NORTHERN
REGIONAL HOSPITAL

ORIENTATION *for* CLINICAL SHADOW STUDENTS

NORTHERN
REGIONAL HOSPITAL

Please read through the following presentation and answer the corresponding questions on your answer sheet. This must be completed and turned in to Human Resources prior to your clinical experience

Welcome to Northern Regional Hospital

MISSION

To provide access to quality, affordable healthcare.

VISION

To be the healthcare system of choice for the community

VALUES

**Trust
Quality
Customer Service
Compassion
Commitment
Fiscal Responsibility**

Customer Service

Standards

Demonstrate a Positive Attitude

- Acknowledge the presence of patients and visitors

- Communicate in a respectful and professional manner
  - ***Nonverbal communication is AS IMPORTANT as what is actually said***

- Promptly respond to patient requests, phone calls and customer needs

- Walk guests to their location if they do not know where to go

Standards

Professional Conduct

- Address all patients and customers by their names, not room numbers

- Avoid terms such as "Honey" and "Sweetie"

- Respect the confidentiality and rights of all patients and colleagues

- Acknowledge and Report all concerns or complaints immediately

- Do not conduct personal conversations around patients and customers

- Always be aware of individuals that may need assistance and summon help as needed

Standards

Professional Appearance

- Uniforms must be clean and neat at all times
- Socks or hosiery must be worn at all times
- Hair/beards must be neatly groomed
- No open toe shoes or "Crocs" with holes can be worn
- No excessive cologne or after shave
- Artificial nails or nail extenders may not be worn by direct care providers or any type
- Body piercing jewelry which is visible may not be worn while on duty
- Student ID badges must be worn at all times
- Sweat pants, jeans, shorts, or Capri pants are not permitted

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Questions

PLEASE REFER TO CUSTOMER SERVICE
SECTION OF ANSWER SHEET

Questions

True or False

1. Student ID badges must be visible and worn at all times

   True   False

2. If a patient has a complaint it is not the student's responsibility to report their concerns

   True   False

3. Sandals and open toe shoes are permitted in patient care areas
   True   False

Compliance
&
Code of Business Ethics

Code of Business Ethics

- Northern Regional Hospital's **Compliance Program** uses the ***Code of Business Ethics*** to guide daily activities of employees and the organization in accordance with the regulations that govern the healthcare industry.

- The intent of the ***Code of Business Ethics*** is to set the standards of high ethical values and conduct in keeping with legal requirements

- The Joint Commission and the Occupational Safety and Health Administration (OSHA) regulations direct health care facilities to maintain a safe environment. State and local laws also put safety requirements in place

You should feel comfortable and compelled to report unethical or illegal conduct

- No question is too insignificant. All concerns are treated confidentially and without retaliation.

- You are responsible for reporting any activity by any colleague, physician, subcontractor, or vendor that appears to violate applicable laws, or regulations, or the ***Code of Business Ethics***.

Commitment to QUALITY CARE

- <u>Quality Care</u> is care that is both necessary and appropriate, delivered in an ethical, professional, compassionate, respectful and cost-effective manner.

- Provided without distinction based on race, creed, sexual orientation, gender identity or expression, national origin, handicapping condition, sources of payment, or lack of ability to pay.

EMTALA: Emergency Medical Treatment and Labor Act

- All patients are accepted for care and receive a medical screening exam. (EMTALA regulations: Medical Screening Exam)

- Emergency medical treatment is provided regardless of the ability to pay. Treatment is not be delayed in order to obtain financial information.

- **Regardless of insurance coverage or ability to pay** – when a patient presents to an emergency room for attention to an emergency medical condition – requires hospitals to provide:

  - Evaluation by a qualified healthcare provider
  - Needed stabilizing treatment
  - Transfer to another agency, as needed, for specialized care

- Patients are transferred only after stabilized, risks and benefits have been explained, the receiving facility has accepted the patient and the patient has agreed to be transferred.

Patient Rights

Patient Rights are upheld, including the right to:

- Respect and dignity
- Privacy and confidentiality
- Personal safety
- Identity
- Information
- Communication
- Refusal of treatment
- Decisions regarding end of life
- Continuity of care
- Complaints and concerns
- Cultural and spiritual beliefs
- Freedom from unnecessary seclusion and restraint
- Pain management
- Visitation

HIPAA

HIPAA: Health Insurance Portability & Accountability Act

- **Federal law that protects individuals' privacy and security of health information**

- **HIPAA Privacy Rule identifies permitted use and disclosures of Protected Health Information or "PHI". PHI is kept secure and confidential at all times**

- Each health care facility must comply with the HIPAA privacy standards.

- Health care facilities must inform patients of their privacy policies and provide training to all staff and volunteers regarding HIPAA regulations.

- Noncompliance with HIPAA regulations is a federal offense.

PHI

- **PHI is information, including demographic information, which relates to the individual's past, present, or future physical or mental health or condition and the provision of health care to the individual**
  - *Example of PHI:*
    - *Medical Record*
    - *Lab Report*
    - *Hospital Bill*

- **Protected health information also includes many common identifiers (e.g., name, address, birth date, Social Security Number, phone number, insurance or bank account numbers, face and body photos, and fingerprints)**

- **All PHI must be kept hidden from public view**

HIPAA

Clinical Staff and Students:

- May only view patient information as it relates to the direct care of their assigned patient(s)

- Cannot share or personally use any patient information

- Maintain confidentiality concerning all conversations and events involving doctors, nurses, and/or others with whom you come in contact

- Cannot discuss personal information with friends, relatives, staff or other students except as required to provide continuum of patient care

- Cannot look up information about a patient for whom they are not directly responsible for providing care

HIPAA

Clinical Staff and Students:

- Cannot use computer systems to obtain health or medical information about themselves, family members, friends, etc

- Cannot copy medical records

- Cannot photograph patients

- Must ensure paperwork with confidential information is covered and protected and disposed of in locked shred bin once no longer needed

- Ensure that computer screens are not left open to the public

- Log off before leaving computer

- Must not discuss patients in public areas such as elevators or hallways

- Must not post any patient information , including photographs, hospital or provider information on social media

HIPAA

HIPAA Violations or Breaches of Confidentiality can result in:

- Legal liability
- Sanctions from Regulatory Body
- Civil Monetary Penalties for facility and perpetrator of privacy breach
- Criminal penalties up to 10 years in prison

IDENTITY THEFT PREVENTION

Northern Regional Hospital has an ***Identity Theft Prevention Program*** to:

(a) Prevent intentional or inadvertent misuse of patient names, identities, medical record and account information.

(b) Report criminal activity relating to identity theft or theft of services to appropriate authorities.

(c) Correct and/or prevent further harm to any person whose name or other identifying information is used unlawfully or inappropriately.

You are expected to be to be vigilant in protecting patients' personal information that could be used fraudulently, and to report any identity theft concerns.

Reporting of Alleged Abuse and/or

- Caregivers are legally required to report to authorities any cases of suspected abuse or neglect of certain patients that are considered part of a vulnerable population.

- They include, but may not be limited to children, the elderly, handicapped and/or mentally incapacitated individuals.

- If you are concerned about a patient, notify your supervisor or department manager, and refer to the appropriate hospital policy/procedure.

OUR WORKPLACE

- Northern Regional Hospital is committed to a work environment where all employees are treated with respect, dignity, and fairness.
- There is no discrimination in hiring, performance evaluation, career development, discipline, termination, or for any other term or condition of employment.
- Any form of unlawful employee harassment on the basis of race, color, religion, sex, age, disability, or status is prohibited.
- You should report any perceived incidents of discrimination, harassment or retaliation.
- Northern Regional Hospital is a Drug Free Workplace

- Unlawful drugs and alcohol use is not tolerated in the workplace.

OUR BUSINESS CONDUCT

- **The Federal False Claims Act** establishes liability for any person who knowingly presents or causes to be presented a false or fraudulent claim to the U.S. government for payment.

  - Claims for payment must be made only for services that were actually rendered, were medically necessary and were appropriate for the patient's condition.

- **Federal Anti-Kickback Law** prohibits staff or students from accepting gifts, tips or gratuity from patients or families

- **Stark Law** prohibits a physician from making referrals for certain designated health services (DHS) payable by Medicare to an entity with which he or she (or an immediate family member) has a financial relationship. Applies to providers who refer Medicare patients for outpatient, inpatient services or prescription drugs

PLEASE REFER TO COMPLIANCE SECTION OF ANSWER SHEET

Questions

True or False

1. The intent of the Code of Conduct and Business Ethics is to convey our high ethical values and standards of conduct, and to ensure that we each meet our obligation of compliance with the laws and regulations which govern the healthcare industry.
   True   False

2. EMTALA provides that Emergency medical treatment is provided regardless of the ability to pay. Treatment is not be delayed in order to obtain financial information
   True   False

Questions

True or False

3. Neither Staff nor Students can use computer systems to obtain health or medical information about themselves, family members, friends

   True   False

4. HIPAA violation can result in civil and / or criminal penalties.

   True   False

Information Systems and Computer Security Education
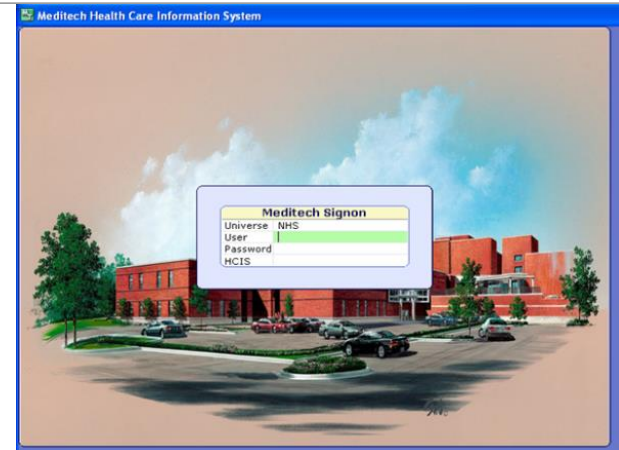
Information Systems Department

- Support all PC's, printers, servers, & phones at the hospital and 9 Physician Offices

- Support Available 24/7

- Help Line #4357

- Email Issues to

  ishelp@nhsc.org to create a work ticket

Patient Information Software

- MEDITECH is the software program used for Clinical and Financial Systems

- Physician Offices utilize GREENWAY

Hospital Policies for Computer Use

- Computer Software Management – establishes and enforces computer software guidelines that will ensure compliance with Federal Copyright laws and protect the integrity of the network, software, and hardware owned, installed, created or licensed by Northern Regional Hospital.

- Electronic Media Policy – establishes rules governing the use of electronic media

- Both are available in the Policy & Procedure Manual- shortcut on every computer

Points to Remember
From The Two Policies:

Electronic data entered at the hospital belongs to NRH

Electronic media must remain on property

Loading of software must be authorized and must be loaded by Information Systems personnel

No unauthorized screensavers (MS Office only)

No games

No personal software

Downloads must be authorized and must follow procedures

★ Sensitive or confidential patient information (PHI) use [SECURE2] in the subject line of the email

Prohibited Communications
in Electronic Media

- Discriminatory or harassing

- Derogatory to any individual or group

- Obscene or pornographic

- Defamatory or threatening

- In a 'chain letter' format

- For the purpose of personal gain

- If illegal or contrary to the policies or mission of NRH

- **Social Media and Personal Email accounts are NOT to be accessed due to Malware dangers**

Email Security

- Be Aware of Suspicious Emails

- #1 way of getting a Virus

- KnowBe4 Training tomorrow/Tips in emails periodically

- If an email is from an unknown source – delete it

- Hover the mouse over all Links, attachments, and documents to see the address - delete anything suspicious

Blocked Web Sites

- We block certain websites – games, social sites, adult material, etc.

- The following screen is an example of what you'll see if you try to get to a web site that is blocked. If this is a web site you need to perform your job then contact Information Systems and we can unblock the site.
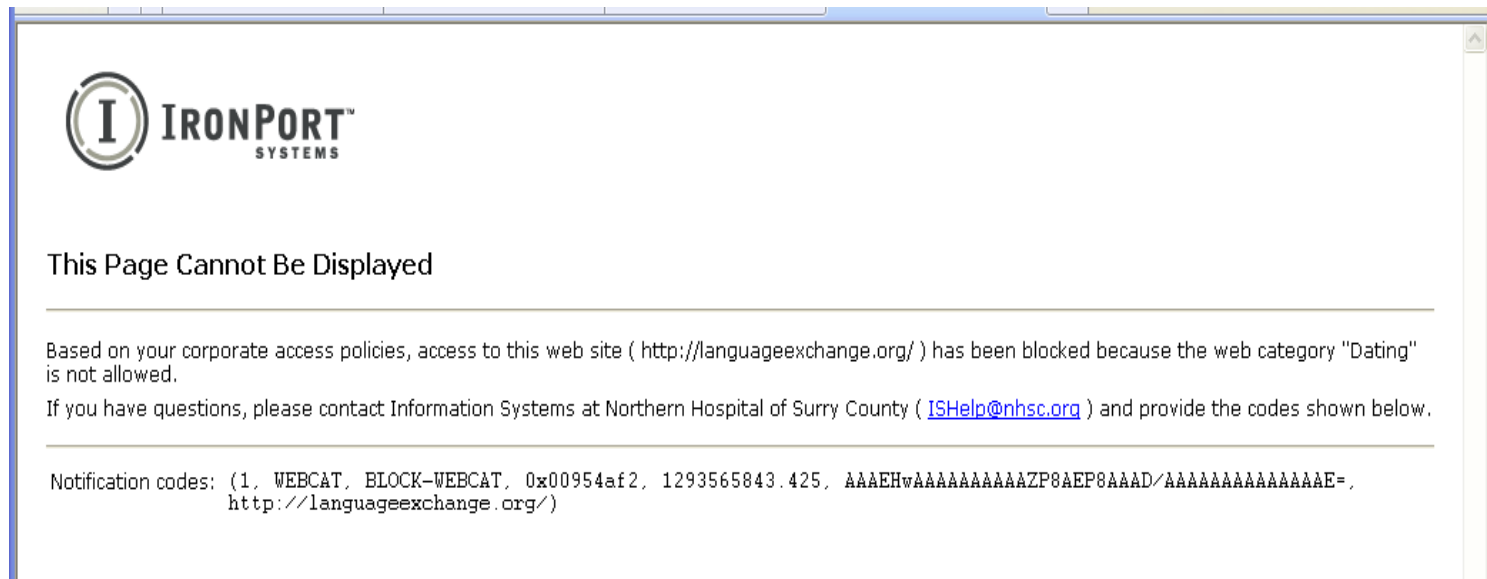
Monitoring Computer Use

- Northern Regional Hospital has the right to monitor internet access, email, fax-server faxing, and desktop application information for compliance.

- **NRH does random audits on patients for justified access.**
  - **Only access patients you are treating**
  - **Do not access you own records**

- Do not assume any electronic communications are totally private.

Passwords

- Do not share, post, or write down your passwords.

- Current passwords are 8+ in length using 3 of these 4 selections: Upper case, lower case, numeric, and/or special characters and cannot include your name. Users are required to change their password every 60 days

Screen Security

- PC Screens: If you are the only user when you leave you desk lock your screen (press the Ctrl – Alt – Delete keys all at the same time and select Lock Computer with your mouse).

- If you share a computer, minimize or change screens to prevent unauthorized viewing of confidential data.

- End Of Shift: If you're the only user shut down the computer. If shared sign off computer.

- *Do Not Change* - Screensavers and backgrounds

- *Do Not Move* - ICONS

- *Do Not Change* - Colors

PLEASE REFER TO COMPUTER SECURITY SECTION OF ANSWER SHEET

Questions

1. Northern Regional Hospital does random audits for justified access to patient records
   - A. True
   - B. False

2. All staff can access Social Media on any of the computers in the hospital
   - A. True
   - B. False

Security Management

Our goals are to ensure that <u>everyone</u> has a safe and secure environment; while every one of our patients get the best patient care possible

About Our Officers

- Registered Armed Security Officers through North Carolina Private Protective Services

- CIT Certified (Crisis Intervention Training) CIT officers respond to crisis calls that present officers face-to-face with complex issues relating to mental illness.

Security Officers at NRH Manage

- Employee and Visitor Escorts
- Information Specialists
- Crowd Control
- Disturbances / Fights
- Investigations
- Morgue Management
- Stranded Motorists Assistance

- Testing of all Security Systems and equipment
- Parking Enforcement
- Parking lot patrol
- Badge Access Control
- Security assessments
- Emergency response
- Securing perimeter of facility

Contacting Security

In Case of EMERGENCIES

- Dial **5000**

- *Call Boxes*

OFF CAMPUS DIAL 911

Emergency Call Boxes

- Press the RED Button for any EMERGENCY

- The call is relayed to Security via handheld radios with your specific location

- Security will respond immediately

- Two-way communications between Security and the Caller can be exchanged

RED BUTTON

Building Lockdown

- Northern Regional Hospital is locked down nightly between 9pm and 6am (except ED Waiting area)

- Anyone inside the building during nightly lockdown, without ID, should be assisted to verify the reason of their presence –

    - *(contact security immediately if any suspicion exists by dialing 5000)*

- Visitors of employees are discouraged at all times

Active Shooter

An "active shooter" is an individual with a weapon who is engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims.

A true active shooter will kill anyone in their path and usually end up taking their own life when confronted by armed responders

- All staff and students should <u>immediately</u> evacuate the area – do not stay behind for anyone, you must save your life now to help others after the shooting has stopped

- If you can't leave the area you must go into a secured room and remain there until law enforcement and/or security arrives

Active Shooter

- Close all doors, turn off lights, and remain quiet
- Barricade the door if possible
  - Use beds, stretchers, furniture, filing cabinets
  - A book or other item might be used to wedge the bottom of the door closed
- If you must hide in a secure area and the shooter/s enter – **you must fight for your life**
  - Scissors, pens, and other items may be used as weapons to incapacitate the shooter

Active Shooter

- <u>RUN</u> away from the shooter
- Keep both hands raised over your head with your hands open and clearly visible
- Do not carry anything in your hands

  - <u>An Active Shooter Event will cause chaos</u>
- DON'T do anything that would cause responders to mistake you as the shooter

Parking

Northern Regional Hospital provides free parking for patients, visitors, employees, contracted staff, Medical Staff, students and volunteers, in designated parking areas.

Worth Street Parking Lot

Worth Street Parking

Surgical Center

Existing Hospital

BOILER

MOBILE MRI

LOADING DOCK

MAIN ENTRY LOBBY

Mobile Trailer

"SOUTH STREET"

"WORTH STREET"

ROCKFORD STREET

U. S. ROUTE #601

Old Rockford St

Penn Street

Represents Medical Staff Parking

Represents Volunteer Parking

Represents Employee Parking

Represents General Parking and Overflow Parking for all NHSC Patrons (patients, visitors, staff, volunteers)

Represents Visitor Parking

Fire Safety

Nonsmoking Health Care Facility

- The use of cigarettes (**including electronic cigarettes or any smokeless cigarette type product**) and all tobacco products is **prohibited** on any of Northern Regional Hospital's campuses.

- This includes all buildings, parking lots and parking areas, roadways, and sidewalks that run through and /or surround any NRH campus or property.

- The use of cigarettes and all tobacco products is also prohibited in all hospital owned vehicles or any vehicle on NRH campuses.

- Our policy applies to all persons, including employees, physicians, visitors, volunteers, contract workers, students, and tenants

Fire Drills

- Conducted regularly at NRH

- Occur on all shifts in all buildings

- Make sure you know the role you are assigned by your department

- NEVER ignore a fire alarm!!!!

- Each department will send at least one trained person to the location of "Red Alert" to assist with the RACE protocol

- **When an alarm sounds please inform visitors to remain in a waiting area or respective patient room, do not use elevators, and listen for further instructions**

Fire Drills (Red Alert

- When an alarm sounds please inform visitors to remain in a waiting area or respective patient room, do not use elevators, and listen for further instructions

- The Charge Nurse of each unit will determine if the Oxygen may be shutoff to an **entire unit or wing**

- Any nursing unit employee may shut off oxygen to an **individual patient** if fire is present in the patient room

R.A.C.E.

R — **RESCUE ANYONE IN IMMEDIATE DANGER**

A — **ALARM**
PULL THE NEAREST FIRE ALARM AND DIAL 5000, GIVE AS MUCH INFORMATION AS POSSIBLE ON LOCATION

C — **CONFINE**
CONTAIN THE FIRE BY CLOSING DOORS

E — **EXTINGUISH AND EVACUATE**
PERFORM THE P.A.S.S PROCEDURE USING THE NEAREST FIRE EXTINGUISHER TO PUT OUT THE FIRE IF CONTAINED TO A SMALL AREA AND YOU ARE NOT IN DANGER. EVACUATE IF TOO LARGE OR UNSAFE TO EXTINGUISH

P.A.S.S.

PULL THE PIN (TWIST AND PULL)

AIM AT THE BASE OF THE FIRE

SQUEEZE THE HANDLE

SWEEP FROM SIDE TO SIDE

Fire Extinguishers

- All Fire Extinguishers within NRH are ABC classification – which are suitable for normal fires.

- ***Never point a fire extinguisher at a person*** (particularly at his or her eyes, mouth, or clothing), even if he or she is on fire, because the chemical in the spray can remove oxygen the person needs to breathe. Instead, to stop a fire involving a person's clothing, have the person **stop – drop – and roll.**

Evacuation

Northern Regional Hospital has 3 levels of evacuation:

- **Level I   Evacuation to Another area of Unit**
- **Level II   Evacuation of Entire Floor**
- **Level III   Evacuation of Entire Building**

Evacuation

- **Clinical and Non-Clinical staff will be responsible for assisting the evacuation all patients and visitors within their areas.**

- **A pillow, towel, or bed linen should be placed on the outside of each door near the bottom to indicate the room has been cleared and no occupants are inside the room.**

- **NOTE: Check all waiting areas and corridors. Patients and visitors may not be familiar with NRH's evacuation plan and rely on the staff of NRH to instruct them on "what to do".**

NO ONE WILL BE ALLOWED TO RE-ENTER THE BUILDING UNTIL THE ALL CLEAR SIGN IS GIVEN.

Level II

The evacuation of an entire floor

- Never evacuate to a higher level in the building.

- Always evacuate toward the level of exit discharge.

- Use stairways and not elevators.

- Stay low to avoid smoke.

- Feel doors before opening.

Level III

Total evacuation of the entire building

- All patients, staff, and visitors should exit through the *nearest* exit.

The helipad will be the staging area in the event of a Level III evacuation.

- All staff should immediately report to the helipad.

- All patients and charts should be brought to the heli-pad.

MedSled

Evacuation Sled in Action

Step 1: Patient Prep Step

2: Lower to Floor Step

3: Drag to Stairwell

4: Stairwell Descent

- **Simple and easy to deploy**
- Sled is **100% assembled for vertical and horizontal evacuation**
- Specially designed **stairwell braking system** allows for safe and controlled descent
- **No lifting** - uses roll and drag method
- Allows staff to transport patients 2 – 3 times their own weight

PLEASE REFER TO FIRE SAFETY ON ANSWER SHEET

Questions

1. What does the acronym P A S S stand for?

A. Point the extinguisher, alarm the fire department, shout for help, sift all patients to a safe location.

B. Partially approved sprinkler system.

C. Pull the pin, aim the extinguisher, squeeze the handle, sweep the base of the fire.

D. Patients first, alarm co-workers, shut the doors, stay away.

Questions

2. **In the memory device RACE, "R" stands for:**

A. Remember to close doors and windows.
B. Remember to pull the fire alarm.
C. Rescue people in immediate danger.
D. Run for the door and leave the building.

Electrical Safety

Electrical Safety

- **Electrical safety is everyone's responsibility**

- **All Clinical equipment must be checked by Clinical Engineering prior to being placed in service.**

- **All other equipment must be checked by the Maintenance Department prior to being placed in service**

Electrical Safety

Electrical Extension Cords

Extension cords should only be used in emergency or temporary situations **with approval from the maintenance supervisor and/or Director of Safety/Security.**

Power to Meet Emergency Needs

- Emergency power sources supply electricity for alarm systems, communication systems, exit route lighting, and exit sign lighting in this facility if the normal power supply is disrupted

- The facility's emergency power must also maintain essential services when the normal power system is interrupted. These services include:
  - Blood bank and tissue storage
  - Emergency care and operating room
  - Medical air and vacuum systems
  - Life-support equipment
  - Obstetrics
  - Newborn nurseries

Electrical Equipment Safety

- Use only electrical equipment that you have been trained to use.

- Keep electrical cords or connections away from water or other liquids.

- Do not operate electrical appliances inside an oxygen canopy.

- Plug only one piece of medical electronic equipment into each outlet.

- Do not use extension cords in this health care facility.

- Do not use adapters that convert three prongs to two prongs in health care facilities.

- Do not use personal appliances in health care facilities.
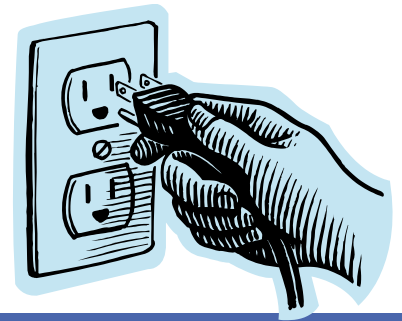
Electrical Equipment Repair

- Immediately discontinue the use of the following and discontinue use of:

    - Electrical equipment that produces sparks
    - Hospital appliances with frayed or broken cords
    - Outlets that emit smoke or odor
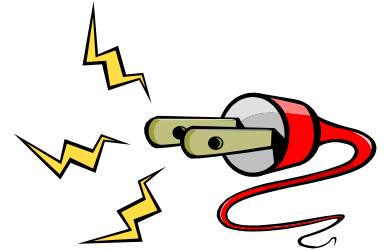
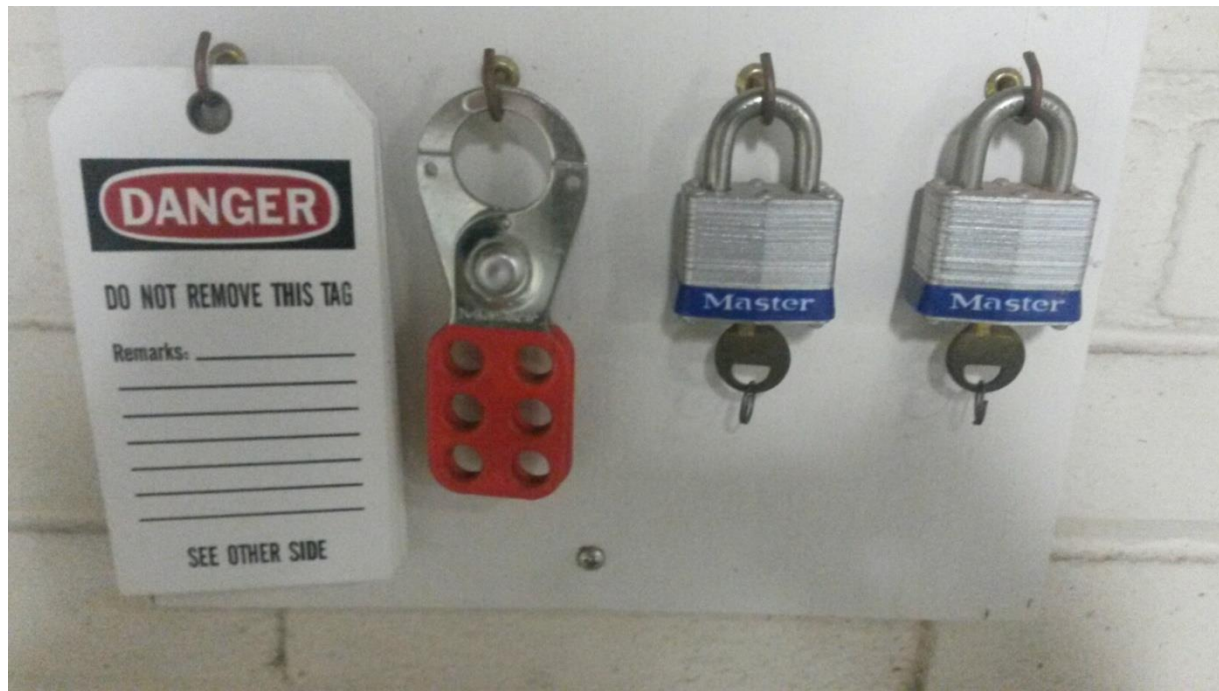   Do not use damaged outlets until they have been repaired or replaced by a trained electrical worker.

    - Only trained electrical workers should repair electrical equipment and outlets, using appropriate tools and wearing personal protective equipment.

Electrical Safety

Lockout/Tagout

OSHA Lockout Procedure

- When a piece of electrical equipment requires repair, its power source must be turned off, and the equipment must be disconnected from the power source.

- The electrician uses a lockout device to prevent others from turning on the equipment or reconnecting the equipment to a power source; otherwise, workers doing repairs could be electrocuted

OSHA Tagout Procedure

- Once an electrician has disconnected equipment that needs to be repaired from its power source, he or she attaches a tag to the equipment, indicating to all employees that the equipment is under repair and should not be restarted under any circumstances.

- The tag lists the date, the time, and the person locking out the equipment.

- The tag is signed by the electrician and can be removed only by the electrician

Know How to Report
Safety Hazards

- Notify the responsible department manager/director

- If you feel the situation needs immediate attention, contact the charge nurse, house supervisor or security officer.

- Manager of Safety/Security:

  ◦ **Darin Manuel- Ext. 8382 or Cell 336-972-4452**

  ◦ **Email dmanuel@nhsc.org**

PLEASE REFER TO ELECTRICAL SAFETY ON ANSWER SHEET

Questions

1. **Which of the following receives emergency power during a power outage?**
   A. Alarm system
   B. Elevators
   C. Visitor escalators
   D. X-ray machines

2. **Who can remove the lockout tag from electrical equipment?**
   A. the electrician who disconnects the equipment from its power source
   B. the employee who discovers the broken electrical equipment
   C. the OSHA inspector
   D. the supervisor in the department with the broken equipment

Hazardous Communications

Hazardous Communication Program

- Helps reduce the risk of healthcare workers being exposed to chemicals

- HCP requires facilities to:
  - Keep a list of chemicals used or stored by workers
  - Train employees about these chemicals
  - Use labels, signs, and detailed chemical information provided on SDSs

Material Safety Data Sheets

- For the protection of staff and students, safety information about chemicals used within the healthcare agency is available:

  - On **PRODUCT LABELS.**
  - On **SAFETY DATA SHEETS (SDS)** compliant with the Globally Harmonized System of Classification and Labeling of Chemicals (GHS).

Material Safety Data Sheets

- The Director of Materials Management will keep original SDS on file.
  - After a chemical is determined not to be in use by the hospital the SDS will be moved to a dead file that will be maintained by the Director of Materials Management.
  - The SDS will also be a part of the program for use by employees.
  - Two Master Manuals will be maintained :
    - Materials Management Department
    - Emergency Department.

Responsibility

- Each SDS contains details about the characteristics of the chemical, including:
  - Hazards
  - Possible ways a person could be exposed
  - Symptoms of exposure
  - The actions to take if a person is exposed to the chemical in order to minimize harm

- Each department maintains:
  - A SDS for each chemical used or stored in the area
  - A current hazardous material inventory listing all chemicals used or stored in the area

Procedure

- All hazardous chemical containers within a department must have labels. The purpose of the label is to:
  - Identify the contents
  - Provide the known hazard warnings

- Never transfer a chemical to a secondary container.

Required Labeling Information

- Common name
- Chemical name
- Fire, spill, and leak instructions
- Handling and storage instructions
- Hazard statement explaining the physical and health hazards of the chemical
- Instructions in case of exposure
- Name, address, and phone number of the manufacturer
- Precautions to be taken when working with the chemical
- Signal words: *Warning, Caution, or Danger*

Managing Chemical Hazards

- Use only properly labeled containers

- Use PPE as required

- Ask for help if you do not understand label information

- Store chemicals in approved areas

- Immediately report spills, leaks or accidents to instructor, preceptor or department manager

NFPA Placard System

- The National Fire Protection Association (NFPA) placard system provides a simple system of hazard identification:
  - The placard is shaped like a diamond
  - The placard is color coded for the type of hazard
  - The placard is number coded for the severity of the hazard

- Blue diamond = Health hazard

- Red diamond = Fire hazard

- Yellow diamond = Reactivity hazard

- White diamond = Specialized chemical hazards. Can include a number of symbols that indicate not to use with water, materials that oxidize, materials that are radioactive, or materials that require protective clothing or equipment

Safety

Emergency Management Plan

- **The Emergency Management Plan outlines procedures for responding to:**
- **Fires**
- **Bomb threats**
- **Severe weather**
- **Utilities service failures**
- **Floods**
- **Hazardous materials**
- **Sudden influx of patients**

If a facility's resources are overwhelmed and cannot handle the emergency without a disruption of service, and the event causes substantial fatalities or a severe loss of property or equipment, that event is classified as a disaster

Emergency Management Plan

- A disaster code is announced when a plan is implemented:

RED ALERT   Fire and/or smoke detected   **R-A-C-E**

CODE PINK   **Missing person**

CODE BLUE / CODE 8   **Cardiac or Respiratory Arrest**
                         Code Blue = Adult   **Code 8 = Pediatric**

CODE STROKE   **Any person exhibiting Stroke symptoms**

CODE ORANGE   **Violent or Aggressive individual**

CODE PURPLE   **Tornado or Severe Weather**

CODE WHITE   **Individual with Weapon / Hostage**

CODE GREEN   **Internal Disaster**

CODE TRIAGE   **External Disaster**

CODE BLACK   **Bomb Threat**

EMERGENCY CODES

REPORT ALL EMERGENCIES BY DIALING "5000"
Give as much detail as possible when reporting!

RED ALERT Fire and/or smoke detected
1. Rescue anyone in danger
2. Alarm – set off alarm, dial 5000 and report
3. Contain the area – close doors
4. Extinguish – use PASS protocol/Evacuate (see Evacuation Alert)

EVACUATION ALERT Situation requiring area/facility evacuation
Level 1 – lateral shifting of patients on same floor/level
Level 2 – total evacuation of floor/level
Level 3 – total evacuation of entire facility

CODE PINK Any missing person (infant, child, adult, senior)
1. Specific information paged overhead
2. Report any information to extension 5000 or via radio
3. Monitor corridors, exits, waiting rooms, restrooms
4. Wait for all-clear before leaving station.

CODE BLUE/CODE 8 Cardiac or respiratory arrest
Code Blue = Adult   Code 8 = Pediatric
- Provide appropriate intervention
- Rapid Response Team will respond to area per overhead page

CODE STROKE Any person exhibiting stroke symptoms
- Follow training and protocol – use F-A-S-T assessment
- Dial 5000 internally, dial 911 anywhere outside hospital facility.

CODE ORANGE Violent or aggressive individual
- Respond according to training and protocol; Provide appropriate intervention
- Those not providing assistance, avoid location

CODE PURPLE Tornado or other severe weather
- Secure all patients and visitors in hallways and away from windows
- Encourage all persons to stay inside facility in a safe location until code is cleared

CODE WHITE Individual with weapon and/or hostage
- If possible, follow Level 2 evacuation
- Avoid the location of incident and keep all persons in a safe and secured location
- If possible, provide any relevant information about situation to ext. 5000

CODE GREEN Internal disaster
- Respond according to your department's disaster plan
- Hospital incident command may or may not be activated depending on level of incident
(Staging area will be new Education Center Computer Lab)

CODE TRIAGE External disaster
- Respond according to your department's disaster plan
- Hospital incident command may or may not be activated depending on level of incident
(Staging area will be new Education Center Computer Lab)

CODE BLACK Bomb Threat
1. Keep caller on the line
2. Listen for background sounds, caller accent, voice tone, etc.
3. Ask questions – who are you angry with, etc.
4. Call x5000 as soon as caller hangs up and report everything.

Rapid Response

- Rapid Response can be called by staff, volunteers, student, family or anyone identifying a potential deterioration in a patient's condition or a situation with a visitor or customer that requires medical attention

- Purpose is to provide early and rapid intervention for potential life-threatening condition or injury

- Rapid Response stretchers and backboards are kept throughout hospital for transport needs

- To report a Rapid Response need, dial 5000. Indicate to the operator in the event of a pediatric patient

- SBAR process is utilized for communicating with physicians on patient condition

Pain Management

- **All Northern Regional Hospital's patients have a right to appropriate assessment and management of pain.**

- **This is done through initial assessment and regular assessment**

- **Pain screening tools are age, developmental level/cognitive and language specific.**

- Appropriate pain rating tools with 0-10 scoring are available to each patient.

- Adult and adolescent patients who are able to verbalize will be asked to rate their pain on the numeric rating scale with 0 as no pain and 10 the worst pain.

- The standard assessment tool for pediatric patients is the Wong-Baker Faces scale.

- A Pediatric Comfort Scale is utilized to assess the pain level for infants, children, and/or developmentally impaired individuals and neonatal (NIPS) pain scale.

- The FLACC scale is a behavior pain assessment scale used for adults who cannot self-report the 0-10 pain scale.

Pain Management

- Mild pain is considered pain on a scale of 1-4

- Moderate pain is considered pain on a scale of 5-7

- Severe pain is considered pain on a scale of 8-10.

- Treatment strategies for pain may include pharmacologic and non-pharmacologic approaches. Strategies should reflect a patient-centered approach and consider the patient's current presentation, the health care providers' clinical judgment, and the risks and benefits associated with the strategies, including the potential risk of dependency, addiction, and abuse.

- All patients will receive a reassessment of their pain utilizing the appropriate pain scale based on their developmental age.

Questions

1.   Which of the following codes signals a weapon or hostage incident?
   a)   Code Yellow
   b)   Code White
   c)   Code Green
   d)   Code Black

2. A "Rapid Response" can only be call by a Registered Nurse
        True   False

Bloodborne Pathogens

Bloodborne Pathogens

- Each of us can prevent disease caused by contact with pathogens found in blood and Other Potentially Infectious Materials (OPIM). Infection control measures, put into place by this facility, guide health care workers in this prevention

- Every health care worker must be aware of these infection control measures and his or her role in order to protect him or herself and others

- It is the responsibility of each team member to understand his or her risk of exposure to infectious materials and how to protect himself or herself

Pathogens in Blood and Other Potentially Infectious Materials

- Contact with blood or body fluids may subject health care workers to viruses.

- Diseases caused by the following three pathogens are of major concern to health workers:

  - Human immunodeficiency virus (HIV)
  - Hepatitis B virus (HBV)
  - Hepatitis C virus (HCV)

  There are three diseases caused by these viruses:

  - Acquired immunodeficiency syndrome (AIDS)
  - Hepatitis B
  - Hepatitis C

- Hepatitis A is not spread in the same manner as hepatitis B and hepatitis C

- Hepatitis A is caused by the hepatitis A virus (HAV) and spread by the fecal-oral route, such as through fecal contamination of food or water. Hepatitis A is not a bloodborne disease.

Hepatitis B (HBV)

▪Of the diseases spread by contact with blood or body fluids, hepatitis B is very common. One out of 20 Americans will be infected by HBV during his or her lifetime.

▪HBV is a virus that attacks the liver. Over time, this virus may cause scarring of the liver. The signs and symptoms of hepatitis B usually occur 12 weeks after exposure and include:

- Enlarged liver
- Yellow tinge to the skin or the whites of the eyes (jaundice)
- Loss of appetite
- Nausea
- Abdominal pain

  Many people infected with this virus do not have any symptoms. However, even though they may not have symptoms, they may still spread the disease to others

Hepatitis B Spread?

- The most common ways HBV spreads include:
  - Sexual contact:
  - IV drug use: When IV drug users share needles, they exchange body fluids, and this exchange puts IV drug users at risk of coming into contact with HBV.
  - Mother to baby: While pregnant, a mother who is infected may infect her baby. During prenatal screening, the mother is checked for HBV infection. If a mother is infected with HBV, treatment may begin on the baby at birth.
  - Hepatitis B infection is a serious risk for health care workers. However, this risk can be decreased with the hepatitis B vaccine available to all health care workers at risk of coming into contact with this virus
  - If you are exposed to HBV through a needlestick injury, the risk of infection is at least 30% if you have not received the hepatitis B vaccine.

Hepatitis B Vaccine

- The hepatitis B vaccine is offered at no charge to staff to protect health care workers.

- Staff in a clinical setting will be offered the hepatitis B vaccine series upon beginning work in an area of the facility in which he/she risks coming into contact with the hepatitis B virus (HBV).

- Staff may elect not to take this vaccine. If they change their mind and want to have the vaccine later, they may access it at any time

Hepatitis C (HCV)

- Like HBV, Hepatitis C attacks the liver. Seventy percent of hepatitis C patients appear to have no symptoms.

- The virus may remain in the body for a long time before symptoms such as fatigue, loss of appetite, and abdominal pain begin.

  Out of every 100 persons who are infected with HCV, 55 to 85 may develop long-term infection, and 70 may develop chronic liver disease.

  Spread Through:
- Sexual intercourse
- From mother to infant during birth.
- The CDC reports that illegal injected drug use is the most common way HCV is transmitted.
- Exposure to blood or Other Potentially Infectious Materials

Exposure Control Plan

- **OSHA requires employers in the health care field to develop an exposure control plan. This plan provides protection for all health care workers who might be exposed to pathogens found in blood and Other Potentially Infectious Materials.**

- **Northern Regional Hospital Exposure Control Plan is updated each year**

Personal Protective Equipment(PPE)

- When handling blood or "Other Potentially Infectious Materials" (OPIM) and anytime there is a risk of a exposure, you MUST follow **Standard Precautions** and use Personal Protective Equipment (PPE):
  - Gowns – protect skin and clothing from becoming soiled
  - Gloves
  - Masks
  - Goggles/Eye Protection
  - Face Shields to protect mucous membranes

Transmission-Based (Isolation) Precautions

CONTACT PRECAUTIONS

STOP / **ALTO**

PRECAUCIONES DE TRANSMISIÓN POR CONTACTO

☑ **Perform hand hygiene**
Llevar a cabo la higiene de las manos.

☑ **Gloves when entering room**
Utilizar guantes al entrar al cuarto.

☑ **Gown for direct patient care or whenever clothing may contact surfaces in the room**
Uso de bata cuando se entre en contacto directo con el paciente o cuando la ropa pueda entrar en contacto con las superficies en la habitación.

Families and guests:
Familias y visitantes
- Clean hands upon entering and exiting room
- *Lavarse las manos al entrar y al salir de la habitación.*
- Do not need to wear gowns or gloves
- *No es necesario el uso de batas ni de guantes.*

Translated by UNC Health Care Interpreter Services, 04/14/15

ENTERIC CONTACT PRECAUTIONS

STOP / **ALTO**

ENTERIC PRECAUTIONS

PRECAUCIONES DE TRANSMISIÓN ENTÉRICA
Perform hand hygiene before entering room or cubicle and wash hands with **SOAP AND WATER** for 15 seconds before leaving the room.
*Llevar a cabo la higiene de las manos antes de entrar a la habitación o al cubículo y lavarse las manos con **jabón y agua** por 15 segundos antes de salir de la habitación.*

☑ **Gloves when entering the room**
Utilizar guantes al entrar a la habitación.

☑ **Gown for direct patient care or whenever clothing may contact surfaces or equipment in the room**
Uso de bata cuando se entre en contacto directo con el paciente o cuando la ropa vaya a estar en contacto con las superficies en el cuarto.

Families and Guests
Familias y visitantes
- Clean hands upon entering and wash hands with soap and water upon exiting room
- *Lavarse las manos al entrar y lavarse las manos con jabón y agua al salir de la habitación.*
- Wear a gown and gloves while in the room and remove before exiting room
- *Utilizar bata y guantes en la habitación y quitárselos antes de salir de la habitación.*

Translated by UNC Health Care Interpreter Services, 04/14/15

Transmission-Based (Isolation) Precautions

Transmission-Based (Isolation) Precautions

AIRBORNE PRECAUTIONS
PRECAUCIONES DE TRANSMISIÓN AÉREA

- ☑ Perform hand hygiene
  Llevar a cabo la higiene de las manos.

- ☑ Respirator (N95) when entering room
  Utilizar respirador (N95) al entrar a la habitación.

- ☑ Keep door closed
  Mantener la puerta cerrada.

Families and Guests
Familias y visitantes
- Report to nurses station before entering room
- *Presentarse en la estación de enfermeras antes de entrar a la habitación.*
- Clean hands upon entering and exiting room
- *Lavarse las manos al entrar y al salir de la habitación.*
- Wear a surgical mask and remove after exiting room
- *Utilizar mascarilla quirúrgica y quitársela después de salir de la habitación.*

Translated by UNC Health Care Interpreter Services, 04/14/15

AIRBORNE-CONTACT PRECAUTIONS
PRECAUCIONES DE TRANSMISIÓN AÉREA Y POR CONTACTO

- ☑ Perform hand hygiene
  Llevar a cabo la higiene de manos.

- ☑ Respirator (N95) when entering room
  Utilizar respirador (N95) al entrar a la habitación.

- ☑ Keep door closed
  Mantener la puerta cerrada.

- ☑ Gown when entering room
  Utilizar bata al entrar a la habitación.

- ☑ Gloves when entering room
  Utilizar guantes al entrar a la habitación.

Families and Guests
Familias y visitantes
- Report to nurses station before entering room
- *Presentarse en la estación de enfermeras antes de entrar a la habitación.*
- Clean hands upon entering and exiting room
- *Lavarse las manos al entrar y al salir de la habitación.*
- Wear a surgical mask, gown, and gloves and remove upon exiting room
- *Utilizar mascarilla quirúrgica, bata y guantes y quitárselos al salir de la habitación.*

Translated by UNC Health Care Interpreter Services, 04/14/15

Transmission-Based Precautions

- **Contact Precautions:**
    - Used in addition to standard precautions if patient has infection / pathogens that can be spread through contact

- **Droplet Precautions:**
    - Droplets are larger than airborne pathogens and unable to remain in air or travel through air for long distance. Usually travel only 3 feet or less.
    - Negative pressure is not needed

- **Airborne Precautions:**
    - Pathogens are airborne
    - Requires fit-tested N-95 respirator, gown and gloves
    - If the patient requires transport out of room, you should place a surgical mask on him/her if possible
    - Negative pressure rooms will be used to ensure air flow is vented outside of facility and not recirculated . **Door must be kept closed at all times for negative pressure to be activated.**

Immediate Response to Bloodborne

- If you have contact with blood or OPIM, you must cleanse the area right away. Use soap and water to wash exposed skin. Flush mucous membranes with water as soon as possible.

Report the exposure incident to your supervisor/instructor/department manager right away

Tuberculosis

- To prevent the spread of TB, patients suspected of having TB **must**:
  - Wear a surgical mask until they are placed in a negative pressure, private room.
  - Be placed on "Airborne Precautions."
  - Wear a surgical mask anytime they are outside the negative pressure room.

- Anyone entering the room of a patient on Airborne Precautions must wear an N-95 mask or Powered Air Purifying Respirator (PAPR). Fit-testing is required for N-95 mask wear.

- If you have NOT been fit-tested for N-95, do **NOT** come in contact in patients on Airborne Precautions

Tuberculosis

- When people come in contact with the pathogen that causes TB, they may contract active TB. People with active TB will have the symptoms of TB. Only 5 to 10 percent of people who are exposed to the pathogen that causes TB ever develop active TB.

- Active TB is communicable. It is important that people with active TB be diagnosed as soon as possible so they do not spread the disease to others. Once diagnosed, they are given drugs to cure TB

Symptoms of TB

• Coughing for more than 3 weeks

• Weight loss
• Fever
• Night sweats
• Chills
• Fatigue
• Loss of appetite

• Chest pain
• Coughing up blood
• Difficulty breathing
• Shortness of breath
• Abnormal chest X-ray

Tuberculosis

TB can be cured and its spread prevented. Patients are treated with antibiotics that are normally taken for 6 to 12 months. Patients with TB need to be taught that they must take the drugs as prescribed—at the correct dosages and on time—so that the pathogen that caused the TB does not become resistant to the drugs.

- Some people who are exposed to TB have the pathogen in their bodies, but their immune systems protect their lung tissues from the pathogen. Their immune systems wall off the pathogen but are often unable to kill it. These people are said to have latent TB.

- TB can be cured and its spread prevented. Patients are treated with antibiotics that are normally taken for 6 to 12 months. Patients with TB need to be taught that they must take the drugs as prescribed—at the correct dosages and on time—so that the pathogen that caused the TB does not become resistant to the drugs.

PLEASE REFER TO BLOODBORNE PATHOGENS ON ANSWER SHEET

Questions

1. **Hepatitis attacks the:**

   A. immune system
   B. kidneys.
   C. liver.
   D. lungs.

2. **The hepatitis B vaccine is available to:**

   A. Everyone in the health care facility.
   B. Everyone in the health care facility with the potential to come into contact with blood or other potentially infectious materials.
   C. Nurses only

   D. Physicians only

Questions

3. Stopping the spread of pathogens found in blood and OPIM is the responsibility of:

        A. Everyone - it must be a team effort.
        B.   The facility.
        C.   The health care worker.
        D.   The managers in the facility.

4. Standard precautions are always used with every patient

        A. True

        B.   False

Infection Prevention

Hygiene

- Healthcare workers and Students will perform hand hygiene:

    - After touching blood, body fluids, secretions, excretions, and items that have been contaminated by these fluids

    - Before touching a patient

    - If gloves were worn, workers must perform appropriate hand hygiene right after they remove their gloves

    - Workers must also perform appropriate hand hygiene when going from one patient to the next.

Guidelines for Hand Hygiene

- *Hands are the most common mode of transmission of pathogens*

- Proper hand hygiene prevents infections acquired in the healthcare setting, and reduces the spread of antimicrobial resistance to antibiotics.

- **Wearing gloves does not replace hand hygiene**

- **If a student is observed failing to perform proper hand hygiene, the instructor will be notified. Repeat offenses will jeopardize the student's clinical rotation**

Guidelines for Hand Hygiene

- When using approved alcohol-based hand rubs:

- Apply the product to the palm of one hand (using the volume recommended by the manufacturer), and rub your hands together.

- Be sure that you cover all the surfaces of your hands and fingers.

- Rub your hands together until they are dry, at least 15 seconds.

- **C-Diff and Norovirus require handwashing with soap and water**

Other Hand Hygiene Issues

- If you have natural nails, you should keep them short.

- You must not wear artificial nails when caring for high-risk patients. Artificial nails may harbor pathogens under the nail bed.

Other Infection Control Elements

- Staff are not allowed to have food or drink in patient care areas

- Staff are not allowed to apply lipstick or makeup in patient care areas

- Clean linen must be kept covered

- Non-disposable equipment is cleaned between every patient

- Families must be instructed on use of PPE when visiting patient on isolation

- Disposable equipment is used on Isolation patients whenever possible

Engineering Controls – Preventing Exposure

Safety needles
Needleless Items
Proper needle disposal

Engineering Controls – Preventing Exposure

- Sharps must be discarded in Sharps containers

- Items such as needles, syringes, safety needs, lancets, phlebotomy devices and IV catheters are all considered "sharps"

Waste

Regulated waste:

- Blood or body fluids > 20ml
- Pathologic waste (tissues, organs)
- Infectious waste
- Blood spill clean-up material
- Blood bags and IV tubings with blood or blood products
- Other OPIM

Unregulated waste: Normal disposal

- Regular trash
- Plain empty IV bags
- PPE (worn but not soiled)
- Empty urine cups, foley bags/tubings
- Unused medical products/supplies
- Diapers, chux
- Exam and cleaning gloves

Regulated waste:

- Must be bagged in leakproof plastic bags that are printed with the biohazard symbol

- This bagging system prevents the wastes from coming into contact with patients, workers, and visitors.

- The biohazard symbol is a universal symbol placed on any container or area that may contain regulate

Pharmaceutical Waste

○ **PROPER DISPOSAL OF**

○ **LEFTOVER OR UNUSED PHARMACEUTIC**

○ *Dispose Controlled Substances, Empty Items and* ...ital policy

If coded
SP, SPC, SPO, SPLP, SPPM*

Leftover or Unused Rx in
- IVs (including tubing)
- Syringes (with or without needles)
- Tablets, pills, capsules
- Discontinued meds
- Ampoules
- Vials, bottles
- Un-administered meds
- Ointments,gels,creams

bag .

SEAL IN
GREEN BAG

Send To
Pharmacy

PLEASE REFER TO INFECTION CONTROL ON ANSWER SHEET

Questions

1. _____ **are the most common mode of transmission of pathogens**
   A.   Waste containers
   B.   Blood cultures
   C.   X Ray equipment
   D.   Hands

2. **When is the appropriate time to perform hand hygiene?**

   A.   After touching a patient
   B.   Before touching a patient
   C.   After removing gloves
   D.   All of the above

Questions

3.   Which of the following is a true statement:
   A.   It is acceptable for nurses to wear artificial nails in patient care areas
   B.   Staff may keep cold beverages out to drink in their unit on busy shifts
   C.   Disposable equipment is used whenever possible on isolation patients
   D.   Patient equipment is cleaned once a month

WE LOOK FORWARD TO HOSTING YOUR CLINICAL ROTATION!

Thank you for completing the Self-Study Student Orientation. Please be sure to print and sign all forms, return your answer sheet and forms to your Instructor or to Human Resources