A bleb must be raised when the test is given. If a bleb is not produced, the PPD should be repeated at that time at another site. PPD results should be read by a nurse or physician 48-72 hrs after injection. The induration (a firm area with edges felt) should be measured in millimeters. **REDNESS SHOULD NOT BE MEASURED.** The completed documentation form must be returned to Employee Health. Any student or associate with a skin test read as positive will need to see the Employee Health Nurse ASAP.
- D. **AFB smear and culture** – When the AFB smear is positive; a presumptive diagnosis of TB is generally made.
- E. **Risk Assessment** – Based on the risk assessment of our facilities, skin tests will be performed annually. We have had active cases of TB in our facilities and communities. Low risk facilities have fewer than 6 active TB patients per year. All of the CHC facilities are low risk based on the annual risk assessment. None of the TB cases in our facilities have been multi-drug resistant; all have been sensitive to the TB drugs.
- F. **PPE (personal protective equipment)** – The appropriate size and type respirator mask must be worn when caring for a patient with known or suspected TB. Employee Health manages the respiratory protection program.
- G. **Engineering Controls** – Airborne Precautions follow the CDC guidelines for isolation of known or suspected TB patients. Negative pressure rooms are required. Isolation should be discontinued only when the patient has 3 respiratory specimens that are AFB smear negative. If the patient has a bronchoscopy, a post-bronch sputum is required and must be AFB smear negative.
- H. **Exposures** – Infection Control will notify individuals who have been exposed to a patient with active TB. They will receive a TB skin test 8-10 weeks after the exposure for follow-up.

III. HAND HYGIENE refers to either antiseptic hand wash (using the antimicrobial soap provided) or antiseptic hand rub (using the alcohol product provided) – the foundation of infection control. Hand hygiene reduces the incidence of health-care associated infections. Hand hygiene should be performed before and after contact with the patient or their environment, after gloves are removed, before preparing and/or dispensing food, water or medicine, after contact with blood or body fluids, before eating and after using the bathroom. It is not acceptable to perform waterless cleaning in the following situations. Hands must be washed with soap and water (1) when visibly soiled or contaminated, (2) after using the bathroom, (3) before eating and (4) when caring for a patient with diarrhea caused by “clostridium difficile”. For proper hand washing (1) wet hands with warm water, (2) apply soap, (3) lather and rub with friction for at least 15 seconds, (4) rinse, (5) dry with a paper towel, and (6) turn off faucets using a paper towel. Appropriate procedure for using the waterless product is (1) apply at least a palm full and (2) rub vigorously, covering all parts of the hands until dry. Hands must always be completely dry before touching any object. Alcohol that is not completely dry may be ignited by static

electricity. Food Services employees and employees who provide direct patient care cannot wear artificial fingernails, acrylic overlays, nail tips, nail extenders, or chipped nail polish and natural tips are to be less than ¼ inch long.

- IV. HAZARDOUS WASTE** – must be separated from general trash at the point of waste generation and disposed of in a red bag. Any item contaminated with a significant amount of blood or other potentially infectious materials and ALL trash from isolation rooms should be placed in the appropriate hazardous waste receptacle. All sharps must be placed in sharps disposal containers including syringes with no needle attached. IV bags with patient identifying labels attached/readable must be discarded in hazardous waste. Respiratory tubing, diapers, gloves, etc. do not go into hazardous waste unless they are contaminated with a significant amount of blood. Employees should initiate cleanup for any blood spill. Environmental Services will clean any spill involving broken glass.
- V. TRANSMISSION BASED PRECAUTIONS** – are the current CDC guidelines for isolation. Some illnesses may require more than one type of precaution.
- A. **Contact** – Gloves should be worn when entering the room. Gowns should be worn when you anticipate that your clothing will have contact with the patient, environmental surfaces, or items in the patient’s room, or if the patient is incontinent, has diarrhea, or wound drainage not contained by a dressing. Items such as BP cuffs and stethoscopes should be left in the room until the patient is discharged and then cleaned and disinfected before use on another patient. A disposable thermometer should be provided. If any equipment must be shared, it should be cleaned and disinfected between patients. (Lice, Scabies, RSV, Chickenpox, Smallpox, SARS, Viral Hemorrhagic Fevers such as Ebola, Lasso, and Marburg, Avian flu, disseminated/widespread Shingles, Clostridium difficile, MRSA, VRE).
- B. **Droplet** – A visor mask should be worn to protect the eyes, nose and mouth. (Meningitis, Flu, Pertussis, Mumps, RSV, VRE). Transport patient with a mask on the patient.
- C. **Airborne** – Special negative pressure rooms are required. Respirator masks in the appropriate size and type are required. (TB, Measles, Chickenpox, SARS, Smallpox, Viral Hemorrhagic Fevers such as Ebola, Lasso, and Marburg, Avian Flu, disseminated/widespread Shingles). SARS and Avian Flu also require eyewear. Transport patient with a mask on the patient.
- VI. RESISTANT ORGANISMS** – Patients identified with a resistant organism (germs that are resistant to certain antibiotics) should be placed in a private room or in the same room as a patient with the same organism. Persons may be colonized (germ is present but not making the person sick) or infected. Colonized organisms can be spread from person to person and may cause infection in the receiving individual.
- A. **MRSA (Methicillin Resistant Staph Aureus)** – Patients are identified with the @ symbol following their name on the admission face sheet and lab and x-ray reports. Contact precautions signs will be placed on the door each time the patient is admitted since they tend to remain skin colonized. Gloves should be worn when entering the room. Items such as BP cuffs and stethoscopes should be left in the room until the patient is discharged and then cleaned and disinfected before use on another patient. A disposable thermometer should be provided. If any equipment must be shared, it should be cleaned and disinfected between patients.

- B. **VRE** (Vancomycin Resistant Enterococcus) – Patients are identified with @V following their name. Contact and Droplet precautions will be implemented. VRE can live on environmental surfaces up to one week.

2007 National Patient Safety Goals

Each year The Joint Commission's Board of Commissioners approves new National Patient Safety Goals (NPSGs). Listed below are the goals for 2007 that apply to CHC facilities. New goals are indicated in **bold** and program applicability is indicated in brackets. Only those goals that are applicable are included.

Goal #1 Improve the accuracy of patient/resident/client identification.

- Use at least two patient/resident/client identifiers when providing care, treatment, or services. [Critical Access Hospital, Home Care, Hospital, Lab, Long Term Care]
- The “*patient name and medical record number*” are the two patient identifiers to be used when doing the following:
 - Administering medications or blood products
 - Collecting blood samples and other specimens for clinical testing.
 - “Providing other treatments or procedures”
 - The patient’s/client’s/resident’s room number or physical location is not used as an identifier.
 - Containers used for blood and other specimens are labeled in the presence of the patient/client/resident.
 - Processes are established to maintain samples’ identity throughout the preanalytical, analytical and post-analytical processes. (Lab only)

Goal #2 Improve the effectiveness of communication among caregivers.

- For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order

or test result "read-back" the complete order or test result. [Critical Access Hospital, Home Care, Hospital, Lab, Long Term Care]

- The receiver of the information writes down the complete order, on the order sheet, or test result or enters it into a computer.
- The receiver of the information reads back the order or test result.
- The receiver of the information receives confirmation from the individual who gave the order or test result and documents that “read-back-verify” (R/V) has occurred.
- Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization. [Critical Access Hospital, Hospital, Home Care, Laboratory, Long Term Care]

- A standardized list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization has been developed.
- The list of abbreviations not to be used includes the following:

U,u	Q.D., QD, q.d., qd
IU	Q.O.D., QOD, q.o.d, qod
MS	Trailing zero (X.0 mg)
MS04	Lack of leading zero (.X mg)
MGSO4	

- The “do not use” list is applied to all orders and all medication-related documentation when handwritten or entered as free text into a computer.
- Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values. [Critical Access Hospital, Home Care, Hospital, Lab]
 - Critical tests and critical results/values, the length of time between ordering of critical test and reporting test results, the acceptable length of time between the availability of critical results/values and receipt by the responsible licensed caregiver are defined.
 - Data is collected on the timeliness of reporting critical test results/values and is assessed. The data determines whether there is a need for

improvement. Appropriate action is taken to improve and the effectiveness of those actions is measured.

- Critically abnormal results are communicated quickly to a responsible individual so that prompt action may be taken.
- When the responsible licensed caregiver is not available, a back-up reporting system can ensure the information is provided in a timely manner to another qualified responsible caregiver to prevent avoidable delays in treatment or response.
- Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions. [Critical Access, Home Care, Hospitals, Lab, Long Term Care]
 - The SBAR (Situation, Background, Assessment, and Recommendation) format for effective “hand off” communication is used. It includes interactive communication and allows for the opportunity for questioning between the giver and receiver of patient/client/resident information.
 - The SBAR process for effective “handoff” communication includes: Up-to-date information regarding the patient’s/client’s/resident’s care, treatment and services, condition and any recent or anticipated changes and a process for verification of the received information, including repeat-back or read-back, as appropriate.
 - Interruptions during hand offs are limited to minimize the possibility that information would fail to be conveyed or would be forgotten.

Goal #3 Improve the safety of using medications

- Standardize and limit the number of drug concentrations available in the organization. [Critical Access Hospital, Home Care, Hospitals, Long Term Care]
 - We have standardized and limited the number of drug concentrations available in the organization and when more than one concentration of a drug is necessary, the number of concentrations are limited to the minimum required to meet patient care needs.
- Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs. [Critical Access Hospital, Home Care, Hospital, Long Term Care]

- A list of look-alike/sound-alike drugs (LASA) used by the organization was identified and includes the 10 look-alike/sound-alike drug combinations selected from the tables of LASA drugs posted on The Joint Commission website. This list is reviewed annually and action is taken to prevent errors involving the interchange of these drugs.
- Label all medications, medication containers (e.g. syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings. [Critical Access Hospital, Hospital]
 - Medications and solutions both on and off the sterile field are labeled even if there is only one medication being used.
 - Labeling occurs when any medication or solution is transferred from the original packaging to another container.
 - Labels include the drug name, strength, amount (if not apparent from the container), expiration date when not used within 24 hours, and expiration time when expiration occurs in less than 24 hours.
 - All labels are verified both verbally and visually by two qualified individuals when the person preparing the medication is not the person administering the medication.
 - No more than one medication or solution is labeled at one time.
 - Any medications or solutions found unlabeled are immediately discarded.
 - All original containers from medications or solutions remain available for reference in the perioperative/procedural area until the conclusion of the procedure.
 - All labeled containers on the sterile field are discarded at the conclusion of the procedure.
 - At shift change or break relief, all medications and solutions both on and off the sterile field and their labels are reviewed by entering and exiting personnel.

Goal #7 Reduce the risk of health care-associated infections.

- Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines. [Critical Access Hospital, Home Care, Hospital, Lab, Long Term Care]
 - We comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines that spell out actions to take to stop the

spread of infection from one patient to another by hand contact. Good hand hygiene greatly reduces the chance of spreading pathogens from patient to patient as well as to the healthcare worker and their families. Health care related infections have been shown to be lower after the use of germicidal or antibacterial soap and water washing OR with the use of waterless alcohol products.

- Healthcare workers should always use antibacterial or germicidal soap and water for hand hygiene when:
 - Hands are visibly dirty
 - Hands have body fluid on them
 - Before eating
 - After using the restroom
 - When caring for a patient who have a diarrhea caused by a C. Difficile (*Clostridium difficile*). This type of bacteria is known as a spore forming bacteria. Neither germicidal, antibacterial soap or alcohol foam cleansers kill the spore forming bacteria. The rubbing and friction associated with soap and water cleansing and drying with paper towels does more to rid hands of these bacteria.

Proper handwashing consist of the following steps:

1. Wet hands with warm water
2. Use about 1 teaspoon of soap
3. Rub hands briskly for about 15 seconds (the time it takes to sing the alphabet twice!)
4. Be sure to rub all areas, including between the fingers and the backs of the hands
5. Rinse under warm running water
6. Dry completely
7. Use a paper towel to turn off the faucet

Proper use of alcohol foam consist of the following steps:

1. Squirt a palm full of foam into hands
2. Rub foam onto all of the areas of the hands, including between fingers and the backs of the hands until dry

Please remember to clean your hands before and after contact with a patient or their environment, after gloves are removed, before preparing and/or dispensing food, water, or medication, after contact with blood or body fluid, before you eat or after you use the restroom.

- Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection. [Critical Access Hospital, Home Care, Hospitals, Lab, Long Term Care,]
 - The organization manages all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection as sentinel events (that is, conducts a root cause analysis).
 - The root cause analysis addresses the management of the patient/client/resident before and after the identification of infection.

Goal #8 Accurately and completely reconcile medications across the continuum of care.

- There is a process for comparing the patient's/client's/resident's current medications with those ordered for the patient/client/resident while under the care of the organization.
 - With the patient's/client's/resident's involvement, a complete list of the patient's/client's/resident's current medications is created at admission/entry.
 - The medications ordered for or administered or dispensed to the patient/client/resident while under the care of the organization are compared to those on the list and any discrepancies (e.g., omissions, duplications, potential interactions) are resolved.
- A complete list of the patient's/resident's/client's medications is communicated to the next provider of service when they are referred or transferred to another setting, service, practitioner or level of care within or outside the organization. [Critical Access Hospital, Home Care, Hospital, Long Term Care,]
 - The patient's/client's/resident's accurate medication reconciliation list (complete with medications prescribed by the first provider of service) is communicated to the next provider of service, whether it be within or outside the organization.
 - The next provider of service checks the medication reconciliation list again to make sure it is accurate and in concert with any new medications to be ordered/prescribed.
 - The complete list of medications is also provided to the patient/client/resident on discharge from the facility.

Goal #9 Reduce the risk of patient/resident/client harm resulting from falls

- Implement a fall reduction program and evaluate the effectiveness of the program [Critical Access Hospital, Home Care, Hospital, Long Term Care,]

- There is a fall reduction program that includes an evaluation as appropriate to the patient/resident population, settings, and services provided, as well as interventions to reduce the patient's/resident's fall risk factors.
- Staff are trained for the fall reduction program and the patient/resident's and their family is educated on the fall reduction program and any individualized fall reduction strategies.
- The fall reduction program is evaluated to determine the effectiveness of the program. (Outcome indicators such as decreased number of falls and decreased number and severity of fall-related injuries could be used.)

Goal # 10 Reduce the risk of influenza and pneumococcal disease in older adults

- Develop and implement a protocol for administration and documentation of the flu vaccine [Long Term Care]
 - There is a process to determine whether or not to administer the flu or the pneumococcus vaccine to patients/residents.
- Develop and implement a protocol for administration and documentation of the pneumococcus vaccine. [Long Term Care]
 - Appropriate protocols have been developed to determine whether or not to administer the pneumococcus vaccine to a patient/resident identified as high risk.
- Develop and implement a protocol to identify new cases of influenza and to manage an outbreak. [Long Term Care]
 - Protocols are developed to identify cases of influenza and to manage an outbreak.
 - There is evidence the protocols were followed for residents displaying signs and symptoms of influenza.
 - There is evidence the outbreak was managed (or identified) and tracked.

Goal # 11 Reduce the risk of surgical fires.

- The staff are educated, including operating licensed independent practitioners and anesthesia providers, on how to control heat sources and manage fuels with enough time for patient preparation, and establish guidelines to minimize oxygen concentration under drapes. We have assessed the risk for surgical fires based on equipment and procedures used.
- Guidelines to minimize oxygen concentrations under drapes and to avoid the use of flammable solutions and materials have been established and the actions to

take in the event of a surgical fire. Staff have been educated on these guidelines and the risk involved.

Goal #13 Encourage the active involvement of patients and their families in the patient's own care as a patient safety strategy.

- Define and communicate the means for patients/clients/residents to report concerns about safety and encourage them to do so. [Critical Access Hospital, Home Care, Hospital, Lab, Long Term Care,]
- Through the use of the ASK campaign and posters, patients/clients/residents and families are educated on methods available to report concerns related to care, treatment, services and patient safety issues. The organization encourages patients/clients/residents and their families to report concerns about safety.

Goal #14 Prevent health care-associated pressure ulcers (decubitus ulcers).

- Assess and periodically reassess each patient's risk for developing a pressure ulcer (decubitus ulcer) and take action to address any identified risks. [Long Term Care]
- There is a plan for the prediction, prevention, and early treatment of pressure ulcers, which addresses:
 - Identifying individuals at risk and the specific factors placing them at risk.
 - Maintaining and improving tissue tolerance to pressure in order to prevent injury.
 - Protecting against the adverse effects of external mechanical forces.
 - Reducing the incidence of pressure ulcers through staff educational programs.
- Initial assessments are performed at admission.
- A systematic risk assessment is conducted using a validated risk assessment tool such as the Braden Scale or Norton Scale.
- Pressure ulcer risk is reassessed at periodic intervals.
- Action is taken to address any identified risks.

Goal #15 The organization identifies safety risks inherent in its client population.

- Patients at risk for suicide are identified. [Hospital]
 - The risk assessment includes identification of specific factors and features that may increase or decrease risk for suicide.
 - The patient's immediate safety needs and most appropriate setting for treatment are addressed.
 - The organization provides information such as a crisis hotline to individuals and their family members for crisis situations.
- The organization identifies risks associated with long-term oxygen therapy such as home fires. [Home Care]
 - The home safety risk assessment includes presence or absence and working order of smoke detectors, fire extinguishers and fire safety plans, and review of all medical equipment.
 - The organization provides education to the patient and family regarding causes of fire and fire prevention activities.
 - The organization assesses the patient's level of comprehension and compliance and reports any concerns to the patient's physician.
- Universal Protocol: The organization fulfills the expectations set forth in the Universal Protocol for Preventing Wrong site, Wrong procedure, Wrong person surgery and associated implementation guidelines. [Critical Access Hospital, Hospital]
 - We conduct a pre-operative verification process as described in the Universal Protocol.
 - Verification of the correct person, procedure, and site occurs during the following (as applicable):
 - At the time the surgery/procedure is scheduled.
 - At the time of admission or entry into the facility.
 - Anytime the responsibility for care of the patient is transferred to another caregiver.
 - With the patient involved, awake and aware, if possible.
 - Before the patient leaves the preoperative area or enters the procedure/surgical room.
 - The following is reviewed prior to the start of the procedure:

- Relevant documentation (e.g. H&P, consent).
 - Relevant images properly labeled and displayed.
 - Any required implants and special equipment.
- Mark the operative site as described in the Universal Protocol for eliminating wrong site, wrong procedure, wrong person surgery. [Critical Access Hospital, Hospitals Accreditation,]
 - Make the mark at or near the incision site; do not mark any non-operative site(s) unless necessary for some other aspect of care.
 - The mark must be unambiguous. (Note: for example, use initials or “YES” or a line representing the proposed incision; consider that “X” may be ambiguous.)
 - The mark must be positioned to be visible after the patient is prepped and draped.
 - The method of marking and type of mark should be consistent throughout the organization.
 - At a minimum, mark all cases involving laterality, multiple structures (fingers, toes, lesions), or multiple levels (spine). (Note: In addition to pre-operative skin marking of the general spinal region, special intraoperative radiographic techniques are used for marking the exact vertebral level).
 - The person performing the procedure should do the site marking.
 - Marking must take place with the patient involved, awake and aware, if possible.
 - Conduct a “time out” immediately before starting the procedure as described in the Universal Protocol for eliminating wrong site, wrong procedure, wrong person surgery. [Critical Access Hospital, Hospitals Accreditation,]
 - The final verification process must be conducted in the location where the procedure will be done, just before starting the procedure.
 - The process must involve the entire operative team, use active communication, and must, at least, include:
 - Correct patient identity.
 - Correct side and site
 - Agreement on the procedure to be done.

- Correct patient position.
- Availability of correct implants and any special equipment or special requirements.
- The process is briefly documented, such as in a checklist (Note: the organization should determine the type and amount of documentation.)
- The organization should have processes and systems in place for reconciling differences in staff responses during the final verification process.

Print, complete, and return the following post-test to:

**Trish Tison, Human Resources Educator
CHC Human Resources Department
604 Fairview Court
Bowling Green, KY 42103
Phone 1-(270)-745-1585**

Print, complete, and return the following post-test to:

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CHC Human Resources Department
604 Fairview Court
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**Student / Associate
Self-instructional Packet
POST-TEST**

1. Which of the following Codes would be activated if there were an internal disaster?
 - a. Code XT
 - b. Code Evacuation
 - c. Code Orange
 - d. Code Zero

2. How often are fire drills performed?
 - a. Monthly on each shift
 - b. Weekly on each shift
 - c. Quarterly on each shift
 - d. Annually on each shift

3. What does MSDS stand for?
 - a. Maternal Stress Disorder Syndrome
 - b. Material Safety Data Sheet
 - c. Management Survey Department Sheet
 - d. Master Strategy Deployment Source

4. What is RACE ?
 - a. Fire safety plan
 - b. How employees exit the building at the end of their shift.
 - c. Employee health promotion activity

- d. Work time study evaluation
5. What does RACE stand for?
- a. Ready, Access, Comply, Explain
 - b. Resist, Accidents, Common, Environment
 - c. Reward, Applause, Community, Excellence
 - d. Remove, Alarm, Contain, Extinguish
6. Which fire extinguisher contains water?
- a. Blue
 - b. Red
 - c. Silver
 - d. Green
7. Who would you notify first to report a safety risk?
- a. Compliance Officer
 - b. Safety Officer
 - c. Your Supervisor
 - d. Customer Service director
8. What is the proper order to correctly use a fire extinguisher?
- a. Aim, Squeeze, Sweep, Pull
 - b. Sweep, Squeeze, Pull, Aim
 - c. Squeeze, Pull, Sweep, Aim
 - d. Pull, Aim, Squeeze, Sweep
9. Who is the Corporate Safety Officer?
- a. Gary Sullivan
 - b. Lynn Williams
 - c. Dennis Strom
 - d. John Wayne

10. Which code will be activated when the hospital receives more patients in the Emergency Room than the on duty staff can handle?

- a. Code Pink
- b. Code Orange
- c. Code XT
- d. None of the above

11. It is okay to pull equipment over electrical cords as long as you go slowly.

True False

12. Unplug equipment by pulling on the power cord.

True False

13. When transferring a patient from the bed to a wheelchair, lock the wheelchair and adjust bed height.

True False

14. Proper lifting techniques should include which of the following?

- a. Maintain a wide, balanced base of support.
- b. Bend at the knees and hips, not at the waist.
- c. Maintain low back curve, stick the rear out and keep the head and shoulders up.
Keep the weight as close as possible
- d. All of the above.

15. Ergonomics is making the work task, the workstation and the work environment fit the individual worker.

True False

16. An incident report should be completed for any unusual or dangerous occurrence involving a patient and/or visitor and should be completed by the employee who observed or who was made aware of the incident.

True False

17. Symptoms of latex sensitivity range from mild to life threatening and include:

- a. Rash
- b. Wheezing
- c. a, b, and d
- d. Swelling of the throat

18. Patients who are noted to be latex sensitive/allergic will have which symbol by their name?

- a. A question mark (?)
- b. An exclamation mark (!)
- c. An asterisk (*)
- d. A number sign (#)

19. Which of the following is **NOT** a blood borne pathogen?

- a. Hepatitis B
- b. TB
- c. HIV
- d. Hepatitis C

20. Standard precautions are used to prevent contact with the blood or body fluids of ALL persons.

True False

21. You are REQUIRED to use appropriate engineering controls, work practices,

and personal protective equipment (PPE) anytime there is potential for exposure to blood or body fluids.

True False

22. All employee exposures must have follow-up with Infection Control.

True False

23. Safety devices must be used whenever possible.

True False

24. Individuals with _____ TB are sick from the TB germs and can spread the disease to others.

- a. Active
- b. Passive

25. _____ precautions follow the CDC guidelines for isolation of known or suspected TB patients.

- a. Droplet
- b. Airborne
- c. Contact
- d. Reverse

26. _____ is frequently called the single most important measure to reduce the risks of transmitting microorganisms from one person to another.

- a. Universal precautions
- b. Hand Hygiene
- c. Wearing gloves
- d. Using personal protective equipment (PPE)

concerned staff committed to pain prevention, health professionals who respond quickly to reports of pain, and expect that reports of pain will be believed.

True False

34. One of the new National Patient Safety Goals is to reduce the risk of patient harm resulting from falls.

True False

35. The acronym of HIPAA stands for which of the following?

- a. Health Insurance Profitability and Accountability Act.
- b. Healthy Individual's Personality and Attitude Act.
- c. Health Insurance Portability and Accountability Act.

36. It is proper procedure to log off your computer or terminal prior to leaving it unattended.

True False

37. It is okay to discuss confidential information with others, including friends or family.

True False

38. Who is the HIPAA Compliance Coordinator?

- a. Chris Desmarais
- b. Neil Shields
- c. Lisa Lopez
- d. Lynn Williams

39. Signs of sexual abuse includes the following:

- a. a noticeable need to belong.
- b. a sudden change in behavior.
- c. a knowledge of sex beyond the child's age.
- d. all of the above.

40. Active or intentional neglect of a caregiver is the deliberate withholding of services, materials or intangibles, and is intended to cause pain and suffering or to inflict punishment.

True False

41. An abusive or high-risk caregiver may exhibit the following toward the victim.

- a. A lack of involvement in the victim's care when hospitalized.
- b. Extreme control and restrictions.
- c. Social Isolation.
- d. All of the above.

Employee/Student Signature

Instructor Signature (if applicable)

Date: _____