

HOUSTON HEALTHCARE

**Faculty & Student
Orientation Manual**

**General
and
Infection Control**

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Welcome to Houston Healthcare

We are delighted to have you as a part of the healthcare team at Houston Healthcare. It is our heartfelt desire to provide you with a meaningful and enjoyable clinical rotation. This manual has been developed to help facilitate your experiences here at Houston Healthcare in conjunction with your on-site orientation as you start your rotation. If there is anything we can do to help make your experience at Houston Healthcare better, please let us know.

Organizational Development Department

Instructions

Review the HHC General and Infection Control Orientation and complete the test on Page 36. When completed, turn in the test to your instructor. Please read and sign the Confidentiality Agreement on Page 40 and the Educational Training Program Agreement on Page 41.

Prior to your clinicals at Houston Healthcare, please make sure that you have completed a criminal background check through Pre-Check and a 10-panel drug screen. Results must be submitted directly from the provider to the Organizational Development Department:

Houston Medical Center
Attn: Organizational Development Department
1601 Watson Blvd.
Warner Robins, GA 31093

Phone: 478-322-4801

Fax: 478-322-5130

In addition, we need a copy of your clinical schedule, current CPR card, malpractice insurance and PPD results or chest x-ray results.

The Faculty Orientation Checklist will be completed by your instructor and submitted to the Organizational Development Department along with all the required documents.

If you should have any questions, please do not hesitate to contact our office.

Mission, Vision, Values

Mission

To improve the healthcare of the communities we serve by providing patient-focused, high quality and cost-effective services while promoting health and wellness.

Vision

“A caring health system dedicated to excellence – today and tomorrow.”

Values

Respect — entails a high regard for worth of each person. It gives everyone a voice and promotes teamwork.

Integrity — promotes honesty and straightforwardness in dealing with each other in attempting to make our system work to its full potential.

Service Innovation — encourages creativity in seeking continuous quality improvements and in meeting customer requirements.

Excellence — fosters constant, continuous striving for quality service in duty and work done for others.

Patient Rights and Responsibilities

A hospital serves many purposes. Hospitals work to improve people's health; treat people with injury or disease; educate doctors, health professionals, patients and community members; and improve understanding of health and disease.

We consider you a partner in your hospital care. When you are well informed, participate in treatment decisions, and communicate openly with your doctor and other health professionals, you help make our care as effective as possible. This hospital encourages respect for the personal preferences and values of each individual.

While you are a patient in the hospital, your rights include the following:

- ◆ You have the right to be notified of your rights in advance of furnishing or discontinuing care. You shall be accorded impartial access to treatment and accommodations regardless of race, creed, sex, age, national origin or sources of payment for care.
- ◆ You have the right to considerate and respectful care.
- ◆ You have the right to have the person of your choice and your family physician notified of your admission to the hospital.
- ◆ You have the right to be well informed about your illness, possible treatments, and likely outcome and to discuss this information with your doctor.
- ◆ You have the right to know the names and roles of people treating you.
- ◆ You have the right to safe, considerate, respectful care at all times and under all circumstances with recognition of your personal dignity. You also have the right to be free from all forms of abuse and harassment.
- ◆ You have the right to make decisions about the plan of care and to consent to or refuse a treatment, as permitted by law, throughout your hospital stay. If you refuse a recommended treatment, you will receive other needed and available care.
- ◆ You have the right to receive information about pain and pain relief measures, a concerned staff committed to pain prevention, and health professionals who respond quickly to reports of pain and "state-of-the-art" pain management.
- ◆ You have the right to have an advance directive, such as a living will or health care proxy. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself. If you have a written advance directive, you should provide a copy to the hospital, your family, and your doctor.
- ◆ You have the right to privacy. The hospital, your doctor, and others caring for you will protect your privacy as much as possible.
- ◆ You have the right to expect that treatment records are confidential unless you have given permission to release information or reporting is required or permitted by law. When the hospital releases records to others, such as insurers, it emphasizes that the records are confidential.
- ◆ You have the right to review your medical records and to have the information explained, except when restricted by law.
- ◆ You have the right to expect that the hospital will give you necessary health services to the best of its ability. Treatment, referral, or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits, and alternatives.
- ◆ You will not be transferred until the other institution agrees to accept you.
- ◆ You have the right to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the hospital otherwise provides.
- ◆ You have the right to be told of realistic care alternatives when hospital care is no longer appropriate.
- ◆ You have the right to know about hospital rules that affect you and your treatment and about charges and payment methods including your eligibility for reimbursement by any third party payer.
- ◆ You have the right to know about hospital resources, such as patient representatives, grievance procedures or ethics committees, that can help you resolve problems and questions about your hospital stay and care.
- ◆ You have the right to the freedom from restraints used in the provision of medical and surgical care unless clinically necessary.
- ◆ You have the right to freedom from seclusion and restraints used in behavioral management unless clinically necessary.

While you are a patient in the hospital, your responsibilities include the following:

- ◆ You are responsible for providing information about your health, including past illnesses, hospital stays, use of medicine including those used for pain relief.
- ◆ You are responsible for asking questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment, you are responsible for telling your doctor.
- ◆ You will be expected to discuss pain relief options with your health professionals and how to measure your pain. You will be expected to ask for pain relief when pain first begins and to report whether your pain has been relieved.
- ◆ You and your visitors are responsible for being considerate of the needs of other patients, staff and the hospital.
- ◆ You are responsible for providing information for insurance and for working with the hospital to arrange payment when needed.
- ◆ You are responsible for recognizing the effect of lifestyle on your personal health. Your health depends not on just your hospital care, but, in the long term, on the decisions you make in your daily life.

Cultural Diversity

What is Culture?

That component of our lives including: *physical attributes, diet, world-view, language, philosophy or religion.*

The melting pot of America works both *for* and *against* acculturation. As new immigrants bump elbows with the “American Way”, they find themselves challenged to ‘fit in’. However, they could also band together with folks from their homelands and maintain the customs and life-style they used to have. These subcultures that maintain cultural differences challenge healthcare providers.

Normal vs. bizarre = ethnocentrism

When we view ourselves as the correct culture or the ‘right’ way of seeing the world and see others’ behaviors or beliefs as weird or bizarre, we prejudice our ability to give appropriate care to our patients of other cultures. This can result in:

- Misdiagnoses
- Failure to treat appropriately
- Infringement of parental rights

Cultural Competency = knowledge and understanding of cultural practices in the geographical area.

Major areas include:

**Language, Family roles, Health Behaviors,
Nutrition, Childbearing, Death, Spirituality.**

Understanding these areas of a person’s lifestyle can enable us to be better caregivers and improve the wellness of those who come to us for healing. There is a competency manual in every department that will assist you with the characteristics of various cultures. These would include dietary preferences, pain management, family support, gender roles, spiritual beliefs that will impact treatment, communication styles and many other pieces of information pertinent to a particular culture. As we strive to provide Excellent Customer Service and abide by the standards of our regulatory agencies, we must also be sensitive to the needs and preferences of our patients and find the common ground. We need to be educated and our patients need us to educate them in this cooperative effort.

The culture of Middle Georgia

In the U.S., most immigration came from Europe until the mid-20th century. Because of global conflict and falling economies, Asian, Latin American and Caribbean immigrants are now the norm. Warner Robins has been known for some time as the International City. This is because of the base and the multicultural families of the military. As immigrants come to Houston County, they are finding small cultural communities in which they are absorbed. These communities help to keep the native culture alive. Thus, you will find people who speak Vietnamese, Korean, Philippine, Spanish, French and other languages. was 3%. However, the demographics have changed significantly to a larger, permanent Hispanic population. No longer are these people here as migrant workers. They have become a part of our permanent population. This is one of the reasons that the hospital is offering Spanish classes. The schools are offering special classes for ESL students who are overwhelmingly Spanish-speaking. This group of Central American immigrants wants to assimilate, yet maintain valuable parts of their own culture.

In the wider Middle Georgia area, we have a combination of metropolitan, rural, white and black cultures as well as a wide range of religious beliefs that impact care. One of these is the Mennonite farming community southwest of Warner Robins. While they seldom seek professional medical help, when they do, their healthcare practices need to be known and respected.

Tips for Cross-Cultural Caregiver/ Recipient Relationship

1. Don't practice the "Golden Rule" unless you are sure of the cultural demands of your patient or family.
2. Begin by being more formal with those who were born of other cultures. First name usage is characteristic only of the United States. Wait until the patient indicates something different.
3. Don't be 'put off' if the individual fails to look you in the eye or ask questions about the treatment. Eye contact means different things in different cultures and asking questions would make you 'lose face'.
4. Don't make assumptions regarding the patient's concepts about the ways to maintain health.
5. Adopt a line of questioning that will allow the patient to tell you central beliefs about health, illness, and prevention.
6. Allow the individual to be open and honest by your acceptance of his beliefs.
7. Do not discount the effect of the supernatural on the individual's health and well-being. Acceptance of an evil spell often means the patient will do nothing to cooperate with recovery or follow treatment plan.
8. Be indirect when questioning beliefs in the supernatural or nontraditional methods of healing. "Help me to understand what you believe about..."
9. Try to determine the involvement of family or extended in treatment. Often times the patient defers to them in other cultures.
10. Be very restrained in relating bad news or explaining details. This curiosity is an American trait. Placing trust in the hands of the caregiver is common in other cultures. Watch for signs you have given as much information the patient wants or can handle.
11. When possible, include in your treatment plan the elements of the patient's folk medicine and beliefs that are not specifically contraindicated. This will help develop trust and ensure the treatment plan is followed.

Key Words...

...a way to provide a unified, consistent voice for our culture.

When our employees really listen to our patients and families, they know what those patients and families want to hear! Our staff has come together to discuss the most universal 'key words' that need to be used by everyone.

Since we are on a journey to provide excellent service delivery, it is important that we convey this to our customer by asking, "Is there anything else I can do for you?" By asking this question, we are letting our customer know that our job is in alignment with our mission, vision and values. And, of course, the words are accompanied by our body language: tone of voice, gestures, eye contact.

Use of scripts or 'key words at key times' lets the patient know that we understand and are responsive to their needs. Using a script will assure that a message is given the same way by everyone every time. It makes the patient more comfortable rather than confused. It also guarantees that the caregiver will be giving a certain level of care.

Consistent messaging

- ◆ improves the employee service delivery
- ◆ stabilizes the environment of care
- ◆ standardizes the expectations

The use of key words is developed with a specific goal in mind. For example, if the nurse says, "Is there anything I can do for you before I leave? I have the time." She will likely cut down on the call lights from her patients during the shift, allowing her to be more productive.

Use of key words at critical times will also ensure a positive impression on the customer. At each juncture of their service, the customer has a 'moment of truth' where they form an opinion of us and our culture and our very reputation! Using key words will assure delivery of positive messages improving customer satisfaction.

Ethics Committee

Functions of the Ethics Committee

The Ethics Committee for Houston Healthcare - *Houston Medical Center and Perry Hospital* offers confidential consultations to patients and their families on matters which may involve ethical concerns such as end of life care, consent for medical interventions when the patient is unable to participate in the discussion, or decisions to discontinue treatment. The Committee does not make decisions for you, but rather assists you in evaluating individual circumstances and alternative choices.

The role of the Committee is to advise and help clarify medical situations with uncertainty or conflict, societal values, and moral or legal issues.

The Committee is a group of clinical and nonclinical personnel to include nursing staff, medical staff, patient relations representative, social workers, management staff, hospital chaplain and lay members who meet on a regular basis.

Any patient, family member or caregiver may request a consultation with the Ethics Committee by asking a hospital nurse, physician, chaplain or social worker or by calling the Patient Relations Representative:

Houston Medical Center: 478-542-7841
Perry Hospital: 478-988-1626

This service is available to our patients and families at no charge.

Training of Forensic Staff

What is Forensic Staff?

Forensic Staff is the title we use for Law Enforcement Officials. Law Enforcement Officials sometimes bring prisoners to the hospital for care and treatment.

Responsibilities of Forensic Staff:

Houston Healthcare staff assigned to register, admit, assess and reassess patients in legal custody will be responsible for providing the Information for Law Enforcement Officials brochure to the appropriate official accompanying the detainee.

Provision of the brochure may be documented in the medical record in the appropriate format for the department.

All Houston Healthcare staff are responsible for having knowledge and understanding of the contents of this brochure, and should be available to assist the officer with any questions they may have. (The brochure is on page 10 & 11 of this manual)

Actions to take when treating patients in legal custody:

- ◆ Notify security of the detainee's presence in the facility during the registration/ admission process.
- ◆ Assess legal restraints for impediment of circulation and/or injury as often as medically necessary, but at least two times per shift.
- ◆ Document all assessments, interventions, and evaluations in the medical record.
- ◆ Assign a private room, if possible. Detainees are not allowed outside the room except for necessary procedures/treatments.
- ◆ Discharge instructions will be provided to the detainee and accompanying official responsible for custody of the detainee.

- 10. FOLLOW these steps in the event of FIRE:
 - R—Rescue/Remove patient
 - A—Alarm—Pull fire alarm
 - C—Confine—Close doors
 - E—Evacuate—As instructed

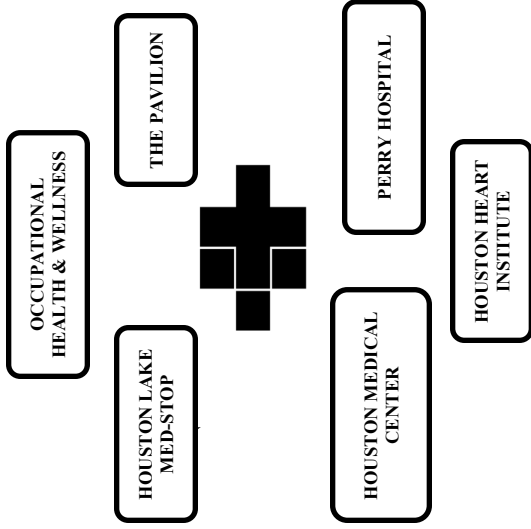
Know the nearest EXIT and

RESTRAINTS & SECLUSION

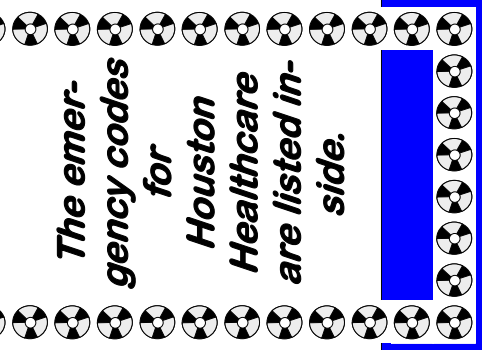


- ⇒ You will put on and manage **LEGAL** restraints such as handcuffs, leg irons, etc.
- ⇒ You will remove **LEGAL** restraints when the healthcare worker thinks it is medically necessary such as during cardiac arrest, etc.
- ⇒ The healthcare worker will put on and manage **MEDICAL** restraints according to Houston Healthcare’s policy and procedure.
- ⇒ You are required to remain with the patient in your custody at all times, whether in **RESTRAINTS** or **SECLUSION**.
- ⇒ You are immediately required to report to the healthcare worker any signs of patient choking, difficulty breathing, skin color change, etc.

Please be familiar with the Emergency Codes that apply to all Houston Healthcare Facilities.



A facility representative will assist as-you

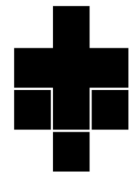


The emergency codes for Houston Healthcare are listed inside.

Information for Law Enforcement Officials

The following information is necessary for you to know how to ensure a patients' safety and care when you bring a patient to our facility. Please read this information carefully. A staff member will be available upon request to clarify any information or questions you may have.

Thank you for assisting us in helping to maintain a safe and healthy environment for our patients!



HOUSTON HEALTHCARE
Houston Medical Center • Perry Hospital • Houston Heart Institute

PERRY HOSPITAL

HOUSTON MEDICAL CENTER

1120 Morningside Drive

1601 Watson Boulevard

HUMAN RESOURCES

"A caring health system dedicated to excellence - today and tomorrow."

Officer Responsibilities

1. Remain with the detainee/inmate at all times. You are responsible for the safety and security of the person in your custody.
2. Wear **LAW ENFORCEMENT ID BADGES** in full view so they can be easily recognized by staff and visitors.
3. Know the name of the **PHYSICIAN** responsible for the person in your custody (detainee) and the **PHONE NUMBER** of the detainee's location within the hospital.
4. Show that you can operate the nurse call system and/or **CONTACT STAFF** by phone.
5. **REPORT** immediately to the nurse: patient distress such as pain, difficulty breathing, change in level of consciousness, etc.; dangers in the environment; safety risks to the patient. If the patient falls, do not move him/her until the nurse approves.
6. Inform the staff immediately of any **SECURITY RISKS** involving the patient such as suicide, violent behavior to others, and/or escape. Pursuit and/or apprehension of the patient will be your responsibility.
7. **DO NOT** have any contact with the detainee/inmate's blood and/or body fluids (urine, vomit, stools etc.) **PLEASE ASK IF UNSURE!** Follow staff recommendations for using personal protective equipment such as gloves, gowns, and/or masks.
8. **DO NOT** try to help in the medical care or treatment of the patient.
9. **ENFORCE** patient's rights and confidentiality as outlined by the facility.



Patient Safety is #1

EMERGENCY CODES

for HOUSTON MEDICAL CENTER (HMC) - PERRY HOSPITAL (PH) - THE PAVILION OCCUPATIONAL HEALTH and WELLNESS/HOUSTON LAKE MED STOP

Remain with patient at all times:

CODE BLUE—Patient in cardiac/pulmonary arrest at location paged. **If this involves the patient in custody, and Legal Restraints are in place, REMOVE restraints immediately.** The metal restraint may cause burns or harm in the resuscitative efforts.

CODE BLUE PALS—Pediatric patient has suffered a cardiac or respiratory arrest.

CODE GREY—Situations requiring a quick response by hospital security personnel for situations such as combative patients, etc.

CODE PINK – Infant/child abduction—all exits blocked, no one leaves facility.

CODE RED—Fire at location paged—**FOLLOW RACE** as outlined in responsibility #10.

CODE ORANGE—**HAZARDOUS MATERIALS**—The release or spill or any hazardous materials (nuclear included) in the hospital environment.

PLAN 1—Bomb threat received, plan to evacuate the building. **NOTE: Do not key/operate/ transmit, from any radio transmitter during Plan 1.** This may cause detonation of bomb device.

PLAN 2—Tornado is imminent—take shelter, move away from windows, move to the hallway.

CODE TRIAGE STANDBY—**DISASTER PLAN ACTIVATION FOR ADMINISTRATIVE PERSONNEL ONLY**—Used when there is knowledge of an emergency or unusual event that may impact the hospital and requires analysis of the situation. Use of this code will result in the Executive Management Staff activating the Command Post to determine if implementation of Code Triage is warranted.

CODE TRIAGE—**DISASTER PLAN ACTIVATION**—Utilized to activate the hospital's disaster plan. It will apply to an internal or external emergency, including a partial or full hospital evacuation.

TO REPORT AN EMERGENCY AT PH
DIAL 800
AND ANNOUNCE YOUR EMERGENCY
AS LISTED ABOVE or NOTIFY AN
AVAILABLE STAFF MEMBER

TO REPORT AN EMERGENCY AT HMC
DIAL 2000
AND INFORM THE OPERATOR OF YOUR
EMERGENCY AND LOCATION

Houston Medical Center 478-922-4281
Perry Hospital 478-988-3600

Houston Medical Center 478-922-4281
Perry Hospital 478-988-3600

Confidentiality/ HIPAA Privacy and Information Security

Houston Healthcare is committed to protecting the privacy of all patients and protecting the confidentiality of patient protected health information and other confidential business information. “Confidential Information” includes business strategies; patient information; personnel information; peer review records; financial data; pricing and cost data; clinical information; medical records; supplier and subcontractor information; strategic and business plans; computer programs; market research; market plans; documents and other information kept as part of normal business operations. A confidentiality statement will be signed which outlines your responsibility to appropriately access confidential information.

HIPAA Privacy and Information Security

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule was effective April 14, 2003 to protect individually identified health information whether the information is held or transmitted on paper, electronically, or orally. The Privacy Rule calls this information protected health information (PHI). Examples of protected health information (PHI) identifiers include: name, social security number, birth date, address, medical record number, account number, health plan identification number, email address, and photographic images. The HIPAA Security Rule was effective April 20, 2005 and applies to information created, received, maintained, or transmitted electronically.

Patients have rights under HIPAA such as: right to inspect and receive a copy of their protected health information; request an amendments to their medical record when information is inaccurate; an accounting of disclosures, request a restriction of the use and disclosure of PHI, request a confidential communication, and receive a copy of the Notice of Privacy Practices. The Notice of Privacy Practices explain how we may use and disclose the patient’s protected health information and the patient’s rights regarding the use and disclosure of medical information. The HIPAA Privacy Standards require that each patient receive a copy of the Notice of Privacy Practices. The Notice of Privacy Practices are located in patient registration areas, in the Patient Information Guide, and on Houston Healthcare’s website www.hhc.org, patient information, privacy practices.

Maintaining good practices to protect confidential information will ensure compliance with the HIPAA Privacy and Security Rule standards.

Good Privacy and Information Security Practices

- Use fax cover sheets when faxing information internally and externally
- Shred information that contains protected health information
- Be respectful when discussing confidential information (Do not discuss in front of other individuals who should not know the information)
- Never leave information unattended in a public area
- Do not utilize personal email or text messaging to send any information containing protected health information
- Do not discuss confidential information in personal email or websites (My Space, Facebook, etc.)
- Never leave a message (voicemail or with another person) containing the individual’s protected health information. —You can leave a message for the individual to return your call without leaving specific patient information.
- Access only the information needed to do your job
- Never use personal cameras or cell phones to take a picture of a patient.
- Only share information with others (includes other employees) who have a right to know information.

Reporting Privacy or Information Security Concerns

Questions, concerns, or reporting issues of non-compliance with privacy or information security standards can be referred to the following:

- Corporate Compliance & Privacy Officer 478-322-5156
- Chief Information Officer (Information Security Officer) 478-542-7710

Safety

Safe work practices include good body mechanics, electrical safety, fall prevention, needle and sharp protection, reporting hazards, injury reporting, maintaining safe work conditions, education and training, etc.

Material Safety Data Information/ Hazardous Materials

DEFINITION

It is important to know what a product is made of and if there are any risks involved in using it.

Material Safety Data Sheets are produced by the manufacturer to provide the following information to the users of their product.

MSDS INFORMATION

- ◆ Name of the Product
- ◆ Ingredients (Scientific name) and percent representation in the product.
- ◆ Handling and storage
- ◆ Identification of product risks (Carcinogenic, vapor risk, flammable) Precautions to be taken by users
- ◆ Treatment for accidental exposure to the product

MSDS Information is now available on the Hospital's intranet. This allows for quicker access to MSDS information. To obtain MSDS information, follow these steps:

1. Open the computer "Internet Explorer" icon.
2. This should take you to the Houston Healthcare intranet homepage.
3. Scroll down to the "Reference Materials" tab at the lower left side of the page. Double click on this tab.
4. You will be taken directly to MSDS Source. Follow the directions on the MSDS Source web site.

POINTS TO REMEMBER:

- ◆ Use appropriate Personal Protective Equipment (PPE) whenever working with any hazardous material (chemical, biological, or physical).
- ◆ Red **Biohazard** boxes are available for the disposal of bio-hazardous wastes such as wound dressings that have blood or other body fluids on them.
- ◆ Avoid contamination by soiled objects. Wash hands immediately after handling anything known or suspected of being contaminated. Be familiar with "Standard Precautions". **(See infection control section.)**

Emergency Management Plan

Bioterrorism:

Bioterrorism is the use of biological agents to harm civilian populations. If a bioterrorism event is suspected, local emergency response systems should be activated.

Notification should immediately include infection control and risk management personnel, the healthcare facility administration, and prompt communication with local and state health departments, FBI field office, local police, CDC and medical emergency services.

Disaster:

A disaster is an unexpected occurrence that necessitates the need to provide medical services that exceed our normal capacity.

The disaster may be internal (fire, flood, explosion, etc.) or external (adverse weather, auto or airplane crash, etc.)

The Disaster Preparedness Plan provides the framework for Houston Healthcare to interface with the county-wide disaster plan.

Code Triage Standby

Hospital administrator is in the process of gathering information to make a decision to call a Code Triage based on the development of a disaster.

Code Triage

A disaster has occurred which necessitates the need to provide medical services that exceed our normal capacity. Code Triage involves all hospital personnel.

Emergency Management Plan

PLAN 1 - Bomb Threat

It is the design of this plan to provide basic systems of operations when it is determined there is a bomb threat. If the bomb detonates and there are injuries, please refer to the facility Disaster Preparedness Plan. If Evacuation is required, refer to facility Evacuation Plan.

- ◆ Telephone switchboard operator or person receiving threat: Write down the EXACT information stated by the person making the bomb threat. NOTE THE EXACT TIME the call is received. This is most important, since some type of watch or clock, which restricts the “bomber” to a 12-hour period, or less activates most bombs. Note the EXACT time the call ends.
- ◆ If the caller specifies a time, ask him to repeat the exact time. Note whether caller uses the 24-hour time system
- ◆ Ask questions that would be helpful in locating the bomb or that would be helpful in case it is a hoax. (If at **Perry Hospital** uses a *Bomb Threat Card* with questions to ask)
- ◆ Inform caller that building has patients and personnel, and a bomb could result in death or injury to innocent persons.
- ◆ Note background noises, such as motors running, music, or other sounds, which may give a clue as to where the call is being made from.
- ◆ As soon as caller hangs up, report the above to the Administrator or Administrator on call. (Remember call 2000 at HMC for emergencies.)

Plan 2 - Tornado Warning

The term Plan 2 shall be when a tornado has been sighted and is in close proximity of the facility. The plan will include preparation for the tornado and care of the injured following the facility Disaster Preparedness Plan.

When directed by the Administrator, the switchboard operator will pass the word,

"ATTENTION ALL PERSONNEL; PLAN TWO IS NOW IN EFFECT."

If deemed necessary, transfer all those patients whose condition permits to the corridor.

- ◆ Remove all articles from window sills.
- ◆ Close all drapes and blinds over windows.
- ◆ Close doors to patient rooms.

For patients who cannot be transferred to the corridor, move patients' beds as near to the inner wall as possible. Always leave someone in attendance with the patient.

Security

Department Description:

Security is a contracted service:

Securitas Security Services.

Captain Don Smith is the site supervisor

Reports to Director of Engineering.

Unarmed Service

Guards do not carry weapons.

Officers have no arrest authority.

Basic mandate is to detect, deter, and report conditions that place hospital staff, patients, and visitors at risk or threaten property.

Contacting Security:

Emergency:

At HMC: Dial 2000 on any hospital phone. Identify your unit/location, and request security assistance STAT.

State the nature of your emergency.

AT Perry: Dial 800 to activate the paging system

If you have a situation where one person is threatening or assaulting another, contact security thru switchboard. Security will contact the local police department thru 911 if necessary.

Code Gray

Combative person or any other critical situation requiring security

Non-Emergency:

Extension - 2497 on any hospital phone.

This line does have voice-mail that is checked throughout the day. If your need is not time sensitive leave a message.

If your need is urgent, dial "O" for the switchboard and ask the operator to page security to your location/number. The operator will page overhead or call on the radio.

Do not dial "O" if you have a true emergency – or even think you have one. Dial 2000 instead.

Personal Safety:

Escort Services:

Available 24 hours a day, but mainly intended to provide for staff safety to and from the parking lots during the hours of darkness.

Call security; advise what exit you will be using; wait **INSIDE** until guard makes contact. You will be escorted to your vehicle; the guard will remain in the immediate area until you start your car and are on the way.

Access after hours:

All non-essential access points are closed at 2100 hours, when visiting hours are over.

The ER entrance is the only access point opened and monitored throughout the night.

The main entrance is opened again at 0515 for shift change, and the start of the business day, all other entryways are opened by 0600. A guard patrols the front parking lot on foot and the roving guard covers all other parking areas.

Parking Areas

Houston Healthcare has designated parking for students. Due to all of the construction in progress, we ask that the students park in the back parking lot behind the Emergency Room.

Emergency Codes

Houston Healthcare Complex has several codes that are used as overhead pages to advise employees that some extraordinary event is occurring. Always follow department and facility specific policies.

Houston Medical Center – dial extension 2000 for emergencies, provide operator appropriate Code information, and always give location of emergency

Perry Hospital – dial extension 800 for emergencies to activate overhead paging system, announce appropriate code 3 times, and always give location of emergency

Houston Healthcare Overhead Page Emergency Codes

Code Blue	Cardio/respiratory arrest
Code Blue PALS	Pediatric cardio/respiratory arrest
Code Red	Fire at location paged
Code Gray	Combative person or any other critical situation requiring security
Code Orange	Hazardous material spill in the location paged
Code Triage Standby	Disaster Plan Activation for designated personnel
Code Triage	Disaster Plan Activation for entire staff
Code Pink	Infant Abduction
Plan 1	Bomb Threat
Plan 2	Tornado Warning

Fire Safety

R.A.C.E.

R - Rescue - Remove patients and visitors from fire area.

A - Alarm - Transmission of an appropriate fire alarm signal to warn others in the building. This is done by activation of a manual pull station and calling the switchboard at 2000.

C - Confine - Confinement of the effects of the fire by closing doors to contain the fire.

E - Evacuate - Evacuate the area when instructed to do so by the On-Scene Commander

Fire Safety issues to familiarize yourself with in your work area:

- ◆ Location of fire extinguishers, Fire Exits.

- ◆ Location of fire alarm pulls

- ◆ Fire exits

Actions in the event of a fire:

1. Rescue patients in immediate danger.
2. Pass the word to Staff “Code Red in Location _____“
3. Pull Fire alarm pull station
4. Call Switchboard at **2000**. Give them the exact location and status of the fire.

Note: For Perry Hospital, dial **800** to activate the overhead paging system, press any number on the phone pad for five seconds and announce “Code Red” and the location three times. Wait until the Code Red announcement is complete, then pull the Fire Alarm Pull Station. Call **911** to report a fire and summon the fire department.

5. Attempt to put fire out. If unable to put fire out, close door to fire room to contain fire and smoke.
6. Close patient doors. Have visitors go to patient rooms.
7. Do not allow use of elevators.
8. If you are in an adjacent space look for fire/smoke encroachment into your area.
9. Do not leave patients unattended in rooms adjacent to fire.
10. When directed by the On-Scene Commander (Nursing Shift Supervisor), evacuate patients and visitors.

The switchboard has a fire alarm panel that has a digital annunciation, which tells the switchboard where the fire is located. Upon receipt of the fire message, the operator will announce three times, “Code Red is now in affect in _____.” (**Note:** This does not apply to Perry Hospital. See Number 4 for instructions for Perry Hospital).

Fall Risks & Prevention

Safety of our patients is of top priority. One way we can make sure our patients are safe is to identify those patients that are at risk for falls.

PREVENTION of falls is our goal! Therefore, we have in place a system that alerts us of patients that are high risk for falls.

Any patient that is 18 years old or older will be assessed on admission and every shift - or more often if the patients condition changes - to make sure they are not at risk for falling.

A point system is used to rate the patient's risk of falls. A patient who has a score of 4 or more will be considered as medium/high risk. Any score lower than 4 will be considered as low/normal risk.

Based on the patient's score, we will take different approaches to reach our goal:

PREVENTION!!!

FALL PREVENTION

- ◆ Use covers for drink & food when transporting.
- ◆ Pick up loose items on the floor, discarding into appropriate receptacle. If unable, notify someone ASAP, remaining in area until assistance is available.
- ◆ Notify appropriate staff if repairs are needed, such as cracks, holes, loose carpet/rugs, etc.
- ◆ Wipe up spills – if unable, notify someone ASAP. Remain in area until assistance is available.

Fall Risk Assessment Examples

Patients age 65 and over

2 points - Patients who are unable to move around on their own

2 points - Patients who do not know who they are, where they are, what date and time it is, and that they are in the hospital is a disoriented patient

1 point - Patients who have a history of a recent fall (within the last 3 months)

Restraints

Restraints are defined as any physical or drug method of restricting a person's freedom of movement, physical activity, or normal access to his/her body, involuntarily, as part of the physician order. While in restraints, patients will be monitored closely. The use of restraints will be monitored by the organization, and ongoing efforts will be maintained to reduce the use of restraints. RESTRAINTS CAN NEVER BE ORDERED FOR PRN (AS NEEDED)

Appropriate use can be:

- ◆ Confusion and disorientation
- ◆ Self-injurious behavior
- ◆ Physical abuse or aggression toward others
- ◆ Prevent patient from pulling out tubes

Responsibility of staff:

- ◆ Meet all needs, i.e . Nutrition, elimination
- ◆ Ensure safety of patient
- ◆ Documentation is required!

Protect the patient's rights and dignity!

The Joint Commission 2009 National Patient Safety Goals

Goal 1: Improve the accuracy of patient identification.

NPSG. 01.01.01: Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.

NPSG. 01.03.01: Eliminate transfusion errors related to (patient) misidentification.

THE HOSPITAL ACTIVELY INVOLVES THE PATIENT, AND AS NEEDED THE FAMILY, IN THE IDENTIFICATION AND MATCHING PROCESS.

Goal 2: Improve the effectiveness of communication among caregivers.

NPSG. 02.01.01: 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.

NPSG. 02.02.01: Standardize a list of abbreviations, acronyms, symbols, and dose designations that are **NOT** to be used throughout the organization.

NPSG. 02.03.01: 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.

NPSG. 02.05.01: Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.

Goal 3: Improve the safety of using medications.

NPSG. 03.03.01: 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.

NPSG. 03.04.01: Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field.

NPSG. 03.05.01: Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.

Goal 7: Reduce the risk of health care associated infections.

NPSG. 07.01.01: Comply with current **World Health Organization (WHO) Hand Hygiene Guidelines** or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

NPSG. 07.02.01: Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care associated infection.

NPSG. 07.03.01: Implement evidence-based practices to prevent health care associated infections due to multiple drug-resistant organisms in acute care.

NPSG. 07.04.01: Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections. Covers short and long term central venous catheters and PICC lines.

NPSG. 07.05.01: Implement best practices for surgical site infections.

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

NPSG 08.01.01: There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.

NPSG. 08.02.01: A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization.

NPSG. 08.03.01: When a patient leaves the Organization's care, a complete and reconciled list of the patient's medications is provided directly to the patient, and the patient's family as needed, and the list is explained to the patient and/or family.

NPSG. 08.04.01: In settings where medications are used minimally, or prescribed for a short duration, modified medication reconciliation processes are performed.

Goal 9: Reduce the risk of patient harm resulting from falls

NPSG. 09.02.01: Implement a fall reduction program including an evaluation of the effectiveness of the program.

The Joint Commission 2009 National Patient Safety Goals

Goal 13: Encourage patients' active involvement in their own care as a patient safety strategy.

NPSG. 13.01.01: Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.

The Hospital will:

Give the patient and family information regarding infection control measures within 24-48 hours.

For Surgical patient, the hospital describes the measures that will be taken to prevent adverse events in surgery.

Goal 15: The organization identifies safety risks inherent in its patient population.

NPSG. 15.01.01: The organization identifies patients at risk for suicide [applicable to psychiatric hospitals] and patients being treated for emotional or behavioral disorders in general

Goal 16 : Improve recognition and response to changes in a patient's condition.

NPSG. 16.01.01: The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening. [Critical Access Hospital].

Staff seek additional assistance when they have concerns about a patient's condition.

Hospital encourages the patient and family to seek assistance when the patient's condition worsens.

The hospital evaluates its early intervention program.

Universal Protocol

The organization meets the expectations of the Universal Protocol.

UP. 01.01.01: Conduct a pre-procedure verification process.

UP. 01.02.01: Mark the procedure site:

For all procedures involving incision or percutaneous puncture or insertion, the intended procedure site is marked. The marking takes into consideration laterality, the surface (flexor, extensor), the level (spine), or specific digit or lesion to be treated. Note: For procedures that involve laterality of organs but the incision(s) or approaches may be from the mid-line or from a natural orifice, the site is still marked and the laterality noted.

The procedure site is marked by a licensed independent practitioner or other provider who is privileged or permitted by the hospital to perform the intended surgical or non-surgical invasive procedure. This individual will be involved directly in the procedure and will be present at the time the procedure is performed. Note: Final confirmation and verification of the site mark takes place during the time-out.

A defined, alternative process is in place for patients who refuse site marking or who cannot easily be marked under certain conditions:

- For cases in which it is technically or anatomically impossible or impractical to mark the site and alternative method for visually identifying the correct side and site is used.
- For minimal access procedures that intend to treat a lateralized internal organ, whether percutaneous or through a natural orifice, the intended side is indicated by a mark at or near the insertion site, and remains visible after completion of the skin prep and sterile draping.
- For interventional procedure cases for which the catheter/instrument insertion site is not predetermined (for example, cardiac catheterization, pacemaker insertion).
- For teeth, the operative tooth name(s) and number are indicated on documentation or the operative tooth (teeth) is marked on the dental radiographs or dental diagram. The documentation, images, and/or diagrams are available in the procedure room before the start of the procedure.
- For premature infants, for whom the mark may cause a permanent tattoo.

UP. 01.03.01: A time-out is performed immediately prior to starting procedures.

Behavioral Standards

In order to assure that all employees will be committed to the Culture of Service Excellence, members of the staff have created a list of standards of behavior that are the minimum expected of all employees of Houston Healthcare. The following list will be adhered to by all employees and will bear upon their continued employment. Employees who have any concerns about compliance or questions about the Standards are asked to contact their manager or the Customer Service Support Manager.

<u>Standard</u>	<u>Behavior</u>
Positive attitude	Smile 'Manage up': appreciate the roles of your team Willingness Positive comments about the team and the hospital Outlook: sees glass 'half-full' Support new ideas
Respectful	Call patient by name Introduce self Give full attention Concern for privacy/ discretion not only for patients but for coworkers
Team Player	Give a helping hand Encouraging No score-keeping Work on committees to improve, not point fingers
Hospitable	Be sensitive to cultural differences Courteous Handle concerns in a timely manner Treat all others as a guest in your home
Communicative	Greet everyone Be mindful of tone of voice Non-verbals match verbals Pass on information
Professionalism	Abide dress code with <u>badge visible</u> Eager to learn and do more Remove roadblocks to service Practice decorum and ethical behavior Proper telephone skills/ leave messages clearly and slowly Be mindful of your behavior in the community representing the hospital
Trustworthy	Ownership of behavior Follow through with commitments Abide all of the above standards

OCCURRENCE REPORTING

What is an Occurrence?

- ◆ Any happening not consistent with the routine operation of the health care organization or the routine care of a patient.
- ◆ An unexpected occurrence.
- ◆ A “near miss” or a situation where potential patient harm was avoided.

Benefits of Reporting Occurrences:

- ◆ To improve patient, visitor and employee safety.
- ◆ To identify potential losses and claims.
- ◆ To document the facts on a timely basis.
- ◆ To investigate information while it is fresh and available.
- ◆ To provide early interventions.
- ◆ To determine if corrective action is needed.
- ◆ To provide data for detecting trends, patterns and needed system changes.

Who Should Report?

- ◆ Anyone who discovers, witnesses or is notified of an incident should complete an incident report.
- ◆ All staff, all shifts, all locations must report.

Don't Fail To Report Because:

- ◆ Not my job
- ◆ Not sure what is reportable
- ◆ Incident wasn't very serious
- ◆ Afraid of “getting in trouble”
- ◆ Not enough time

When Should You Report?

- ◆ Report the occurrence immediately to the department supervisor and your instructor.
- ◆ An occurrence report will be entered in the MIDAS Occurrence Reporting System by the end of the shift in which the incident occurred or was discovered.

What to Do After an Occurrence:

- ◆ First, assess the patient and obtain any clinical care needed.
- ◆ Notify your supervisor.
- ◆ Notify the Risk Manager of serious events.
- ◆ Document clinical assessment, any physician orders and treatments in medical record. Record patient's comments.
- ◆ Impound equipment and supplies.
- ◆ Complete the written incident report.
- ◆ If reporting of an incident is delayed, document the time you were actually notified.

Emotional Support:

- ◆ Expressions of sympathy for incident may be appropriate.
- ◆ Confer with the department manager or any administrative member to discuss the possibility of disclosing the error to the patient/family.
- ◆ If patient/family very angry – involve the Risk Manager.
- ◆ Serious incidents – get the Risk Manager's advice.

Elements of a Good Occurrence Report:

- ◆ Person affected – patient, employee, and visitor.
- ◆ Date, time and location of incident.
- ◆ Date and time report completed.
- ◆ Factual descriptions of incident.
- ◆ Patient's comments about incident.
- ◆ Observations of incident scene.
- ◆ Eyewitness statements.
- ◆ Identifications of medical devices involved.
- ◆ Physician notified and response.
- ◆ Condition of patient.

What Happens to an Occurrence Report?

- ◆ Routed to Risk Manager.
- ◆ Reviewed for completeness.
- ◆ Decision made about investigation and follow-up.
- ◆ Potential claim report to insurer.
- ◆ External reporting as required.
- ◆ Data aggregated and analyzed.
- ◆ Feedback to involved departments.
- ◆ Systems improved.

What Not to Do

Don't:

- ◆ Ignore the situation.
- ◆ Alter the medical record.
- ◆ Make judgments or conclusions.
- ◆ Point fingers or spread rumors.
- ◆ Mention incident report in medical record.
- ◆ Make copies of incident report.
- ◆ Reuse equipment before testing.
- ◆ Send equipment back to manufacturer
- ◆ Talk to media representatives alone.
- ◆ Talk to plaintiff attorneys alone.

What to Do – Report Occurrences!

Do:

- ◆ Occurrence reporting is valued here.
- ◆ Reporting is easy to do.
- ◆ Reporting helps improve safety and quality.
- ◆ Organization supports non-punitive atmosphere.

TEAM HUDDLE

ARE YOU MAKING A GAME PLAN FOR YOUR TEAM?

What is a Team Huddle?

A way for the Nurse and PCT (nursing assistant) to organize their work/patient care for the day.

What should be discussed?

Examples include: When/how will the patient get up and ambulate; who is unstable, going to surgery, being discharged or going to procedures and prioritizing of care (ex. Who needs to get a bath/vital signs first).

Who calls the Team Huddle?

It is the Nurse's responsibility to call the team huddle within the first hour of the start of shift; however, if it isn't called, then the PCT should ask the nurse "Is this a good time for our Team Huddle?"

When should it occur?

Within the first hour of the shift.

Is this required?

YES! Remember communication among healthcare workers is the key to ensure the patient gets the BEST care possible.

Infection Control

OBJECTIVES:

The participant will be able to:

- ◆ Describe Standard Precautions
- ◆ Understand Transmission Based precautions and the type of PPE to use for each
- ◆ List three diseases you can get from contact with infected blood and body fluids
- ◆ Tell what to do if you are exposed to blood or body fluids
- ◆ Tell what type of mask must be worn to protect from tuberculosis.
- ◆ Know how to contact Infection Prevention and Control for questions.

Purpose of Infection Control Identify:

- ◆ How infections are spread
- ◆ How to protect patients and visitors
- ◆ How to protect yourself



Infection Control is a very timely issue. We read about Infection Control issues all of the time, such as: SARS, West Nile Virus, AIDS, Multiple Drug Resistant Organisms, Bioterrorism, etc.

What is an Infection?

A condition resulting from the presence of and invasion by microorganisms - Also known as bugs and germs.

For infection to occur on organism must:

- ◆ Enter the body
- ◆ Grow and multiply
- ◆ Cause a response

How are germs spread?

Contact

- ◆ Dirty hands touch open sore
- ◆ Blood pressure cuff taken from one patient to the next without cleaning
- ◆ Touch bedside table with dirty gloves, then patient touches table and rubs her nose

Droplet

- ◆ The germ comes out when patient is coughing, sneezing, laughing, talking
- ◆ Travels 3 feet or less
- ◆ Is breathed into the airway or gets in mucous membranes (eyes, nose, mouth)

Airborne

- ◆ Very tiny. So light that it can float along in air currents and go a LONG way!
- ◆ Breathed into the airway

Common Vehicle

Everybody who ate the potato salad at my party got salmonella food poisoning.

What's the vehicle?

THE POTATO SALAD!!!

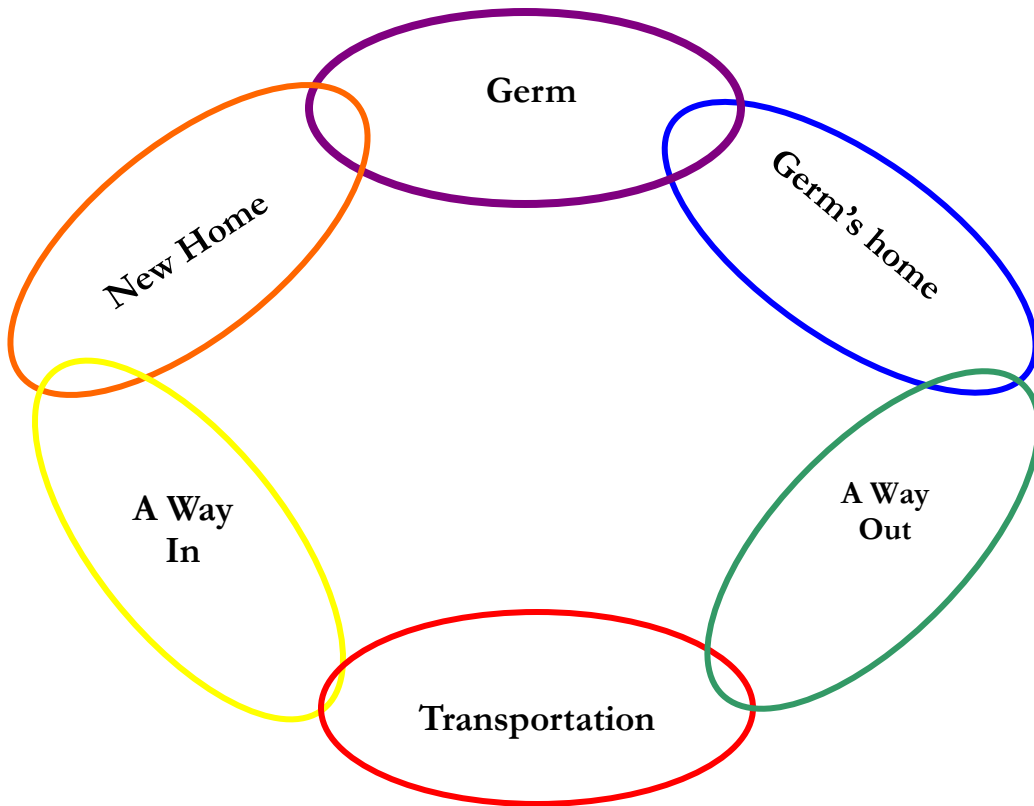
Vector

A mosquito bites a bird infected with West Nile Virus then bites a person. The person gets West Nile.

What's the vector?

THE MOSQUITO

Chain of Infection



What is the number one way to break the chain of infection?

Hand Hygiene

Standard Precautions

- ◆ Treat ALL patients as if they have an infection in their blood or body fluids that you don't want
- ◆ Use protective barriers for all patients depending on what you are about to do

Wear Gloves

- ◆ When touching blood, body fluids, mucous membranes, or broken skin of ALL patients
- ◆ When touching items or surfaces that have been contaminated by blood or body fluids
- ◆ ALWAYS wash your hands when you take off your gloves

Wear a Gown

- ◆ When you are doing something for a patient that may cause splashing or spraying of blood or body fluids onto your clothes

Wear Masks and Protective Eyewear

- ◆ When you are doing something for a patient that might cause blood or other body fluids to splash into your face
- ◆ This protects the mucous membranes of the eyes, nose, and mouth

Can you decide if you want to use Protective Barriers, also called Personal Protective Equipment (PPE)?

NO!

Remember:

- ◆ PPE is not only to protect you
- ◆ It's to protect the next patient you go to
- ◆ And the next...
- ◆ And the next...

3 TYPES OF ISOLATION

- ◆ Contact
 - Special Contact
- ◆ Droplet
- ◆ Airborne

Contact

We suspect or know that the patient has an infection spread by contact (direct or indirect)

- ◆ Always put on gloves before you go into the room
- ◆ Wear a gown if you are going in to turn the patient, bathe the patient, or provide other care that will cause your clothing to touch the patient or his bedding
- ◆ Wear a gown if the patient has a wound with lots of drainage or if the patient can't control his bowels and/or bladder
- ◆ Don't take PPE out into hall
- ◆ Don't take any equipment out of the room to use on other patients without cleaning it first with a germicidal wipe
- ◆ Leave a stethoscope, thermometer, etc. in the room for this patient only

Examples of Illnesses Requiring Contact Isolation

- ◆ Impetigo
- ◆ RSV
- ◆ Chickenpox
- ◆ SARS
- ◆ MRSA Infections

Special Contact

When we know or suspect someone with *Clostridium difficile*.

- ◆ Perform hand hygiene before patient contact and WASH hands with antimicrobial soap and water before leaving room
- ◆ Put on gloves when entering the room of this patient
- ◆ Put on a gown when entering the room of this patient

Droplet

We suspect or know that the patient has an infection spread by droplet

- ◆ Put on a surgical mask before you go into the patient's room or when working within 3 feet of the patient
- ◆ Put on a gown if there is a chance of the infected droplet getting on your clothes (Linen changes)

Airborne

We know or suspect the patient has an infection spread by airborne route

- ◆ Put on a specially fitted N95 mask BEFORE going into the patient's room
- ◆ The patient must be placed in a negative pressure room so the germs aren't pulled out into halls or into heat and air conditioners
- ◆ Keep the door closed!
- ◆ Put on a gown if there is a chance of the infected droplet getting on your clothes (Linen changes)
- ◆ Wear gloves if you will be touching broken skin or contaminated surfaces
- ◆ Wear eye protection if splattering or aerosolization of body fluids is likely
- ◆ If patient leaves the room he must wear a surgical mask

Examples of Illnesses Requiring Airborne Precautions

- ◆ Tuberculosis
- ◆ Chickenpox
- ◆ SARS
- ◆ Measles

OSHA Bloodborne Pathogens Standard

HMC provides red biohazard bags/boxes/equipment to help reduce or eliminate your risk

Occupational Safety and Health Administration requires that healthcare employees educate staff about contagious diseases they may come into contact with, how they are transmitted, signs that you have gotten the disease, and how to protect yourself. It also requires that the employer provide equipment and safety measures to reduce or eliminate your risk. This is the Biohazardous Waste Symbol:

Examples of Bloodborne Pathogens

- ◆ WNV
- ◆ HIV
- ◆ Syphilis
- ◆ Hepatitis B, C D, G



Bloodborne Pathogens

- ◆ Body fluids, especially those that you can see blood in, can cause disease.
- ◆ The germs can get into your body through a cut in the skin, through your eyes, nose, or mouth
- ◆ Can be transmitted sexually
- ◆ Main diseases of concern are Hepatitis B, Hepatitis C, and HIV

What Body Fluids DO NOT Transmit These Bugs?

- ◆ Stool
- ◆ Nasal discharge
- ◆ Sputum
- ◆ Sweat
- ◆ Saliva
- ◆ Tears
- ◆ Urine
- ◆ Vomit

Unless you can see blood in it!

Facts about AIDS

- ◆ Cumulative U.S. AIDS Cases as of 5/85 - 10,000
- ◆ Cumulative U.S. AIDS Cases as of 12/95 - 500,000
- ◆ Every day, 16,000 people get infected with HIV - one every 8 seconds.
- ◆ Half of the them are young people under the age of 25, and more than half are women.
- ◆ By 2005, more than 100 million people worldwide will have been infected with HIV

Progression of HIV Disease

Incubation Period

Person Becomes HIV Infected	Positive Antibody Test	Aids Diagnosis
Window Period Usually 6-12 weeks	Varies—months to 10 years or more	Months to years
May have temporary flu-like symptoms or a rash	May or may not have symptoms of disease	Increasing illness and disability—opportunistic infections
Cans be spread to others	Can be spread to others	Can be spread to others

Factors contributing to living longer with AIDS include early diagnosis, following prescribed treatment, positive changes in lifestyle, positive attitude and adequate support system.

HIV	Hepatitis B	Hepatitis C
Spread through blood, semen, vaginal secretions and breast milk	Spread through blood, semen, vaginal secretions, and breast milk	Spread through blood, needlestick, IV drug use, bad blood, sexually
10-50 virus particles in each ml blood	1,000,000 to 1,000,000,000 virus particles per ml of blood	
Virus lives outside the body only a few hours	Virus lives outside the body up to 7 days	
	It is up to 100 times easier to catch than HIV	It is up to 30 times easier to catch than HIV
No Vaccination	Vaccination available—3 doses	No Vaccination



1 ML of Blood Comparison

- ◆ # of Hepatitis B Particles 1,000,000 - 1,000,000,000 per ml
- ◆ # of HIV Particles 10 - 50 per ml

Which is statistically easier to contract ?

Hepatitis B

- ◆ It may be 45-160 days from the time you are exposed to Hepatitis B until you become sick or a blood test would show that you have it
- ◆ During that time it can still be spread to others

Signs and Symptoms of Hepatitis

- ◆ Poor appetite, stomach pain, aching, weakness, and just don't feel well
- ◆ Fever and respiratory symptoms are rare
- ◆ May have yellowing of the eyes and skin

How to Reduce Your Risk

- ◆ DO NOT eat, drink, smoke, apply cosmetics, handle contact lenses, etc., in work areas where you could be exposed to blood-borne bugs
- ◆ Pick up glass and other sharp materials with brush and dust pan, plastic scoop, hemostat, forceps, etc. **DO NOT USE YOUR HANDS!**

Safe Handling Of Needles And Sharps

- ◆ Use sharps containers
- ◆ Discard used sharps immediately
- ◆ DO NOT re-cap needles

Employee Health

- ◆ Practice good personal hygiene
- ◆ Eat healthy, exercise, get enough rest
- ◆ Stay up to date on your vaccinations
- ◆ Have a TB skin test every year
- ◆ May not be able to work if you are sick with something that can spread to others

Hepatitis B Vaccine

- ◆ Three shots given over six months
- ◆ Protects you against Hepatitis B
- ◆ Free to employees at HHC
- ◆ Contact the local Health Department for Community Vaccine

Blood or Body Fluid Exposures

- ◆ Wash the injured area right away with soap and water, or if it's your eyes, rinse well with warm water
- ◆ Tell your Nursing instructor, and follow your school's protocol

What Else Can I Do To Be Safe?

- ◆ Dispose of trash properly
- ◆ Bag all used linen
- ◆ Follow procedures for patient care
- ◆ Follow appropriate cleaning and disinfecting procedures
- ◆ Know where to find your Exposure Control Plan

N95 Mask for TB



N95 Masks meets guidelines for TB exposure control and is designed specifically for use in a health care setting.

You should be specifically fitted with a N95 mask and know how to put it on correctly or it won't be protective with airborne particles.

TB IS A SERIOUS DISEASE

Caused by a tiny germ that can be breathed into the lungs.

TB Infection (“latent” TB)

This means the person carries TB germs but:

- ◆ does not look or feel sick
- ◆ cannot infect others

A skin test will reveal evidence of TB germs in the person’s system. Preventive treatment is recommended for some people.

TB Disease (“active” TB)

In this case, signs of illness are usually present. The person **CAN** infect others and may:

- ◆ cough (for 3 weeks or more)
- ◆ feel weak
- ◆ have a fever
- ◆ have weight loss
- ◆ loss of appetite
- ◆ night sweats
- ◆ cough up blood, or have chest pain when coughing

MDRO - Multiple Drug Resistant Organisms

- ◆ MRSA – Methicillin resistant Staph. Aureus
- ◆ VRE – Vancomycin resistant Enterococcus
- ◆ ESBL-Extended Spectrum Beta Lactamase producing Organisms
- ◆ Clostridium Difficile

Patients with these infections will be on Contact isolation. These germs are not more contagious but are much harder to kill and it is important to protect our patients and ourselves. Be sure to follow contact isolation precautions when working with these patients.

LATEX ALLERGIES

Awareness-and proper action- may help prevent an allergic reaction. Learning about latex allergies is especially important for:

- ◆ anyone who is exposed to latex regularly. However, not all people who come in frequent contact with latex develop allergies
- ◆ patients who have prolonged contact with latex while receiving medical or dental care
- ◆ health-care workers who use latex gloves and other latex products in their daily work

Know the Symptoms of a Latex Allergy

Skin

- ◆ Itching
- ◆ Redness
- ◆ Rash
- ◆ Flushing
- ◆ Swelling
- ◆ Hives

Systemic (General)

- ◆ Dizziness
- ◆ Swelling
- ◆ Pain
- ◆ Fainting

Lungs

- ◆ Wheezing
- ◆ Coughing
- ◆ Shortness of breath
- ◆ Trouble breathing

Stomach/Intestines

- ◆ Diarrhea
- ◆ Nausea, vomiting
- ◆ Bleeding
- ◆ Cramps

Head

- ◆ Stuff nose
- ◆ Sneezing
- ◆ Running nose
- ◆ Itchy eyes, nose, mouth

Heart

- ◆ Rise or drop in blood pressure
- ◆ Palpitations (rapid or irregular heartbeat)
- ◆ Heart stops beating

Latex allergic patients should have a latex-free cart of supplies outside their room

Questions or Concerns on Infection Control?

Call Nychie Dotson, Houston Healthcare Manager of Infection Prevention and Control at HMC 478-975-6703, Perry Hospital 478-988-1723 or Pager (478) 329-9775

Corporate Compliance

Houston Healthcare is committed to the highest ethical and legal business and patient care practices. Our Corporate Compliance program includes policies, procedures, and guidance to assist Houston Healthcare in achieving compliance with ethical and legal standards.

Code of Conduct

The Houston Healthcare Code of Conduct provides guidance to all employees and affiliates of Houston Healthcare in applying legal and ethical standards in our daily activities. The Code of Conduct demonstrates the commitment of Houston Healthcare to meet ethical standards and to be compliant with laws and regulations. The Code of Conduct is located on the Houston Healthcare Intranet (Select departments, Corporate Compliance, Code of Conduct).

Ethical Decision Making

Houston Healthcare is committed to the highest ethical standards in our business and patient care practices. Our ability to maintain high ethical standards is dependent on the actions and decisions of each individual. Our commitment to integrity and ethical standards must be demonstrated in our daily decisions.

When evaluating an uncertain situation, ask yourself these questions:

- Could it violate a state or federal law or regulation?
- Will I feel good about my decision or actions?
- Does it seem fair and just?
- Would I feel proud for others to know of the action?
- Does it uphold the mission, vision and values at Houston Healthcare?

Responsibility to Report Compliance Concerns and the Corporate Compliance Hotline

Report any activity that does not comply with laws, regulations, policies, or ethical behavior. Reports should be made to the department supervisor. Compliance concerns can also be reported to the Compliance Officer or by calling the Houston Healthcare Corporate Compliance hotline, **1-866-418-4839**. Callers to the hotline may choose to remain anonymous. An electronic report can be submitted on the Houston Healthcare Intranet (Select departments, Corporate Compliance, Electronic hotline report).

Understanding the Federal False Claims Act and Georgia State Medicaid False Claims Act

The Federal False Claims Act prohibits knowingly making a false claim against the United States government for payment. Any person or entity that knowingly submits a false or fraudulent claim for payment may be fined a civil penalty ranging from \$5,500 to \$11,000 per claim, plus up to three times the Government's damages. The Federal False Claims Act has a qui tam or whistleblower provision. This provision allows any person with knowledge of a false claim to file a lawsuit on behalf of the United States Government. The United States Government may decide to join the qui tam suit. If the suit is successful, and provided certain legal requirements are met, the qui tam relator or whistleblower may be awarded a percentage of the funds recovered. The Federal False Claims Act also contains a provision that protects anyone who initiates a qui tam case from retaliation or discrimination from their employer.

The State False Medicaid Claims Act (SFMCA), O.C.G.A. §49-4-168, et seq., for the State of Georgia and is modeled after the Federal False Claims Act. The State False Medicaid Claims Act allows for both civil penalties \$5,500 to \$11,000 for each false claim submitted to defraud the Georgia Medicaid program and for treble damages sustained by the program as a result of fraudulent acts.

Please refer to the Information on Detecting and Preventing Waste, Fraud and Abuse Policy for additional information on the Federal False Claims Act, the Program Fraud Civil Remedies Act, and the State of Georgia laws addressing fraud and abuse. **Report any known instances of fraud or abuse to the department supervisor, Corporate Compliance Officer 478-322-5156, or anonymously through the compliance hotline 1-866-418-4839.**

General Orientation / Infection Control Test

Student Name _____

Date _____

School _____

1. How should you discard information that contains only the patient's account number?
 - A. Shred bin or shredder
 - B. Garbage
 - C. Either A or B
 - D. None of the above

2. Material Safety Data Sheets contains the following information:
 - A. Name of the Product
 - B. Ingredients (Scientific name) and percent representation in the product.
 - C. Identification of product risks (Carcinogenic, vapor risk, flammable) Precautions to be taken by users
 - D. All of the above

3. To contact security in an emergency at HMC dial:
 - A. 911
 - B. 0 for the operator
 - C. 2000
 - D. 2497

4. Match the following:

_____ Code Blue	A. Disaster Plan Activation for designated personnel
_____ Code Blue PALS	B. Fire at location paged
_____ Code Red	C. Bomb Threat
_____ Code Gray	D. Cardio/ respiratory arrest
_____ Code Orange	E. Infant Abduction
_____ Code Triage Standby	F. Combative person or any other critical situation
_____ Code Triage	G. Pediatric cardio / respiratory arrest
_____ Code Pink	H. Tornado Warning
_____ Plan 1	I. Hazardous material spill in the location paged
_____ Plan 2	J. Disaster Plan Activation entire staff

5. RACE stands for:

R - _____

A - _____

C - _____

E - _____

TRUE or FALSE

6. _____ HHC has in place a point system that alerts us of patients that are high risk for falls. If a patient has a score of 3 or more they will be considered as medium/high risk.

7. _____ Restraints can never be ordered on a PRN (as needed) basis.

8. _____ Goal 1 in The Joint Commission Patient Safety Goals is to improve the accuracy of patient identification.

9. _____ I can make an anonymous report of the compliance concern by calling the Compliance Hotline 1-866-418-4839

10. _____ Students should notify their instructor and the department supervisor of occurrences.

11. _____ One purpose of occurrence reporting is to improve patient safety.

12. List the 7 Behavioral Standards that ALL members of the HHC staff must abide by:

INFECTION CONTROL

True or False

13. _____ The purpose of infection control is to identify how infections are spread, how to protect patients, visitors, and yourself.
14. _____ An infection is a condition resulting from the presence of and invasion by microorganisms.
15. _____ For an infection to occur, an organism must enter the body, grow and multiply, and cause a response.
16. _____ Hand hygiene is the #1 way to break the chain of infection.
17. _____ You should only have to use standard precautions and personal protective equipment on patients who are in isolation.
18. _____ Wear gloves when touching blood, body fluids, mucous membranes, broken skin areas, or items or surfaces that may have been contaminated by any of the above on ALL patients.
19. _____ Wear a gown when you are doing something for a patient which might expose you to splashes or spraying of patient blood or body fluids.
20. _____ Wear a mask and protective eyewear to protect your mucous membranes in situations where a patient's blood or body fluids might splash into your face.
21. _____ Bloodborne pathogens can get into your body through a cut in your skin, through your eyes, nose, or mouth, and can be transmitted sexually.
22. _____ A person may be infected with the HIV virus and may not have any symptoms for years yet this person can still infect others.
23. _____ You may eat, drink, handle your contact lenses, etc in patient care areas with no concerns about infection control.
24. _____ You must recap needles to maintain a safe environment.
25. _____ A person with latent Tuberculosis is not infectious. A person with active Tuberculosis is infectious.
26. _____ You should be specially fitted with an N95 mask and know how to put it on correctly or it won't be protective with airborne particles.
27. _____ Patients allergic to latex should have a latex free cart of supplies outside their room.

Choose the correct answer

28. Germs can be spread by what form:
 - A. Contact
 - B. Droplet
 - C. Airborne
 - D. All of the above

29. The types of isolation are:

- A. Contact
- B. Droplet
- C. Airborne
- D. All of the above
- E. None of the above

30. With contact isolation:

- A. Always put on gloves before you go into the room
- B. Make sure to use a multi-use patient blood pressure cuff that you can roll from room to room
- C. An example of a contact isolation illness is MRSA infections
- D. a and c
- E. All of the above

31. With droplet isolation:

- A. Put on a surgical mask before you go into the patient's room or when working within 3 feet of the patient.
- B. Wear gloves if you will be touching contaminated surfaces or broken skin
- C. Make sure the patient is wearing a surgical mask if he leaves the room
- D. Meningitis is an example of an illness spread by droplets
- E. All of the above

32. With airborne precautions:

- A. The patient must be in a negative pressure room
- B. The caregiver must put on a N95 mask before going into the patient's room
- C. An illness which is spread by airborne germs is tuberculosis
- D. Keep the patient's room closed
- E. All of the above



HOUSTON HEALTHCARE

Houston Medical Center • Perry Hospital

CONFIDENTIALITY STATEMENT CONCERNING THE USE OF ANY HOUSTON HEALTHCARE INFORMATION

I, _____ of _____
PRINTED NAME SCHOOL NAME

have been informed of the confidential nature of all information that I have access to within Houston Healthcare. “Confidential Information” means business strategies, patient information, peer review records, financial data, clinical information, medical records, strategic and business plans, computer programs, market research, market plans, documents, and other information kept as part of normal business operations.

I understand that I must treat all information as confidential, and not release this information to anyone without proper authorization. Maintaining the security of confidential information is a duty of all employees, medical staff and their agents, allied health professionals, contractors, and other agents, regardless of whether the individual in question works directly with such information.

I understand that I must only access patient information when needed to continue the treatment, diagnoses and/or consultation of the patient and for billing information.

I understand that computer system passwords are used to protect the confidentiality of patients and employees and I understand that my password must never be given to another individual to use. I understand that if for some reason I have knowledge of another person’s password, I must never use that password.

I understand that my password leaves an electronic audit trail and I will be accountable for any and all information accessed with that password.

I understand that unauthorized access to patient (including my own information), employee and/or business information may result in disciplinary action, immediate termination, or dealt with in accordance to Medical Staff Bylaws. Inappropriate release of information may result in immediate termination.

I have read the above statement and understand the confidential nature of the information available to me. As a condition of continuing my position with this organization and intending to be legally bound, I agree to the above terms.

Employee Signature

Date

Signature of Witness

Date

Educational Training Program Agreement

In consideration for participating in an educational training Program at any Georgia Hospital Association member Facility or any other Facility where I may participate in such a program (hereinafter referred to as the "Facility"), I hereby agree to the following:

1. To follow the administrative policies, standards and practices of the Facility when in the Facility.
2. To report to the Facility on time and to follow all established regulations of the Facility.
3. To keep in confidence all medical, health, financial and social information (including mental health) pertaining to particular clients or patients.
4. To not publish any material related to my educational training program that identifies or uses the name of the Institution, the Board of Regents of the University System of Georgia, the Georgia Hospital Association, the Facility or its members, clients, students, faculty or staff, directly or indirectly, unless I have received written permission from the institution, the Board of Regents of the University System of Georgia, the Georgia Hospital Association and the Facility.
5. To comply with all federal, state and local laws regarding the use, possession, manufacture or distribution of alcohol and controlled substances.
6. To follow Center for Disease Control and Prevention (C.D.C.) Universal Precautions for Bloodborne Pathogens, C.D.C. Guidelines for Tuberculosis Infection Control, and Occupational Safety and Health Administration (O.S.H.A.) Respiratory Protection Standard.
7. To arrange for and be solely responsible for my living accommodations while at the Facility.
8. To provide the necessary and appropriate uniforms and supplies required where not provided by the Facility.
9. To wear a name tag that clearly identifies me as a student or faculty member.

Further, I understand and agree that I will not receive any monetary compensation from the Board of Regents of the University System of Georgia, the Institution or the Facility for any services I provide to the Facility or its clients, students, faculty or staff as a part of my educational training program.

I also understand and agree that I shall not be deemed to be employed by or an agent or a servant of the Institution, the Regents or the Facility; that the Institution, Regents and Facility assumes no responsibilities as to me as may be imposed upon an employer under any law, regulation or ordinance; and that I am not entitled to any benefits available to employees. Therefore, I agree not to in any way to hold myself out as an employee of the Institution, the Regents or the Facility.

I understand and agree that I may be immediately withdrawn from the Facility's educational training program based upon a perceived lack of competency on my part, my failure to comply with the rules and policies of the Institution or Facility, if I pose a direct threat to the health or safety of others or, for any other reason the Institution or the Facility reasonably believes that it is not in the best interest of the Institution, the Facility or the Facility's patients or clients for me to continue.

I understand and agree to show proof of liability insurance in amounts satisfactory to the Facility, and covering my activities at the Facility, and to provide evidence of such insurance upon request of the Facility.

I further understand that all medical or health -care (emergency or otherwise) that I receive at the Facility will be my sole responsibility and expense.

I have read, or have had read to me, the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, suffer under no legal disabilities, and that I have freely and voluntarily signed this "Educational Training Program Agreement".

This the _____ day of _____, _____

Signature

Witness Signature

Name : Please Print

Name: Please Print

Faculty Orientation Checklist

Name of Student: _____ Date: _____

School: _____ Program of Study _____

Dates of Clinical Experience: Beginning _____ Ending: _____

Facility of Clinical Experience (please check):

HMC _____ PH _____ HLMS _____ HHI _____ Occupational Health and Wellness _____

Area of Clinical Experience _____ Faculty Instructor _____

It is expected that faculty will submit to the Organizational Development Department this completed form along with the items listed below:

Orientation Test Score: _____

_____ Confidentiality Statement (one on each instructor and one per student)

_____ Educational Training Program Agreement (signed by student)

_____ Criminal Background (Pre-Check) *list of students submitted to the Organizational Development Department prior to clinicals*

_____ 10-panel drug screen (results to be sent directly from provider to the Organizational Development Department)

_____ Clinical schedule

_____ Copy of current CPR card

_____ Copy of malpractice insurance

_____ Copy of PPD results (or chest x-ray results)

If copies of the above mentioned items are to be kept on file at the school, please provide name, phone number, fax number and e-mail address of the person who we may contact if copies are needed:

By signing this form, the instructor certifies that the Orientation Training has been completed and agrees to all terms listed above.

Instructor's Signature _____ Date _____

Phone Number _____ e-mail address _____

- ◆ Wear gloves if you will be touching broken skin or contaminated surfaces
- ◆ Wear eye protection if splattering or aerosolization of body fluids is likely
- ◆ If the patient leaves the room he must wear a surgical mask

Examples of Illnesses That Require Droplet Precautions

- ◆ Meningitis
- ◆ Flu
- ◆ Scarlet Fever
- ◆ Whooping Cough