



Student Orientation Education Guide

Chapter 1: Overview

UP Health System - Bell is located in Ishpeming, MI, serving the communities of Marquette County. The facility is designated as a 25-bed critical access hospital including 4 ICU and 10 Swing beds. Services include a Surgery Department with four ORs, angiography suite, birthing center with 5 suites, 24-hour physician staffed Emergency Department, and state-of-the-art Imaging technology including PACS, Digital mammography, stereotactic breast biopsy, spiral 16-slice CT, ultrasound, echocardiography, MRI and nuclear medicine. UP Health System - Bell also offers Pulmonary Rehab and a two-bed Sleep lab along with an on-site laboratory, physical therapy and occupational therapy services.

The medical staff is made up of family practice, cardiology, pediatrics, obstetrics, gynecology, general surgery, pain management, pathology, orthopedic surgery, interventional radiology, and ophthalmology.

Marquette County houses a large rural population. Marquette County also has industrial, governmental business based in the county, with some of the main entities including Cliffs Natural Resources Mining, multiple school systems, Northern Michigan University and UP Health System. Patient populations at UP Health System - Bell include geriatrics, adult, adolescent, pediatric, and patients transferring to our hospital from long term care facilities. Patients represent a full range of educational levels and cultural origins. Patients' health status ranges from healthy self-care to critically ill and represents a full range of dependence on health care resources. Uninsured patients are among the community population which receive treatment at the facility. Care is provided to all socioeconomic levels of the community.

1. Mission

Making Communities Healthier

2. Vision

We want to create places where people choose to come for healthcare, physicians want to practice and employees want to work.

3. High Five Guiding Principles

- Deliver high quality patient care
- Supporting physicians
- Creating Excellent Workplaces for our employees
- Taking a leadership role in our communities
- Ensuring fiscal responsibility

4. Objectives

Our goals, plans and dashboards incorporate People, Quality/Safety, Service, Operations, Strategic Development and Finances.

5. Providing the Best Healthcare Experience Possible

We want our patients, their families, and our staff to have the best healthcare experience possible. As part of this initiative, we have committed to building relationships with those whom we serve and each other by adhering to our dress codes, taking breaks in designated areas, using a standard phone etiquette and our communication standard, RELATE, on every patient encounter. Consistent practice of these behaviors lead to healing relationships with those patients that we care for and teamwork among co-workers.

6. Team Building and collaboration

Teamwork is a key component in the success of an organization. Staff meetings, huddles, multidisciplinary committees, employee forums, shift meetings, and rounding all contribute to building a unified team, aligning your goals, raising morale, providing support, recognizing accomplishments, and brainstorming ideas or problem-solving issues. These opportunities open the lines of communication between a manager and staff members of various disciplines and caregivers. That connection leads to more accurate and timely information, important education for all participants, and clear expectations. It is very important that there be two-way communication. This allows for interaction, feedback, and discussion. Communication, coordination, and collaboration among our staff members promotes more successful interactions and outcomes for our patients, visitors, and customers.

Chapter 2: Key Policies and Highlights

1. Disruptive Behavior/Workplace Conduct

Safety and quality of patient care is dependent on teamwork, communication and a collaborative work environment. Intimidating and disruptive behaviors can contribute to employee turnover, increased costs of care, poor patient satisfaction, poor overall quality of care, medical errors and adverse outcomes. To ensure quality and to promote a culture of safety, UP Health System- Bell has zero tolerance for disruptive behaviors that affect patient care. Disruptive and inappropriate behaviors includes, but is not limited to; any behavior that distracts, interferes with, or prevents normal work functions, or affects employee morale or turnover. All staff members are responsible for modeling desirable behaviors to create a positive work environment.

Staff should report disruptive behaviors through the chain of command and to Human Resources. Reporting and investigating will remain confidential. Retaliation against someone who reports disruptive behavior is strictly prohibited.

2. Patient Rights and Responsibilities

UP Health System – Bell respects the rights of the patient and recognizes that each patient is an individual with unique healthcare needs. UP Health System – Bell has adopted a Patients’ Bill of Rights and Responsibilities. Employees should be aware of these rights, which include but are not limited to; access to care, communication, consent, ethical issues, identity, information, pain management, personal safety, privacy and confidentiality, respect and dignity, refusal of treatment, process improvement, provision of information, respect and consideration, and compliance with instruction.

A copy of the Patients’ Rights and Responsibilities is provided to all patients upon registration.

3. Ethics and Compliance

To explore the ever increasing ethical issues that are presenting in healthcare today, UP Health System – Bell has an Ethics and Compliance Committee. You will also be required to watch the Code of Conduct video and will be provided with a Code of Conduct booklet. If ever there is a questions regarding ethics please adhere to the following:

- Issues should be resolved at the local level, of possible
- When you are comfortable and feel it appropriate, raise concerns first with your supervisor.
- If a concern relates to specific details of your work situation, the Human Resources director is the appropriate person to contact.

- If it is uncomfortable or inappropriate to raise concerns with your supervisor or Human Resources Director, you may discuss the situation with another member of your facility's management.
- There will be NO retribution for reporting a possible violation in good faith.

Corporate Hotline: 1.877.508.LIFE (5433)

Compliance Officer: Teresa Perry 906.485.2605

4. Patient Confidentiality

Every patient has a right to privacy and it is every employee's responsibility to protect that confidentiality. This means keeping information about patients and their healthcare private. Federal law (the Health Insurance Portability and Accountability Act or HIPAA) require the protection of all Patient Identifiable Health Information, including all identifiers, images, and other information that could be used to determine the identity of the patient. The privacy laws apply to all forms of patient health information, paper, electronic, and verbal information.

Unauthorized use of UP Health System – Bell's information systems, including inappropriate viewing, review, access and disclosure of medical and personal information can result in disciplinary action (up to and including termination), notification to the government, fines, and reporting to licensing boards and may constitute ground for either civil or criminal actions. Do not share your password and *log off when you leave a workstation.*

Staff are required to use or access only the patient information that is minimally necessary to complete a task, responsibility, or function. Staff are required to use and access information only on patients for whom they are providing care or which they need to complete a task that is part of their responsibilities.

Confidential information includes a wide variety of information about a patient's healthcare. Examples of confidential information include, but are not limited to:

- Patient identifiers such as medical record number, name, date of birth, Social Security Number, address, phone number, contact information, photographic images and any other unique code or characteristic that could be used to identify an individual patient.
- Details about illnesses or conditions (particularly AIDS, psychiatric condition, genetic testing or alcohol and drug abuse)
- Information about treatments
- Healthcare provider's notes about a patient
- Patient billing information
- Conversations between a patient and a healthcare provider

Patients have certain rights granted under federal law to control their protected health information, including the right to access and receive a copy of their health information, request addendums/changes to their health information, request restrictions on how and to whom their information is used or disclosed, request alternate methods for communicating with them, and obtain a list of individuals or organizations to whom UP Health System- Bell has provided access to their information. These rights apply to both the patient's medical and billing records.

Guidelines for Protecting Patient Confidentiality

The federal HIPAA regulations require all staff to use physical, technical, and other safeguards to keep protected health information secure and private.

- Protect all records. Keep records secured and ensure that only authorized staff are accessing records for valid treatment, payment, and healthcare operations purposes.

- Keep all patient information covered. Do not leave patient information displayed on computer screens. Only authorized personnel may review medical records whether in paper or electronic formats.
- Do not talk about patients in public. Be careful not to discuss confidential information where others, including patients, visitors, or other employees might overhear.
- Use care with telephones, fax machines, and emails. Make sure that all department printers, fax machines, and other devices used for transmitting or storing patient information are secure. Protect your computer passwords and never share them with anyone else.
- Dispose of trash that contains confidential patient information in secured disposal containers or shred the information.
- Do not look up information not required for your job.
- Report suspected information security and privacy violations to your manager, through the event reporting system or to the Ethics and Compliance Officer.

5. Sexual Harassment and Sexual Violence

Harassment

In accordance with applicable law, UPHS-Bell prohibits sexual harassment and harassment because of color, race, gender, age, religion, national origin, disability, genetic information, gender identity, sexual orientation, veteran's status, or any other bases protected by applicable federal, state, or local law. All such harassment is prohibited and will not be tolerated.

Sexual Harassment

It is unlawful to harass a person (an applicant or employee) because of that person's sex. Harassment can include "sexual harassment" or unwelcome sexual advances, request for sexual favors, and other verbal or physical harassment of a sexual nature

Harassment does not have to be of a sexual nature, however, and can include offensive remarks about a person's sex

Both the victim and the harasser can be either a woman or a man and the victim and harasser can be the same sex.

Sexual harassment includes many forms of offensive behavior. The following is a partial list of prohibited behaviors

- Unwanted sexual advances.
- Offering employment benefits in exchange for sexual favors.
- Visual conduct such as leering, making sexual gestures, or displaying sexually suggestive objects, pictures, cartoons, or posters.
- Dissemination through e-mail or other electronic communication material that contains sexually suggestive content.
- Verbal conduct such as making or using derogatory comments, epithets, slurs, sexually explicit jokes, or inappropriate comments about any employee's body or dress.
- Verbal sexual advances or propositions.
- Verbal abuse of a sexual nature, graphic verbal commentary about an individual's body, sexually degrading words to describe an individual, or suggestive or obscene letters, notes, or invitations.
- Physical contact such as unwanted touching, assault, or impeding or blocking movements.
- Retaliation for reporting harassment or threatening to report harassment.

Other types of harassment

Prohibited harassment on the basis of color, race, gender, age, religion, national origin, disability, genetic information, gender identity, sexual orientation, veteran's status or any other bias protected by applicable federal, state or local law, includes behavior similar to sexual harassment, such as:

- Verbal conduct such as threats, epithets, derogatory comments, or slurs
- Visual conduct such as derogatory posters, photographs, cartoons, drawings, or gestures
- Dissemination of offensive/inappropriate e-mail or other electronic communications
- Physical conduct such as assault, unwanted touching, or blocking normal movements
- Retaliation for reporting harassment or threatening to report harassment

Discipline/Liability for Harassment

Any employee of UPHS-Bell, whether a co-worker or manager, who is found to have engaged in prohibited harassment or retaliation is subject to disciplinary action, up to and including discharge from employment.

Any employee, who engages in prohibited harassment, including any manager who knew about the harassment but took no action to stop it, may be held personally liable by the court or other agency for monetary damages.

UPHS-Bell does not consider conduct in violation of this policy to be within the course and scope of employment or the direct consequence of the discharge of one's duties. Accordingly, to the extent permitted by law, UPHS-Bell reserves the right not to provide a defense or pay damages assessed against employees for conduct in violation of the policy.

6. Drug-Free Workplace

It is the policy of UP Health System – Bell to promote a workplace that is free from the influence of drugs and alcohol. Students, volunteers, auxiliary, or anyone with access to patients and patient care areas are subject to this policy.

The following will be ground for termination:

1. Use, sale, attempted sale, manufacture, possession, conveyance, purchase, attempted purchase, distribution, cultivation, transfer or dispensing (except as required by your employment or contract) of drugs (illegal or illicit).
2. Being under the influence of illegal or non-prescription drugs or alcohol, or having drugs or alcohol.
 - a. In one's systems
 - b. On any Company premises or worksites
 - c. In any area under the control of the Company (including but not limited to, the parking area)
 - d. During Company time
 - e. In your possession illegally
 - f. In or occupying Company property (including, but not limited to, Company vehicles) or property under the control of the Company
3. Use or abuse of alcohol, on or off the job, that impairs, to any extent, performance on the job.

Note: The following will result in termination of employment or no further employment consideration of an applicant: a) refusal to undergo or consent to a drug/alcohol test, or b) when an applicant or employee is unable to provide a urine specimen, absent a valid medical reason, within a 3 hour period, it will be viewed as a positive result.

1. Pre-employment Drug Test: all prospective employees and contract/agency personnel will be required to undergo a pre-employment drug test and may not begin work prior to review of the test results. This applies to students, volunteers, and auxiliary personnel. A refusal to undergo the test, or a positive test results, attempt to tamper with, substitute, adulterate, or otherwise falsify a test sample will result in denial of employment.
2. Post-accident Drug Test: Employees involved in a work related “accident” will be required to undergo a drug test as state law allows. The hospital CEO or designee shall review the circumstances of all work related “accidents” Typically, an “accident” is any event, incident, or judgment in which the employee’s acts, or failure to act, appear to have caused or contributed to the accident, which resulted in:
 - a. Bodily injury (including a Needlestick and a blood splash) to an employee that requires medical attention other than first aid/one time treatment for minor scratches, cuts, burns, splinters, etc.
 - b. Death to any person.
 - c. Damage to any property.

At the discretion of management, employees who are required to undergo a post-accident drug test will be placed on administrative paid leave pending the results of such test, provided that reasonable suspicion exists. If the results are positive, the employee will be terminated retroactive to the date of the accident. A refusal to undergo the test, positive test results, attempt to tamper with, substitute, adulterate, or otherwise falsify a test sample will be ground for termination. The test should be administered as soon as practicable following the work related accident (before the employee leaves the work location, but no later than the following day).

Chapter 3: Age Specific Guidelines and Care of Special Patient Populations

In order to ensure that each patient’s care meets his or her unique needs, staff who interact with patients as part of their job must develop skills or competencies for delivering age-appropriate communications, care, and intervention. People grow and develop in stages that are related to their age and share certain qualities at each stage. Certain populations and specific categories of patients require unique care and interventions as well. By adhering to these guidelines, staff can build a sense of trust and rapport with patients and meet their psychological needs as well.

1. **Age- specific guidelines are as follows:**
 - a. Neonates (less than 30 days)
 - i. Provide security and ensure a safe environment.
 - ii. Involve the parent (s) in care.
 - iii. Limit the number of strangers around the neonate.
 - iv. Use equipment and supplies that are specific to the age and size of neonate.
 - b. Infants (greater than 30 days and less than 1 year)
 - i. Use a firm, direct approach and give one direction at a time.
 - ii. Use a distraction, eg. Pacifier or bottle.
 - iii. Keep the parent (s) in the infant’s line of vision.
 - iv. Use equipment and supplies that are specific to the age and size of the infant.
 - c. Pediatrics (greater than or equal to 1 year and less than 13 years)
 - i. Give praise, rewards and clear rules. Encourage the child to ask questions. Use toys and games to teach the child and reduce fear.

- ii. Always explain what you will do before you start. Involve the child in care.
 - iii. Provide for the safety of the child. Do NOT leave the child unattended.
 - iv. Use equipment and supplies specific to the age and size of the child.
- d. Adolescents (greater than or equal to 13 years and less than 18 years)
 - i. Treat the adolescent more as an adult than a child. Avoid authoritarian approaches and show respect.
 - ii. Explain procedures to adolescents and parents using correct terminology.
 - iii. Provide for privacy.
- e. Adults (greater than 18 years and less than 65 years)
 - i. Be supportive, honest, and respect personal values.
 - ii. Support the person in making healthcare decisions.
 - iii. Recognize commitments to family, career, and community.
 - iv. Address age-related changes.
- f. Geriatrics (greater than or equal to 65 years)
 - i. Avoid making assumptions about loss of abilities, but anticipate the following:
 - 1. Short term memory loss.
 - 2. Decline in the speed of learning and retention.
 - 3. Loss of ability to discriminate sounds.
 - 4. Decreased visual acuity.
 - 5. Slowed cognitive function (understanding).
 - 6. Decreased heat regulation of the body.
 - ii. Provide support for coping with any impairments.
 - iii. Prevent isolation, promote physical, mental, and social activity.
 - iv. Provide information to promote safety.

2. Cultural and Religious Diversity

The diversity reflected among our staff and patients is an asset to our organization. UP Health System – Bell values and respects these differences, which include: ethnicity, nationality, race, religion, gender, sexual orientation, economic class, age, and disability. We commit ourselves to promoting better understanding and appreciation of our human diversity toward the preservation of human dignity. This commitment can be realized only through the continuous effort of the entire community.

Achieving Cultural Competence

The two keys to achieving cultural competence are attitude and knowledge

Attitude:

It is essential to understand that different people's ways of doing things may be different, but are equally valid. It is important to realize that cultural beliefs and traditions are adaptations to different environmental circumstances and evolved because they lead to the survival of its members. The healthcare practitioner who tries to understand the beliefs and values of his or her patients will be much more effective than one who merely sees them as strange and unusual.

Knowledge:

Knowing something about different cultural beliefs, values, and traditions is important. While no one can be expected to know everything about every culture, we can learn something about the most common patterns of the populations that we commonly serve, while keeping in mind the fact that there is tremendous variation both within the group and among individuals.

All patients have the right to care that is sensitive to, respectful of, and responsive to their cultural and religious/spiritual beliefs, and values. An assessment of patient must include

cultural and religious practices in order to provide appropriate care to meet their special needs and to assist in determining their response to illness, treatment, and participation in their healthcare.

To comply:

- Be self-aware; know how your views and behavior is affected by culture.
- Appreciate the dynamics of cultural differences to anticipate and respond to miscommunications.
- Seek understanding of your patient's cultural and religious beliefs, and values systems.
- Determine their degree of compliance with their religion/culture (do not assume).
- Respond to their special needs, which may include:
 - Food preferences
 - Visitors
 - Medical care preferences
 - Rituals
 - Gender roles
 - Eye contact and communication style
 - Authority and decision making
 - Alternative therapies
 - Prayer practice
 - Beliefs about organ/tissue donation

Chapter 4: Environment of Care

1. Emergency Management

a) Situations and assumptions

- a. An emergency is any unplanned event that can cause death or significant injury to patients, staff, or the public; or can shut down the hospital, disrupt operations, cause physical or environmental damage or threaten the hospital's financial standing or public image.
- b. The ED Manager will be authorized to activate the disaster plan based on conditions and current resources at any time.
- c. Internal disasters: fire, explosions, hazardous material spills or releases, biologic/communicable epidemics, and utility system failure(s).
- d. Minor external disasters: incidents involving a small number of casualties.
- e. Major external disasters: incidents involving a large number of casualties.
- f. Disaster threats affecting the community: large or nearby fires, impending tornado, flooding, explosions, etc.
- g. Disasters affecting other or neighboring communities.
- h. Partnerships are required among local, State, and Federal agencies to work together in a smooth, coordinated effort in response to these events.
- i. Cooperative planning with key agencies includes Marquette County Emergency Management, Marquette County Health Department, Marquette General Hospital, Superior Health Partners, and the Region 8 Medical Coordination Center.

b) Lines of Authority

The following persons (or their designee), in the order listed, are in charge during a declared emergency affecting the hospital facility. All positions should have pre-designated individuals (up to three) who can effectively take on the roles as required.

- a. Incident Commander – Chief Executive Officer (CEO): In charge of managing overall response to the incident and the direction of the Environment of Care (EOC) activities.
- b. Safety/Security Officer – Emergency Medical Services Manager: Monitors safety conditions and develops measures for ensuring the safety of the facility and all assigned personnel.
- c. Public Information Officer – Marketing Director: Handles all media inquiries and coordinates the release of information to the media and patient families. Also participates in any joint Public Information releases with other agencies. (JPIC coordination)
- d. Liaison Officer – Emergency Management Program Coordinator: Maintains contact with all outside response agencies and resources such as hospital, EMS agencies, R8MCC, fire departments, law enforcement, and Marquette County Emergency Management. May sit in the County or State EOC on request as appropriate.
- e. Operations Section Chief – Chief Nursing Officer (CNO): Manages all functions regarding patient care and support services for all staff.
- f. Logistics Section Chief – Materials Management Director: Provides support for incident staff, materials, equipment, nutritional supplies, transportation, sanitation, and ongoing facility damage assessments.
- g. Planning Section Chief – Clinical Quality/Safety Director: Manages collection and dissemination of information about status of event, patient tracking and information, and an action plan to define resource utilization – include staffing needs.
- h. Finance Section Chief – Controller: Monitors payroll, claims, insurance tracking, costs, and reimbursement tracking from onset of event.
- i. Labor Pool Unit Leader – Human Resources Director: Manages internal labor pool and requests for volunteers (including credentialing of non-employed healthcare providers).

Emergency Codes

Dial 2222 to report any of these emergencies

<i>Code</i>	<i>Description</i>
Green	All Clear; Return to normal duties
Blue	Cardiac or respiratory arrest in the hospital
Brown	Missing Adult.
Pediatric Blue	Pediatric cardiac or respiratory arrest in the hospital
HLP	Help; To provide help in all departments when extra help is required in urgent situations
Orange	HAZMAT
Red	Fire or Smoke within the hospital
Silver	Active Shooter in the building
Pink	Infant/Child Abduction
Purple	Emergency C-Section in OB
Yellow	Bomb Threat evacuation
Delta	Disaster; The signal to initiate response and action for disaster preparedness. An external disaster causing injury to an

	excess number of people, necessitating urgent treatment at a rate greater than the medical system is normally geared to handle.
Tango	Tornado Sighting; This is the National Weather Bureau term for very severe weather conditions which have produced an actual tornado or a funnel cloud, which, if it touches the ground becomes a tornado.
W	Tornado Warning; This is an official tornado warning from the radio station.

2. Fire Safety

Emergency Actions (R-A-C-E)

Remove all patients and personnel from the immediate fire area if it is safe to do so

Activate the alarm. Notify a supervisor and others in the area.

Contain the fire and smoke by closing all doors to the immediate fire area. Do not lock the doors

Extinguish the fire with the proper fire extinguisher if safe to do so/**Evacuate** as necessary

How to Use a Fire Extinguisher (P-A-S-S)

Pull pin

Aim at the base of the fire

Squeeze lever

Sweep side to side

In the event of partial or complete evacuation, this procedure shall be followed:

Evacuation shall only be used in imminent danger situations to protect patients, employees, and visitors.

The decision to evacuate shall be made by the Ishpeming Fire Department. In their absence, the decision shall be made by the highest authority at the scene.

A. Through Fire Door (Horizontal)

Evacuation shall first be through a fire door to an adjacent section. Ambulatory patients shall walk, if possible. For non-ambulatory persons, use wheelchairs or patient carriers as necessary.

B. Off Site

- a. Off-site evacuation shall be to local hospitals where emergency care will be supplied.
- b. Home, if patient condition permits.

C. Total Hospital Evacuation

Each employee is required to report to the parking lot area adjacent to the flagpoles on the north side of the hospital upon evacuating the building. Area supervisors are responsible that each employee under their supervision has reported to the area or has knowledge of the employee's whereabouts (If transporting patients, etc.).

3. Hazardous Materials

A. The Materials Management Director will be responsible for seeing that all containers entering the workplace are properly labeled.

B. All labels shall be checked for:

1. Identity of the material.
2. Appropriate hazard warning for the material.
3. Name and address of the responsible party (Only if the container is received from the

manufacturer, distributor, or importer).

- C. Each Department Manager shall be responsible for ensuring that all portable containers used in their work area are labeled with the appropriate identity and hazard warning.
- D. The employee shall be informed that:
 1. The employer is prohibited from discharging, or discriminating against, an employee who exercises his/her rights to obtain information regarding hazardous chemicals used in the workplace.
 2. As an alternative to requesting an MSDS from the employer, the employee can seek assistance from the MIOSHA Construction Safety and Health Division, at (517) 322-1856, or the MIOSHA General Industry Safety and Health Division at (517) 322-1831, to obtain the desired MSDS. A sign or MIOSHA poster will be posted with the address and telephone number of the MIOSHA Divisions responsible for such requests.
- E. Before any new physical or health hazard is introduced into the workplace, each employee who may be exposed to the substance will be given information in the same manner as during the hazard communication training class.

Material Safety Data Sheets (MSDSs)

- A. The Safety Officer will be responsible for compiling and maintaining the master MSDS file. The file will be kept in the Emergency Department.
- B. MSDSs for employee use are located on the Bell Intranet (Hawking) page under the Resources section. Click on the internet link for SIRI Vermont MSDS Program.
- C. MSDSs will be available for review to all employees on all hospital computers. Copies will be available upon request to the Safety Officer.
- D. Posters identifying the person responsible for maintaining MSDSs and where the MSDSs are located are posted at the Human Resources Hall Bulletin Board. Posters notifying employees when new or revised MSDSs are received will be located in the same location.
- E. If a required MSDS is not received, the Materials Management Director shall contact the supplier, in writing, to request the MSDS. If an MSDS is not received after two such requests, the Safety Officer shall contact the MIOSHA's Construction Safety and Health Division at (517) 322-1856 or General Industry Safety and Health Division (GISHD) at (517) 322-1831, for assistance in obtaining the MSDS.

4. Safety and Body Mechanics

As an employee, you have rights that protect you from health and safety hazards on the job. You have the right to participate in workplace health and safety programs and to know about potential hazards. You also have the right to refuse work that you believe is dangerous and to stop working in certain circumstances.

Your Health and Safety Rights

- **The right to know:** You have the right to know the hazards in your job. Your supervisor must make sure you know how to work safely.
- **The right to participate:** You have the right to play an active role in keeping your workplace healthy and safe. This includes training and participation on safety committees/programs.
- **The right to refuse unsafe work:** If you believe that your job is likely to endanger you, you have an obligation to report the unsafe situation to management. If the situation is not corrected, you have the right to refuse to perform the work without reprisal.

General Safety Rules

- Approach all aspects of your job with safety in mind.
- Use good body mechanics all the time.
- Keep hallways and corridors clear.
- Become familiar with safety hazards and evacuation routes in your work areas.
- Report to your supervisor any unsafe conditions, situations or practices.
- Be aware of surroundings to avoid trips, slips and falls. Report any tripping hazard to the Safety Committee.

MRI Safety

An MRI system is not an inherent biological hazard. However, hazards can arise when certain items enter the MRI system:

- Ferromagnetic objects are attracted to the magnet at the center of the MRI system. They can become dangerous projectiles.
- Electronic devices that enter the magnetic field of the MRI system can malfunction due to the interference.
- Metal implants or wires can conduct electrical currents resulting in burns.

MRI safety is largely a matter of ensuring that potentially hazardous items stay out of the MRI field.

- Control access to the magnetic field.
- Post signs outside the magnetic field, warning of the projectile effect and the danger of metal implants.
- Remove metal objects from clothing and pockets before entering the magnetic field
- Thoroughly screen patients prior to MRI so that electrically conductive loops are not formed. This will prevent burns.
- Use equipment approved for MRI
- Restrict access

Both patients and staff should REMOVE ALL metal objects before entering the MRI field.

Electrical Safety

Anything that conducts electricity can become part of a circuit. Because bodies conduct electricity, YOU can become part of a circuit. Electric shock happens when YOU become part of a circuit. Electrical shock can cause burns, muscle spasms, abnormal heartbeats, stopping of breathing, and even death. When a person is shocked, injury is more likely if:

- Humidity is high.
- The person is sweating or wearing wet clothes.
- The person has bare feet.
- The person is standing in a puddle of water.
- The person has breaks in his or her skin.

Back Safety

When lifting, remember:

- Size up the job before beginning and plan how to accomplish it Ask for help. (Lift twice rule).
- Use the large muscles of the legs, hips and arms.
- Avoid bending at the waist. Maintain normal curves in your back by bending at the knees and hips
- Use a broad base of support by keeping feet shoulder-width apart.

- Avoid twisting your back when carrying or lifting.
- Keep loads close to your body
- Avoid lifting heavy objects higher than your waist whenever possible.
- Use a stool or ladder to reach items above shoulder height.
- Avoid carrying heavy objects long distances.

Event Reporting

All patient and visitor-related incidents should be reported to Human Resources within 24 hours. This can be accomplished by completing a report in RL Solutions found on all computer desktops.

5. Security

Individual Responsibilities: The following groups are responsible for taking action in the event of a security incident. The specific responsibilities of each group are listed:

- a. Security Officer – Responds and investigates all security incidents.
- b. Department Managers and Supervisors – Department managers and supervisors are responsible for ensuring their employees are aware of the best method to contact police/security based on the urgency of the request and are familiar with reportable incidents and services provided.
- a. Employees – Each employee is responsible for reporting all suspicious activity observed on hospital and clinic property to the Security Officer and/or Police department depending on severity and urgency of situation. Reportable incidents include but are not limited to the following:
 - a. Unaccounted for patients
 - b. Loss, theft, or vandalism of personal or hospital property
 - c. Disputes requiring intervention
 - d. Suspicious circumstances
 - e. Threat to persons or facility
 - f. Loiterers or trespassers
 - g. Disturbances such as loud noises
 - h. Fire and/or any safety hazards
 - i. Suspicious mail and/or packages
 - j. Patients with Correctional or Police Officer escort
 - k. Vehicle accidents

Reports: Any security incident requiring an occurrence report will be completed and sent to quality management. Any report requiring an investigation will be assigned to the security officer and risk manager as deemed appropriate.

Emergency Security Procedure:

There are provisions made for the security of the physical plant, patients, and personnel of the hospital during disaster situations (refer to Emergency Operations Plan).

Work Place Violence Prevention

UPHS - Bell promotes a safe and non-violent environment for employees, patients, and visitors. The organization is committed to working with employees to maintain a work environment free from acts or threats of violence. Policy # 12035 Workplace Violence Prevention Plan outlines the program. Staff receives yearly education and new orientation education regarding work place violence prevention.

6. Interim Life Safety Measures

- The Maintenance Director is responsible for establishing an Interim Life Safety Management (ILSM) program. The program is applied to situations when life safety deficiencies are identified in the existing building or occur as part of construction. An assessment tool is used to evaluate each situation to determine if the degree of deficiency warrants ILSM and what specific measures are required to minimize the effects of the deficiency.
- The Maintenance Director is responsible for communicating the findings to appropriate managers, staff, contractors, and senior leaders. In addition, the Director is responsible for monitoring implementation of the ILSM and taking action when they are not being observed.
- The schedule of monitoring and documentation needs is determined on a per project basis. The Maintenance Director is responsible for maintaining all ILSM documentation from the onset through elimination of the deficiencies. Regular reports of ILSM programs will be made to the Quality Coordinator and Safety Committee.

Chapter 5: Patient Safety

1. Patient Safety Overview

In 1999, the Institute of Medicine's report, *To Err is Human: Building a Safer Health System* focused the spotlight on patient safety. Studies estimated that medical errors kill between 44,000 and 98,000 hospital inpatients annually. Effective July 1, 2001, The Joint Commission modified their standards to explicitly include patient safety requirements.

Reduction of medical/healthcare errors and other factors that contribute to unintended adverse patient outcomes in a health care organization requires an environment in which patients, their families, organization staff and leaders can identify and manage actual and potential risks to patient safety. This environment encourages:

- Identification of barriers to effective communication among caregivers
- Initiation of actions to reduce identified risks
- Interdisciplinary, collaborative approach to the delivery of patient care
- Proactive identification to prevent adverse occurrences, rather than simply reacting when they occur

The Quality and Safety Committee at UPHS- Bell works with colleagues throughout the organization to improve the quality and safety of the care we deliver. UPHS – Bell defines and promotes changes necessary to create a culture that encourages reporting incidents, learning from mistakes, near misses, and mishaps by instituting a “blame- free” environment.

UPHS-Bell also encourages patients to be vigilant regarding safe medical practices (e.g. making sure that caregivers are washing their hands) and ask questions (“speak up”) if something appears wrong or unsafe.

2. National Patient Safety Goals

These specific goals are defined by The Joint Commission and are consistent and supportive of UPHS-Bell's drive to provide excellent patient care, to measure the quality of our care and to constantly strive to improve our care. These patient-safety requirements must be incorporated into your everyday practice.

Identify patients correctly

- Use at least two patient identifiers when providing care, treatment or services.
 - Name and Birthdate
- Make sure that the correct patient gets the correct blood when they get a blood transfusion

- Label containers used for blood and other specimens in the presence of the patients.
- Eliminate transfusion errors: Use a two- person verification process.
 - 1st person: qualified administrator
 - 2nd person: qualified to verify

Improve staff communication

- Report critical results of tests and diagnostic procedures on a timely basis.
- Report patient change in status or concerns to provider immediately.
- Use RELATE in everyday dialogue.

Use medicines safely

- Before a procedure, label medications that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- Take extra care with patients who take medications to thin their blood.
- Record and pass along correct information about a patient’s medicines. Find out what medicines the patient is taking. Compare those medications to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Alarm Safety

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

Prevent infection

- Use the hand cleaning guidelines form the Centers for Disease Control and prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
- Use proven guidelines to prevent infections that are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use proven guidelines to prevent infection after surgery.
- Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify safety risk in its patient population

- The organization identifies patients at risk for suicide.

Prevent mistakes in surgery

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

3. Know the Warning Signs of a Stroke

Weakness: Sudden loss of strength or sudden numbness in the face, arm, or leg (even if temporary).

Trouble Speaking: Sudden difficulty speaking, understanding or sudden confusion (even if temporary).

Vision Problems: Sudden trouble with vision (even if temporary).

Headache: Sudden sever and unusual headache.

Dizziness: Sudden loss of balance, especially with any of the above signs.

4. Early Heart Attack Care

- Heart disease causes approximately 1 of every 6 deaths in the US
- 85% of heart damage occurs within the first two hours of a blockage
- Recognition
 - Chest pain: mild pressure or discomfort
 - Chest pain with activity and quits with rest
 - Heartburn or indigestion
 - Shortness of breath
- Intervention : **ACT WISELY**
 - A: Acknowledge** the problem
 - C: Be Calm**
 - T: Be Tenacious** and don't give in

 - W: Willing** to give your time
 - I: Influential**
 - S: Keep it Simple**
 - E: Empathetic**
 - L: Help Link** the person with early symptoms to the hospital
 - Y: Say Yes** – I will do it!
- Dial 911

5. Event Reporting

An “event” at UPHS- Bell is considered to be an unusual occurrence, such as:

- An incident or action that is not consistent with the routine care of a patient
- A major violation or unfavorable situation that could disrupt UPHS- Bell's functions or damage public relations

Examples of events include medication errors, personal injuries, verbal threats, and near misses. If an event occurs, a supervisor should be notified immediately and the employee most familiar with the event should complete an objective description of the occurrence using the Occurrence Report Form (found on the UPHS-Bell Hawking page). This form should then be turned into the Quality Director immediately. DO NOT make a COPY of this form.

Reporting of occurrences is important because the information helps us to identify opportunities for improvement. Some events require immediate action. Other events are tracked to identify recurrent system problems that would be appropriate performance improvement projects. Occurrence report data are reviewed, analyzed, and discussed with department representatives and the findings are collectively reported to the Quality and Safety Committee.

If there is an injury to an employee (fall, Needlestick, etc.), the employee is required to submit a report on RL Solutions. This report must be filled out within 24 hours.

6. Medication Use

Each practitioner has a responsibility to ensure appropriate utilization of medications and to decrease the potential risk for medication errors. Clinically understanding the indication, dose and the pharmacological effects of each drug that is prescribed is essential to avoiding adverse drug events. However, following good prescribing practices can also help to reduce the potential for medication errors.

Good Prescribing Practices:

- Medication orders need to be clear and complete
 - Date and time all medication orders
 - Use generic drug names
 - Include specific dose, route, frequency
 - PRN orders must include qualifier (e.g. PRN pain)
 - Sign orders
- Avoid the use of abbreviations: write complete name of drug to avoid confusion
- Avoid the abbreviation “u” or “U”; spell out units. Orders with “u” will not be accepted due to the potential confusion of the “u” with a zero in handwritten orders.
- Avoid leading decimal points. Do not write “.5mg” since the decimal point can be difficult to read, leading to a 10-fold dosing error. Write “0.5mg”.
- Avoid trailing zeros. Write “1 mg” not “1.0mg”.
- Identify and communicate patient’s allergies by documenting allergic reactions on admission orders.

7. Alarm Safety

Scope of problem: 100s of alarm signals per patient, per day equals 1000s of alarm signals on each unit which equals tens of thousands of alarm signals throughout a hospital per day.

- 80-99% of alarm signals do not require clinical intervention
- Alarm fatigue: clinicians become desensitized, overwhelmed, or immune to the sound of an alarm. Fatigued clinicians may:
 - Turn down alarm volume
 - Turn off alarms
 - Adjust alarm settings
 - These actions can have serious or fatal consequences
- From January 2009-January 2012:
 - 98 alarm reported events happened
 - 80 resulted in death
 - 13 resulted in permanent loss of function
 - 5 resulted in unexpected additional care or extended stay
- Recommendations and Solutions
 - Have a process for safe alarm management and response
 - Inventory alarm-equipped medical devices
 - Have guidelines for alarm settings
 - Have guidelines for tailoring alarm settings and limits for individual patients
 - Inspect, check, and maintain alarm-equipped devices

8. Central Line Associated Blood Stream Infection

- A central line is a tube that a physician usually places in a large vein of a patient’s neck, chest, or groin to give important medical treatment.
- When it is not placed correctly or kept clean, these lines can become a portal for germs and cause for serious bloodstream infections.
- 41,000 bloodstream infections strike hospital patients with central lines each year.
- 1 in 4 of those who get a bloodstream infection from having a central line die
- Medical professionals have reduced the number of these infections in ICU patients by 58% since 2001.
 - i. Saved up to 27,000 lives and \$1.8 Billion in excess medical costs
- CDC recommended infection control steps:

- Choose a vein where the catheter can be safely inserted and where the risk for infection is small.
- Clean hands with soap and water or an alcohol-based hand rub before putting in the catheter.
- Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile.
- Cover patient with a sterile sheet.
- Clean the patient's skin with an antiseptic cleanser before putting in the catheter.
- Clean hands, wear gloves, and clean the catheter opening with an antiseptic solution before using the catheter to draw blood or give medications.
- Clean hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
- Decide everyday if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.
- Carefully handle medications and fluids that are given through the catheter.
- Prevention
 - i. Largely preventable with CDC-recommended infection control steps are implemented
 - ii. Doctors and Nurses can
 - 1. Use CDC-recommended infection control steps every time a central line is placed and used
 - 2. Remove central lines as soon as they are no longer needed
 - 3. Be sure that all people taking care of the patient follow the right steps
 - 4. Speak up if someone is not following the right steps
 - iii. Patients and caregivers can
 - 1. Ask doctors and nurses to explain why the central line is needed, how long it will be in place, and which infection prevention methods they will use.
 - 2. Make sure that all healthcare providers clean their hands with soap and water or alcohol-based hand rub before and after caring for the patient.
 - 3. Inform a nurse or doctor if the area around the central line is sore or red, or if the bandage falls off or becomes wet or dirty.

9. Surgical Site Infection Prevention

- Infection that occurs after surgery in the part of the body where the surgery took place. Surgical site infections can sometimes be superficial infections involving the skin only. Other surgical site infections are more serious and can involve tissues under the skin, organs, or implanted material.
- Symptoms
 - i. Redness and pain around the area of surgery
 - ii. Drainage of cloudy fluid from surgical wound
 - iii. Fever
- Treatment
 - i. Organism specific antibiotics.
 - ii. Surgical intervention may be required
- Prevention Guidelines
 - i. Clean hands and arms up to elbows with an antiseptic agent just before the surgery
 - ii. Clean hands with soap and water or an alcohol based hand rub before and after caring for each patient

- iii. If indicated, remove hair immediately before surgery using electric clippers in the area will the procedure will occur
- iv. If indicated, initiate antibiotic therapy before surgery starts.

10. Fall Prevention

Each year, many patients are injured by falls, both at home and in the hospital. It is very important that all staff are alert to potential falls and provide a safe environment for patients in order to prevent falls. This is every staff member's responsibility. Good communication between family members, visitors, patients, and the nursing staff is an important key to fall prevention. A fall risk is assigned to each patient using the Morse Fall Risk Scale.

People who are at risk for falls include the following:

- Those with medical problems causing them to feel weak or tired.
- Those with impaired mobility.
- Those using assistive devices (cane, crutches, wheelchair, walker, etc).
- Those with difficulty seeing.
- Those with a prior history of falls.
- Those who are navigating slippery or wet floors, obstructed pathways or unlit hallways.
- Those with a history of incontinence.
- Those receiving medication that may cause weakness, sleepiness, confusion or dizziness.

Things that all staff should do to help prevent falls:

- Instruct patients to "Call, Don't Fall".
- Instruct patients to wear non-slip socks or footwear, in the hospital and at home.
- Be mindful to keep corridors and hallways well-lit and unobstructed.
- Be mindful to always lower the height of beds and side rails.
- Wipe up any spills immediately.

Hourly rounding for high- risk patients assesses the following (4 P's):

- Pain
- Position items close
- Potty
- Personal Needs

11. Rapid Response System

Rapid Response models provide a system for nurses and other caregivers to obtain critical care assistance at the bedside for patient with suspected, unanticipated deterioration in their condition.

Criteria for calling the Rapid Response Team (RRT):

1. Staff member concerned about the patient, regardless of clinical indicators.
2. Acute change in heart rate (less than 40 bpm or greater than 130 bpm).
3. Acute change in systolic blood pressure (less than 90 mmHg).
4. Acute change in respiratory rate (less than 8 or greater than 24 bpm).
5. Acute change in blood oxygen saturation (SPO₂ less than 90% despite oxygen administration).
6. Acute change in mental status (delirium, confusion, etc.).
7. New, repeated, or prolonged seizure.

8. Chest pain not responding to prescribed therapy.
9. Failure to respond to treatment for an acute problem / symptom.

Rapid Response Team Members:

- Primary Nurse
- Charge Nurse
- ICU / ED Nurse
- Respiratory Therapist
- ACU / ICU Nurse Manager
- ED Nurse Manager
- Physicians in house (including ED physician)

Procedure:

1. Dial "2222", report to operator: Rapid Response Team needed in department _____.
2. Operator will page overhead, "Rapid Response Team needed in department _____ (repeat page one time).
3. Rapid Response Team will respond within 5 minutes of overhead page.
4. Primary nurse or charge nurse will:
 - Provide background information to RRT on the patient's condition.
 - Remain with the patient and assist the RRT.
 - Assure that family members are kept informed.
5. Respiratory Therapist will:
 - Provide an advanced respiratory assessment, provide immediate oxygen therapy, or treatments as necessary.
6. ICU / ED Nurse will:
 - Provide clinical expertise, advanced assessment skills, and support for the primary nurse, as well as facilitates a more timely transfer to a higher level of care when needed.
 - Speak to the primary nurse to get the situation, background, and assessment of the patient.
 - Complete an advanced assessment of the patient.
 - Complete RRT log (maintained in ICU). Any issues or opportunities for improvement will be forwarded to the ICU Committee for review.
 - Speaks with the attending physician regarding patient's assessment and findings (using SBAR tools).
 - Administer treatment as prescribed.
 - Document his/her assessment in the patient's progress notes, including tests ordered and interventions performed.
7. ACU / ICU Manager will:
 - In coordination with Clinical Quality Director, will track and trend data compiled from the RRT log. Information will be shared at the ICU Committee meeting.

Chapter 6: Infection Prevention

Infection Prevention education is required upon hire and annually thereafter. This requirement can be met by completing the Infection Control module assigned in Life Talent Center

Infection Prevention policies can be found under the Infection Prevention policy area in PolicyStat, which can be accessed from the Hawking page.

The Infection Prevention Plan is designed to protect patients, staff, and visitors from healthcare associated infections. According to estimates from the Center for Disease Control and Prevention (CDC), each year two million patients in the United States are infected in hospitals, about 90,000 of whom die as a result. Infection may also be a complication of care in long-term facilities, outpatient clinics, and dialysis centers. Infection Prevention is EVERY healthcare worker's responsibility.

Practice Standard Precautions for ALL patients ALL of the time

1. Hand hygiene:

Hand washing is the MOST effective way to prevent infection. Direct contact with dirty hands is the primary way that infections are transmitted. Studies show that proper hand hygiene reduces the spread of bacteria and viruses in various healthcare settings. This is why hand hygiene is so important.

Use an alcohol-based hand rub to routinely clean your hands

- Before direct contact with patients.
- After direct contact with patients.
- After contact with body fluids, wounds or broken skin.
- After touching equipment or furniture near the patients.
- After removing gloves.
- NOT FOR VISIBLY SOILED HANDS.

How to use alcohol based hand rub

- Apply hand rub into cupped hand.
- Dip fingers of other hand into hand rub.
- Spread hand rub around both hands and under fingernails with friction until hands are completely dry (about 30 seconds).

Wash your hands with soap and water

- When your hands are visibly soiled.
- When your hands are visibly contaminated with blood or bodily fluids.
- Before eating.
- After using the restroom.

How to wash your hands with soap and water

- Wet hands thoroughly with warm water.
- Lather with soap.
- Wash hands thoroughly, for *at least 15 seconds*, using friction. Be sure to include the backs, palms, wrists, between fingers, and under fingernails.
- Rinse hands thoroughly.
- Use a paper towel or an air dryer to dry hands thoroughly.
- Turn off the water using the paper towel. This prevents you from picking up germs left on the tap.

- Wash your hands with soap and water when you feel a build-up on your hands after repeated use of hand rub (after approximately six applications of hand rub).

Frequent hand washing may cause damage to your skin. Be sure to rinse and dry thoroughly and use a compatible lotion to keep skin from cracking.

Fingernails

- It is an OSHA regulation that healthcare workers who provide direct patient care cannot wear artificial nails, extenders, tips, or gels. Nail polish should not be chipped and natural nails should be no longer than ¼ of an inch. Fingernails must be kept clean and trimmed.

2. Personal Protective Equipment (PPE)

- PPE refers to items that provide a temporary barrier to prevent direct contact with blood, body fluid, or organism exposure (eg. Gloves, gowns, masks, eye protection/face shields, goggles).
- Use critical thinking when using PPE during patient care based on the type of interaction or activity, and the extent of anticipated blood, body fluids or organism exposure.
- Wear PPE when entering the room of a patient who is on isolation precautions.
- Use gloves, gown, face shield, and mask during any aerosol-generating procedure.
- All PPE must be removed before leaving a procedure room, patient room or work area. However, it is OK to wear PPE out of a patient's room/area if there is a high expectation of exposure to blood or body fluids (eg. Transporting a critical care patient). Be mindful to prevent possible contamination of the environment.
- Clean your hands after removing PPE.
- Dispose of PPE in appropriate covered containers. Do NOT place PPE on the floor.
- All PPE is single- use.
- PPE should be located near all clinical areas. If it is not available, please inform your Unit Manager.
- PPE can be compromised if damaged or not donned properly.

Gloves

- Wear gloves when you may have contact with blood or other potentially infection materials, mucous membranes (eg. Mouth, eyes, perineal area), non-intact skin (eg. Open cuts, sores and rash), or potentially contaminated intact skin (eg. Patient incontinent of stool or urine).
- Wear gloves when directed by an isolation sign.
- NEVER reuse gloves.
- Change gloves during patient care if the hands will move from a contaminated body site (eg. Perineal area) to clean body site (eg. Face).
- Clean your hands after removing gloves. *Gloves are NOT a substitute for hand hygiene!!*

Gown

- Wear a gown when it is appropriate to the task to protect skin and prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood, body fluids, secretions, or excretions is anticipated.
- Wear a gown as directed by an isolation sign.

Mask/Eye Protection/Face Shield/Goggles

- Use PPE to protect the mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

- Select masks, goggles, face shields, and combination of each according to direction on isolation precaution signs and the need anticipated by the tasks performed.
 - Wear a fit-testing N95 respirator mask when entering an Airborne Precautions room.
 - Wear a fit-testing N95 mask during aerosol-generating procedure (eg. Bronchoscopy, open tuberculosis, chickenpox, measles).
 - Wear a regular surgical mask when a patient is on Droplet Precautions.
- 3. Respiratory Etiquette**
- Cover your cough or sneeze using your arm. If use tissue, discard tissue and clean hands.
- 4. Stay home if you are sick**
- 5. Maintain a Hygienic Environment**
- Ensure patient care areas are free of clutter, dust, and other debris.
 - Ensure surfaces are adequately cleaned.
 - Notify Unit Manager immediately if there is a flood or leak. Water damage has the potential to promote biological growth, which can be harmful to patients.

Practice Transmission-Based Precautions

Airborne Precautions

For organisms that are spread by small, droplet nuclei (<5 microns in size) that remain suspended in air and can be disbursed widely by air currents (eg. Pulmonary tuberculosis, varicella zoster, and measles).

Droplet Precautions

For large particle droplets that can be generated by coughing, sneezing, etc. and can spread these organisms (eg. Influenza, pertussis, some forms of meningitis).

Contact Precautions

For organisms that are spread by touch. They are carried along by hands and patient-care objects.

Contact/Spore Precautions

For organisms that are spread by touch. Contact/Spore precautions are specific for *C. difficile*.

Specific Concerns

1. Multi-drug-resistant organisms (MDROs)

MDROs are strains of bacteria that live in or on our bodies and have developed a resistance to the antibiotics commonly used to treat infections caused by these organisms. They do not cause more infections, but are harder to treat when they do. Examples include Methicillin resistant Staphylococcus aureus (MRSA).

Patients with MDROs may be placed on Contact Precautions. Staff and visitors are instructed to practice hand hygiene on room entry and room exit and to wear personal protective equipment (PPE) if there is a reasonable likelihood of exposure.

2. Supplies/equipment

Supplies in the room of a patient with an MDRO should be kept to a minimum. Patient supplies should not be handled while wearing soiled gloves. Unopened, sterile supplies and medications can be returned to the appropriate area after being wiped down with the hospital disinfectant. Opened, contaminated, unwrapped, or damaged items must be discarded, disinfected, or reprocessed depending on the item. Any item that is used repeatedly and that directly touches the patient's skin (eg. Blood pressure cuff, stethoscope) should, if possible, be dedicated to the patient until discharge. Equipment that comes in contact with the patient should preferably not be shared. Any equipment that will be shared (eg.

Stethoscope, IV poles, stretchers) must be wiped thoroughly with the hospital-approved disinfectant prior to being used on another patient.

3. Tuberculosis

Tuberculosis (TB) is an airborne infection caused by *Mycobacterium tuberculosis*. It is not spread by contact with dirty items, soiled tissues, or by touching a patient; it must be inhaled.

Latent TB Infection (LTBI) vs Active TB Disease

LTBI refers to someone who has the bacteria present in his or her body, but is not ill with signs or symptoms of the disease.

Signs of Active TB Disease include

- Fatigue
- Fever
- Night Sweats
- Unexplained Weight Loss
- Chronic Cough (Pulmonary infection)
- Blood-tinged sputum (Pulmonary infection)

Healthcare Center Requirements for TB

The risk of developing TB is greatest for those who have prolonged contact with an infectious person in an enclosed setting. However, it is possible that a person could be exposed anywhere in the hospital. The TB screening program for employees consists of the following elements:

1. All employees should receive baseline TB screening upon hire, using two-step TST to test for infection with *M. tuberculosis*.
2. After baseline testing for infection with *M. tuberculosis*, annual TST skin testing is not necessary. Employees are required to fill out a TB screening questionnaire each calendar year.
3. TST skin testing will be used as the screening method in the event of an exposure to *M.tuberculosis*.
4. Employees with a baseline positive or newly positive test result for *M. tuberculosis* infection (i.e., TST or BAMT) or documentation of treatment for Latent TB Infection (LTBI) or TB disease should receive one chest radiograph result to exclude TB disease (or an interpretable copy within a reasonable time frame, such as 6 months). Repeat radiographs are not needed unless symptoms or signs of TB disease develop or unless recommended by a clinician.

Prevention of TB

- Recognize possible causes of TB transmission in a timely fashion
- Prevent the patient from coughing germs into the air by having the patient wear a regular surgical mask and practice respiratory etiquette, including covering mouth when coughing and using tissues.
- Place patient in a negative air pressure room (NPIR) with an Airborne Precautions sign on the closed door. Keep the door closed as long as the patient remains on Airborne Precautions.
- The patient may leave the room for procedures and must wear a surgical mask.
- NPIRs are checked routinely each week by Facilities for appropriate airflow when occupied by a patient on Airborne Precautions for TB. Staff must notify facility management to activate negative pressure.
- Keep the germs from entering your lungs by wearing an N95 mask when in the presence of an unmasked patient with possible TB, or if in a room that has been occupied in the last hour by a

patient being tested for active TB or who has TB. Fit testing for the N95 mask is performed by the Cardiopulmonary Department.

- Follow up screening will be provided to all healthcare workers who were in contact with a patient with active TB before proper isolation was initiated.
- TB skin testing is provided by Employee Health and conducted in the Emergency Department.
- Special cleaning procedures are not needed for supplies/equipment used for patients on Airborne Precautions. After discharge, the room should be left vacant for 1 hour with the Airborne Precautions sign on the door before a new patient can be admitted into the room. Staff may enter the room during this time provided that they are wearing an N95 mask.

4. Aerosol-transmittable diseases

Aerosol-transmittable diseases are usually spread through direct contact with droplets from coughing, sneezing, or through breathing air that contains infectious organisms. Healthcare workers are at risk for occupational exposure to the following diseases:

- Influenza
- Measles
- Mumps
- Rubella
- Pertussis
- Tuberculosis
- Varicella-zoster (Chickenpox)

All employees are required to have laboratory evidence of immunity to Measles, Mumps, Rubella and Varicella-zoster. Protection against Pertussis is required upon hire by administration of Tdap in the Emergency Department or by proof of vaccination. A two-step Tb skin test is also required upon hire, and an annual TB screening questionnaire yearly thereafter. Influenza vaccination is required by all healthcare employees annually.

5. Blood Borne Pathogens

There are at least 20 infectious agents that have been transmitted in healthcare settings following exposure to blood. Some of them have serious acute and long-term complications. Hepatitis B (HBV), human immunodeficiency virus (HIV) and hepatitis C (HCV) are the Bloodborne pathogens that cause the greatest concern in healthcare settings.

- a. Transmission of infection depends on a number of variables:
 - Amount of blood or potentially infectious fluid to which the individual is exposed.
 - Amount of pathogen in the fluid.
 - Frequency of exposure.
 - Duration of exposure.
 - Virulence/potency of the pathogen.
 - Immune status/function of the exposed individual.
- b. Hepatitis B Virus (HBV)
 - The CDC estimates that there are 8,700 new cases of occupationally acquired HBV infection among healthcare workers in the United States each year.
 - The risk of infection from a needle stick or mucous membrane exposure to HBV-infection blood ranges from 30-300 infections per 1000 (3-30%). The highest risk (30%) is exposure to blood.
 - Hepatitis B vaccine is highly effective and is indicated to all healthcare workers who are expected to have contact with blood or other potentially infective materials as a result of their duties.

- a. OSHA regulations require that employers provide the HBV immunization series at no cost to employees who could have occupational exposure as defined above.
 - b. HBV vaccine is available through Employee Health and is administered in the Emergency Department
 - c. HBV vaccination requires a series of three injections. An antibody titer should be drawn four to six weeks after the third injection. If the titer is found to be low, the healthcare worker will be given an additional vaccine.
 - d. Employees who do not wish to have the vaccine must sign a specific form stating that they have been offered the vaccine but are declining it at this time. An employee who signs a declination form can ask for and receive the vaccine at any time during future employment.
- c. Human Immunodeficiency Virus (HIV)
- The number of people infected by HIV during occupational exposure is very small.
 - The risk of HIV infection from a work-related exposure to HIV-infected blood (through a needle stick or mucous membrane exposure) is about 0.3% for needle sticks and less than 0.1% for mucous membrane or non-intact skin exposure
 - HIV infection may initially cause no symptoms or only mild symptoms. Over time, HIV infection causes progressive destruction of the immune system, allowing opportunistic diseases, which cause devastating effects and death.
 - To date, less than 170 healthcare workers have been reported to have acquired HIV through occupational exposure in the United States.
- d. Hepatitis C Virus (HCV)
- Studies indicate that the risk of infection following needlestick exposure to a source who has hepatitis C infection is approximately 3.5%.
 - The hepatitis C antibody test does not tell us if the source currently is infectious at the time of the test, only that the source has been infected.
 - No vaccine or other therapy is currently available and effective in preventing HCV infection.

Additional General Guidelines for Prevention of Bloodborne Pathogen Infection

Sharp Safety:

- Do not bend, break or re-cap dirty needles.
- Pay attention when placing sharps in sharps containers.
- Use of safety devices for all sharps is required.
- Always announce the fact that you are handing a sharp object to someone.
- Staff must use aseptic technique for the preparation and administration of intravenous medications.
- Do not reinsert used needles into multi-dose vials or solution containers.
- Do not use the same needle/syringe to administer intravenous medications to multiple patients.
- For all lumbar puncture procedures, in addition to skin antisepsis and wearing sterile surgical gloves, wear a surgical face mask to limit the dispersal of respiratory droplets during the placement of a catheter or injecting material into the spinal or epidural space.

Decontamination:

- Employees must clean and decontaminate work surfaces and equipment with an approved hospital-grade disinfectant after completing procedures involving contact with blood.
- Employees must also clean and disinfect:
 - When surfaces become obviously contaminated.
 - After any spill of blood or any other potentially infectious materials.

- At the end of the work shift if contamination may have occurred.
- Contaminated equipment should be cleaned and decontaminated as soon as possible after use.
- PPE
 - PPE such as gloves, eye protection, cover gowns, and masks should be available in all areas where exposure may occur.
 - Hypoallergenic gloves are available and should be ordered for departments where employees have these special needs.
 - Water-resistant PPE must be available in areas where soaking or splashing exposure may occur.
 - Remove PPE before leaving the work area. PPE must be discarded at the area where it was used.
- If clothing is soaked by blood or other potentially infectious fluid, the Healthcare worker should remove the clothing as soon as possible. Clean scrubs will be provided.
- Flush eyes with water as soon as possible after an eye exposure to blood or other potentially infectious fluid. Eye wash stations are located in the OR, Pharmacy, ED, CT, Lab, Kitchen, laundry and on ACU.
- Report all Bloodborne pathogen exposures to your unit manager IMMEDIATELY and then follow as directed by Human Resources and Employee Health.
- Specimens are handled using universal/standard precautions and transported in a plastic bag or leak-proof container with a biohazard label.

Reporting Blood Exposures:

- Report ANY Bloodborne exposure IMMEDIATELY to the unit manager.
- A report in RL Solutions must be filled out completely and returned to Human Resources.
- Report to the Emergency Department IMMEDIATELY for post exposure management.

6. Work restrictions when you are sick

a. Conjunctivitis, infectious

- i. No direct patient contact until discharge ceases.
- ii. Viral conjunctivitis can be particularly infectious and has been associated with epidemics in hospitals.

b. Diarrhea

- i. Healthcare workers with acute illness that is severe, accompanied by other symptoms (such as fever, abdominal cramps, or bloody stools) or last longer than 24 hours, should be excluded from direct patient care pending further evaluation.
- ii. Healthcare workers with salmonella should not care for high-risk patients until two consecutive stool specimens are negative for salmonella.

c. Group A Streptococcal disease

- i. Healthcare workers with a sore throat, fever, and swollen lymph glands should be evaluated and have a throat culture performed if streptococcal sore throat is suspected.
- ii. Anyone suspected of having group A streptococcus at any site should be removed from patient care until infection is ruled out by test or until 24 hours after start of effective therapy.

d. Exposure to Varicella (chickenpox) or Zoster (shingles)

- i. The same virus (Varicella Zoster) causes both diseases.

- ii. If you are exposed to either infection and do not remember having had either infection in the past, you need to inform your unit manager. Your blood antibody titer must be checked, if not previously completed.
- iii. If you are not immune, you must refrain from patient care during the incubation period. Notify Infection Control/Employee Health.

e. Herpes Simplex

- i. Genital: No work restrictions.
- ii. Hands (herpetic whitlow): no direct patient contact until lesions heal.
- iii. Oral-Facial: cannot care for high-risk patients (NICU) without clearance. Those with multiple facial lesions should refrain from patient care until lesions are healed.

f. Respiratory infections

- i. Carefully wash your hands every time you cough, sneeze or touch your respiratory secretions and before any patient contact.
- ii. Even mild colds may be caused by viruses, which can result in severe infections in others.
- iii. Do not come to work if you are ill with a respiratory infection, especially if you have a fever.
- iv. You cannot tell from your symptoms if you have a mild rhinovirus infection (“Common Cold”) or an infection with RSV, influenza or some other viral infection that could have serious consequences if transmitted to a hospitalized patient.
- v. Respiratory Syncytial Virus (RSV) can cause life-threatening pneumonia in patients in less than 2 years of age, particularly among those with cardiac or pulmonary problems.
 - RSV is spread by direct contact with respiratory secretions.
 - RSV in healthy adults and older children appears as a common cold.
- vi. Influenza is spread primarily by respiratory droplets generated by coughing or sneezing.
 - Influenza vaccine is required by all healthcare workers and offered in the fall of each year.

g. Febrile Illness: Stay home if you have a fever.

References

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The Joint Commission. (2015). *2015 National Patient Safety goals*. Retrieved August 26, 2015 from http://www.jointcommission.org/standards_information/npsgs.aspx

Student Education Verification Letter

Dear Student,

To ensure you have updated information on infection control, key patient safety, and regulatory topics we have provided you with the Student Education Guide for your review.

Please sign, date and return this acknowledgement.

Thank you for choosing UPHS-Bell!!

Sincerely,

Haley Zayas, RN, MSN, MPH
 CLINICAL EDUCATOR/INFECTION CONTROL

I have received education on the following topics and had the opportunity to ask questions:

Mission, Vision and Values	Environment of care roles and responsibilities
Performance appraisal	Hazard communication
HIPAA	Emergency Management and preparedness
IT Security Awareness	Infant and Pediatric Abduction
Team dynamics	<ul style="list-style-type: none"> • Environment of Care • General Safety • Fire Safety • Electrical Safety • Back Safety • Ergonomics
Hospital and Unit policies and procedures	MRI Safety
Patients' Rights and Responsibilities	Interim Life Safety measures
Confidentiality	Patient Safety and Quality
Sexual Harassment	Joint Commission/CMS and quality of care issues
Adverse Event Reporting	EHAC and ACS flowcharts
Workplace Violence	Fall Reduction Program
Patient population specifics	Rapid Response
Cultural Diversity and Sensitivity	Infection prevention and control
Rapid Response	Infection Control Roles and Responsibilities
Infection prevention and control	Hand Hygiene

Printed Name _____ Signature: _____ Date _____