

# Penrose-St. Francis Student Orientation Packet

Penrose-St. Francis Health Services = PSF or PSFHS

## Mission and Values

**Our Mission:** We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.

**Our Vision:** Centura Health will fulfill a covenant of caring for our communities with excellence and integrity to become their partner for life.

### **Centura Health's seven core values:**

- Compassion
- Respect
- Integrity
- Spirituality
- Stewardship
- Imagination
- Excellence

**Compassion:** Honor the individuality of each person~ Treat each person with dignity~ Create a caring environment

**Respect:** Encourage & value the contributions of each person~ Listen well & communicate openly~ Treat others as we would like to be treated ourselves

**Integrity:** Foster trust by being truthful~ Be authentic and courageous~ Be responsible and follow through on commitments made

**Spirituality:** Add meaning and purpose to the lives around us~ Celebrate the role of spirituality in healing~ Serve each other and our communities

**Stewardship:** Seek ways to appropriately use resources~ Act responsibly~ Be accountable

**Imagination:** Look beyond the present and envision what is possible~ Cultivate and reward innovation~ Embrace continuous learning

**Excellence:** Put forth our best~ Commit ourselves to continuous improvement~ Deliver a superior experience to our customers

# SHARE

## Putting Our Values Into Action

### **S**ENSE people's needs before they ask:

- Smile, make eye contact, and greet everyone in a friendly manner
- Introduce yourself before waiting on a customer
- Learn and use the customer's preferred name
- Be responsive and sensitive to people who are waiting
- Observe and respond to signs of discomfort
- Answer phones cheerfully and identify yourself and name of department
- Escort guests rather than point the way whenever possible

### **H**ELP each other out:

- Take responsibility for solutions to problems
- Recognize how my work affects others in the process
- Compliment and thank coworkers who help me out
- Be an ambassador for Centura Health (recommend our services)
- Speak positively about other people and departments
- Lend a hand when someone needs to help
- Protect out property, pick up clutter, and keep facility neat and clean

### **A**CKNOWLEDGE people's feelings:

- Seek first to understand before seeking to be understood
- Listen without interrupting when someone is upset
- Apologize for delays, waits, inconveniences or mistakes
- Make empathic statements showing understanding and caring
- Treat customers as though they were loved ones

### **R**ESPECT the dignity and privacy of others:

- Show concern for privacy and confidentiality
- Keep a quiet, restful, peaceful atmosphere, especially at night
- Knock before entering a patient/resident room
- Keep intercom interruptions to a minimum
- Address people by the name they prefer
- Dress professionally and wear name tag
- Be constructive in criticism, attacking problems not people

### **E**XPLAIN what is happening:

- Explain procedures and encourage questions
- Give reasons for delays and return often to people who are waiting
- Have important information repeated back to check for understanding.

# AIDET: Communication

What is AIDET? A framework for effective communication

## **A = Acknowledge**

Greet people with a smile and use their names if you know them. Attitude is everything. Create a lasting impression.

## **I = Introduce**

Introduce yourself to others politely. Tell them who you are and how you are going to help them. Escort people where they need to go rather than pointing or giving directions.

## **D = Duration**

How long will you be working with the patient? Inform about approximate time of an appointment or test. Keep in touch to ease waiting times. Let others know if there is a delay and how long it will be. Make it better and apply service recovery methods when necessary.

## **E = Explanation**

Advise others what you are doing, how procedures work and whom to contact if they need assistance. Communicate any steps they may need to take. Make words work. Talk, listen and learn. Make time to help. Ask, "Is there anything else I can do for you?"

## **T = Thank you**

Thank somebody. Foster an attitude of gratitude. Thank people for their patronage, help, assistance or time.

# Quality Improvement Process

PSF uses the FOCUS stage and PDCA cycle for our Performance (Quality) Improvement Projects

**F**ind a process that needs improvement

**O**rganize a team that knows the process

**C**larify knowledge with flow charts and data collection

**U**ncover causes of variation or poor quality

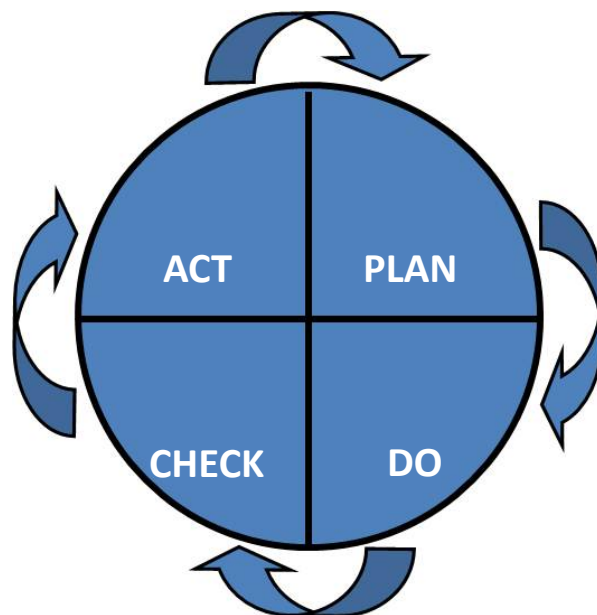
**S**tart the PDCA cycle with one change in the process

**P**lan a pilot to test the improvement

**D**o the improvement

**C**heck that the process actually results in improvement

**A**ct to adopt, adjust or abandon the change



<b>POLICY TITLE:</b> Occurrence Reporting Procedure (PSF)	
<b>DEPARTMENT:</b> Clinical Quality	<b>ORIGINATION DATE:</b> 10/01/1979
<b>CATEGORY:</b> Patient Safety Risk Management	<b>EFFECTIVE DATE:</b> 10/02/2013

**SCOPE**

All associates

**PURPOSE**

To provide the mechanism for:

- Reporting occurrences which occur in or around any facility/property in Penrose-St. Francis Health Services (PSFHS).
- Trending data and preventing future occurrences of that nature.

**STATEMENT OF POLICY-NA****PROCEDURE**

- 1) Completion of the Electronic Occurrence Report
  - a) Complete the Electronic Occurrence Report in the Clinical Information System (CIS).
  - b) The staff member most closely involved or discovering the occurrence should complete the electronic occurrence report as soon as possible within the work shift of the event or discovery of the event.
  - c) On completion of the report, the electronic occurrence report should be forwarded to the manager and/or director.
- 2) Managers and/or directors should review the event as soon as possible and should contribute to the report any additional investigational findings and an evaluation of the occurrence.  
Medical Record Documentation of Event
  - a) Staff members discovering an occurrence must document the actual occurrence or event in the medical record, but ***should not make*** any reference in the medical record to the completion of an occurrence report.
  - b) Document in the CIS Notes.
  - c) A record of the event in the physician's progress notes ***does not replace*** documentation of the occurrence by a staff member.
  - d) Use brief, factual, objective, non-accusatory statements.
  - e) Documentation should reflect all information on the occurrence report.
  - f) For medication errors include the following in the medical record documentation.
    - (1) The drug and dosage given,
    - (2) Time of licensed independent practitioner notification,
    - (3) Licensed independent practitioner's name, and
    - (4) Any observed effect on the patient.
- 3) Reporting Responsibilities
  - a) Notification of licensed independent practitioner and family or designated guardian should occur at the time the incident is realized and according to the Disclosure of Adverse Events guideline (IDP A-02-i).
    - (1) Licensed independent practitioners should be notified of all occurrences that reach the patient.

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- (2) Medical record documentation should reflect all information on the occurrence report, including the time(s) the call(s) is/are placed to the licensed independent practitioner.
- (3) Notify licensed independent practitioner and patient's family or designated guardian of all **falls**.
- (4) Notify the ordering licensed independent practitioner of **medication errors**
- b) If a medication error occurs with a significant adverse outcome or the potential for a significant outcome to the patient, remove all pertinent labels, IV bags, syringes, tubing, infusion pumps, etc., from service and send to the Pharmacy for analysis.
  - (1) Pharmacy notifies Clinical Engineering of potential equipment malfunctions.
- c) If there is physical evidence or malfunctioning equipment associated with an occurrence, give it to the department manager or administrative supervisor for sequestering by the Patient Safety/Risk Management Department.
  - (1) Take pathology specimens to the Pathology department and hand to Pathology personnel, preferably to the physician director.
    - (1) Document who received the specimen.
    - (2) Handle all evidence in potential criminal cases in a manner to preserve legal chain of evidence.
- d) If a licensed independent practitioner requests an occurrence report be completed, the staff will generate the report. Document the following on the occurrence report:
  - (1) It is a licensed independent practitioner requested report; and,
  - (2) The name of the licensed independent practitioner requesting the report.
- e) **Do not mention the occurrence report in the medical record.**  
Notify the department manager if a licensed independent practitioner writes an order on the chart for an occurrence report to be written.
  - (1) The department manager will send a copy of the physician order to the Patient Safety/Risk Management Department.
- f) **DO NOT INFORM** patients and family that an occurrence report was generated.
- g) **DO NOT make any comments regarding any financial issues.**
- h) The occurrence report form should indicate if the person refused care or was seen in the Emergency Department. Document in the medical record whether or not the patient was seen.

***Occurrence Reports are used to identify risks within the system by the Patient Safety/Risk Management Department and are not used for punitive reasons. They are not to be placed in the associate's personnel file or in the patient's Medical Record. Copies are not to be made for any reason.***

#### **DEFINITIONS**

- 1) Occurrence:
  - a) An accident, potential for an accident, or any potentially harmful situation.
  - b) Any injury or illness or any potential for injury or illness caused by a deviation from any policy, procedure, practice parameter, guideline, or standard of care.
  - c) Any patient outcome significantly less than expected even though there has been no identified deviation from standards by any healthcare provider.
  - d) Any damage to equipment or property.
  - e) Any criminal act.
- 2) Effect: The result or impact on the patient.

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- 3) Severity Levels: The following are the nationally accepted occurrence severity levels that have been adopted by PSFHS:
- a) A - Circumstances or events that have the capacity to cause error
  - b) B - An event/error occurred that did not reach the patient/person (Note: an “error of omission” does reach the patient)
  - c) C - An event/error reached the patient/person but did not cause effect/harm to the patient
  - d) D - An event/error reached the patient/person and required monitoring to confirm that it resulted in no harm/effect to the patient/person.
  - e) E - An event/error resulted in temporary effect/harm to the patient/person and required intervention.
  - f) F - An event/error resulted in temporary effect/harm to the patient/person and required increased/prolonged hospitalization.
  - g) G - An event/error contributed to or resulted to permanent patient/person harm.
  - h) H - An event/error required intervention necessary to sustain life
  - i) I - An event/error contributed to or resulted in the patient’s/person’s death.

4) Reportable Events

The following is a general guide to assist PSFHS staff members in defining a **MAJOR** patient safety event and how to report such an event. These events should be called immediately to the Patient Safety/Risk Management office or Administrator on Call. This list is based on The Joint Commission Sentinel Event Guidelines and Colorado State Health Department Mandatory Reporting Procedures

- a) Major operative/procedural occurrences, including life threatening/complications of anesthesia or life threatening complications of transfusion errors/reactions
- b) Neurological/sensory deficits incurred in the hospital as a result of care.
- c) Any medication error/reaction resulting in cardiac, respiratory, or organ system failure
- d) Any fall/occurrence involving the head resulting in change in level of consciousness, loss of bodily function or diagnostic test showing a brain injury.
- e) Any occurrence resulting in a spinal cord injury with temporary or permanent functional loss.
- f) Any occurrence resulting in significant burns.
- g) Any occurrence resulting in death and reported to the Coroner as unexplained/suspicious.
- h) Any allegations of physical, sexual or verbal abuse or neglect.
- i) Occurrences that occur during treatment or diagnosis involving the malfunction or misuse of any equipment or medical device.
- j) Patients that leave the facility while under a mental health hold. Patients that leave the facility without informing staff that are high risk or that have been missing more than 8 hours regardless of risk.
- k) Diverted drugs.
- l) Patient’s death while in restraints.
- m) Misappropriation of patient property.
- n) Suicide
- o) Wrong Site Surgery
- p) Prolonged Fluoroscopy
- q) Infant discharge to wrong family

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**REFERENCES AND SOURCES OF EVIDENCE**

1. The Joint Commission. (2010). *2010 Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. [Electronic version]. Oakbrook Terrace, IL: Joint Commission Resources, Inc.
2. National Quality Forum (NQF), 2010. *Safe Practices for Better Healthcare: A consensus report*. Washington, DC.
3. Agency for Healthcare Research and Quality. <http://www.qualityindicators.ahrq.gov>.
4. Centura Health Adverse Clinical Event Reporting and Analysis, 2010.

**POLICY VIOLATION**

Any Centura associate who fails to abide by this policy may be subject to disciplinary action, up to and including termination.

**REVIEW/APPROVAL SUMMARY**

<b>REVIEW/REVISION DATES:</b> 10/79, 4/82, 10/83, 3/89, 11/91, 12/93, 4/94, 1/98, 5/01,3/02, 4/06, 12/07, 3/08, 5/09	
<b>APPROVAL BODY(IES):</b> PSF Interdisciplinary Practice Committee	<b>APPROVAL DATE:</b> 10/02/2013

**If you are injured during your student experience: the Electronic Occurrence Report is completed using the Non-Patient pathway.**

## Operations Center

Call if help is needed:

895596 – non-urgent needs for Security

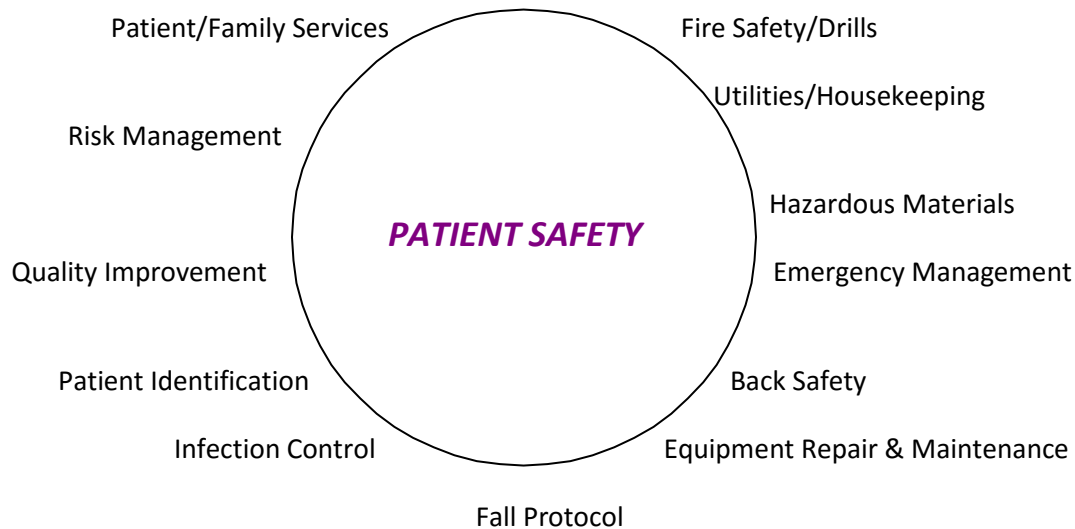
892111 - non-urgent needs for Housekeeping, Facilities

**1234 – Emergent or serious threat**



# NATIONAL PATIENT SAFETY GOALS

*Patient Safety is at the CENTER of Health Care*



## **Patient Safety is every Associate & Student's Responsibility!**

National Patient Safety Goals – Established by The Joint Commission (TJC)

1. Identify patients correctly:
  - Use 2 identifiers before any procedure, surgery, test, or service. [Policy: Patient Identification (PSF)] This is PSF Red Rule #1!
2. Improve staff communication –report critical tests and results: [Critical Value Notification (PSF)]
  - For telephone or verbal orders or for telephone reporting of critical test results, verify by use of “read back” system
  - Report critical test results in a timely manner
3. Use medications safely:
  - Label all medications and medication containers or other solutions on & off the sterile field [Medication Labeling (PSF)]
  - Reduce patient harm associated with anticoagulation therapy
  - Reconcile patients' medications [Medication Reconciliation (PSF)]
4. Use alarms safely:
  - Ensure alarms on medical equipment are heard and responded to on time


5. Prevent infections:
  - Follow CDC hand hygiene guidelines [Hand Hygiene (Centura)]
  - Reduce health care-associated infections (CAUTI, CLABSI, VAP, SCIP)
  
6. Identify patients at risk for suicide (admission assessment & ongoing screening)
  
7. Prevent mistakes in surgery - follow Universal Protocol [Universal Protocol (PSF)]
  - Conduct pre-operative verification
  - Mark the operative site
  - Conduct a "time-out" immediately before a procedure

## Patient Identification: Wristband Standardization




### Patient Identification: Colorado Wristband Standardization Project

Joint Project Sponsors:  
Colorado Hospital Association (CHA)  
Colorado Foundation for Medical Care (CFMC)



### Project Background


- Wristbands meant to designate a certain medical condition should be consistent throughout healthcare facilities.
  - Standardization results in certain colors becoming associated with certain medical conditions over time.
  - Multiple wristband colors in use for the same medical condition is a **patient safety concern**.



### Wristband Standardization in Colorado

Allergy	RED
DNR	PURPLE
Fall Risk	YELLOW
Latex Allergy	GREEN
Restricted Extremity	PINK

Adopted in 2009



### OSA Wristband at PSF

Additional wristband used by Centura Hospitals

OSA  
SLEEP APNEA  
ALERT

#### SLEEP APNEA ALERT

- **S** Do you **s**nore loudly?
- **T** Do you often feel **t**ired or sleepy during the day?
- **O** Has anyone **o**bserved you stop breathing during sleep?
- **P** Do you have or are you being treated for high blood **p**ressure?

- If the patient answers 'yes' to  $\geq 2$  of the questions they are considered at high risk for OSA.
- Patients with known or suspected OSA (a positive screen) will be identified and managed as such.

# Patient Privacy - HIPAA

## 1. What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that specifies the types of measures required to protect the security and privacy of health information. It includes both patient's rights and control over their information as well as safeguards to protect the privacy of the information in all forms, including paper records, oral communications, and electronic information.

- Patient privacy is an individual's right to limit the use and disclosure of personal health information.
- Confidentiality is the safekeeping of data and information so as to restrict access to individuals who have a need, reason, and permission for such access.

## 2. Patient's Rights

- Right to receive a copy of the Notice of Privacy Practices. This document describes how a patient's medical information may be used and disclosed, and how they can get access to this information.
- Right to access health information.
- Right to authorize how health information is used and disclosed.
- Right to request restrictions on how health information is used and disclosed.
- Right to request amendments or corrections to their health information.
- Right to an accounting of disclosures.

## 3. Workforce Members' Responsibilities

- Preserve, protect and safeguard patient privacy and confidential health information at all times.
- Use care and consideration when discussing patient information and treatment, as others may be able to hear your conversation.
- Do not share patient information with others unless necessary for the treatment of the patient and required to do your job.
- Do not write your password down, post it near your workstation or share it with anyone verbally or written.
- When you walk away from your workstation remember to log off the system so other members are not accessing patient information under your log on because you will be held accountable for the information accessed.
- Use care when it is necessary and appropriate to discard patient health information. Please place confidential materials in a shred box/container. There are designated shred boxes or containers in all departments throughout the hospital. Please see your supervisor if you are not aware of where to place "to be shredded" materials.

## 4. Privacy Official and Complaints

**Len Graybeal**, Director of Health Information Management, is the Privacy Officer for PSF.

If patients have questions relating to their HIPAA privacy rights or complain that their privacy has been violated, they may

- Contact the Integrity Helpline at 1-888-424-2458
- File an electronic complaint – [www.integrityhelpline.org](http://www.integrityhelpline.org)
- Contact the PSF Privacy Officer, Len Graybeal

## 5. Penalties/Sanctions

Penalties for breaking the HIPAA privacy rules are twice the penalty of Medicare and Medicaid fraud and abuse. Associates who fail to comply with the HIPAA privacy and confidentiality policies and procedures will be disciplined to include termination. Additionally, the federal government can impose **monetary penalties as low as \$100 per violation up to \$250,000 and ten years in prison.**

## **Identification of Patient Abuse & Neglect:** **Everyone's Responsibility!**

### 1. Definitions:

Abuse is the infliction of injury, unreasonable confinement, intimidation, or cruel punishment upon another person with resulting **physical or emotional harm or pain.**

Neglect is the failure to provide the goods or services (food, clothing, hygiene, medications, etc.) which are necessary to avoid **physical or emotional harm or pain**

**\*\*Both result in physical or emotional harm or pain\*\***

### 2. There are many different types of Abuse/Neglect:

- ✓ **Physical** - hitting, slapping, pinching, kicking, spitting, burning, etc.
- ✓ **Verbal** - oral, written, or gestured language that is derogatory
- ✓ **Emotional** - humiliation, threats, harassment, punishment, or deprivation
- ✓ **Sexual** - harassment, coercion, or assault
- ✓ **Financial** - misuse of funds (elderly are protected in Colorado)
- ✓ **Misappropriation** - taking what belongs to someone else without permission and using it for one's own gain(s)

### 3. The associate must be aware of the many different signs that might mean abuse or neglect is occurring:

- ✓ Unexplained injuries
- ✓ Bruises of different colors
- ✓ Delays in seeking care
- ✓ Inappropriate clothing (i.e., no coat on a cold day)

- ✓ Hunger
  - ✓ Lack of supervision (i.e., near drowning, scalding burns)
  - ✓ Interactions that make you uncomfortable
  - ✓ and so on!
4. Trust your gut instinct: if something strikes you as odd or uncomfortable, believe your gut!
5. Anyone could be a victim of abuse/neglect:
- Men as well as women
  - Rich as well as poor
  - Any age
  - Any culture or ethnic background
6. WHAT TO DO if you suspect abuse or neglect:

**Call Care Management Services**

**776 – 5173**

**if you are suspicious or concerned**

**The Care Management Services is the department designated as having the primary responsibility of interviewing, reporting, and coordinating care efforts for patients suspected of being abused, neglected or endangered.**

7. As a health care institution, we are required by law to report patient abuse & neglect
8. PSF Abuse Policy has more detailed information on this subject
9. TESSA (633-3819) and DHS (636-0000) are two community resource agencies.
10. Hospital associates also have EAP benefits if abuse/neglect affects them personally.



## Emergency Preparedness

### DIAL 1234 FOR ALL EMERGENCIES

Code Blue Cardiac Arrest
Code Black – Bomb Threat
Active Shooter – Active Shooter
Code Pink- Abducted Infant
NEW: Missing Person - Pediatric through Adult
Code White - OB Hemorrhage
NEW: Transfusion Protocol - Non-OB Hemorrhage
NEW: Controlled Access- ED or Facility-Wide Lockdown
NEW: Hospital Command Center Standby or Activation

**Code Blue** – is announced in the event of a cardiac or respiratory arrest. In the event of a Code Blue:

1. Call for help and activate Code Blue (Extension 1234) after determining unresponsiveness. State “Code Blue Pediatric” if a pediatric patient.
2. Initiate CPR if trained to do so.
3. RN will coordinate activities until Code Blue Team arrives.
4. All resources will use personal protective equipment as indicated.

For associates at St. Francis Health Center, see departmental guideline for additional actions.

**Code Black** – is announced in the event of a bomb threat, to be followed by the location of the bomb. Associates are urged to stay clear of the area in question until proper personnel have safely searched and cleared the area. If you receive a bomb threat:

1. Have a co-worker call the Code to the operator while you stay on the phone with the caller.
2. Try to obtain as much information as possible to include gender, background noises, familiar voices – any information will help find the bomb and the caller.
3. Report immediately to your supervisor (or nursing supervisor after hours).

**Command Center Standby or Activation** – announced to indicate an external disaster in the area in which PSF may become involved. There are three phases:

1. Command Center – Standby
2. Command Center - Activation
3. Commander Center – All Clear

Consult the Safety and Disaster Manual for the meaning and actions taken during each phase.

**Tornado Watch/Warning** – indicates the presence of severe weather in the area in which one of the PSF sites may become involved. See Safety and Disaster Manual for additional information.

**Did you know?** *Hallways and bathrooms are probably the safest areas in a tornado.*

**Fire Alarm** – is announced in the event of a fire or fire drill. A flashing red light indicates a fire *drill* in your area. To activate a Code Red:

1. Pull the nearest fire alarm station
2. Call the Operations Center (Extension 1234) and identify your facility and location
3. Follow R.A.C.E. (see Fire Safety section for details)

**Hazardous Materials Spill** – is announced in the event of a hazardous material spill in the hospital. If you experience a spill, remember to S. I. N.

1. Safety—protect yourself and others  
Isolate—leave area (if necessary) and close door behind you  
Notify—your supervisor and/or nursing supervisor, when appropriate
2. If small known substance – clean yourself per MSDS
3. If large or unknown SIN and have nursing supervisor notify Safety Officer to initiate assistance with clean-up

**Code Pink** – is announced in the event of a missing infant only or potential infant abduction. Associates should:

1. Initial response—call “1234” and request overhead page “Code Pink”.
2. Give the age, gender, description of the infant, where last seen and a description of the abductor if known.
3. Secondary response—all units will immediately secure their designated stairways and exit doors. Question any adult with an infant if appropriate.

Call the Operations Center at 1234 with reports of activity and concerns. The Operations Center will initiate an “All Clear” announcement when appropriate.

**Code White** – is announced For OB Emergencies only

1. Dial extension “1234” and state “Code White”
2. Phlebotomist will respond.

**Security Alert** – is announced for assistance in securing an out-of-control person who presents an immediate danger to self or others:

For patients:

1. Dial *ext. 1234*. Advise the Operations Center of patient location and explain the situation in detail.
2. Security determines when enough staff has arrived and will assist with intervention.

For associates/visitors:

1. Dial extension 1234. Advise Operations Center of incident location and explain the situation in detail
2. Security will assist with intervention.

For Civil disturbances in the immediate vicinity of hospital:

1. Patients are to remain in their rooms.
2. Personnel are to remain in own area of assignment
3. Close patient room doors, blinds and drapes.
4. Reassure patients.
5. Use telephone for emergencies only.
6. Await further instructions from Security/Administration.

**Controlled Access** – controlled access or area lockdown. Staff will limit their movement around the facility and ensure they are properly displaying their hospital identification—upper right hand chest area. Encourage visitors to stay where they are. Visitors will check in and out at nurses' station. If visitors/staff are not allowed to leave building, a staging area will be assigned for visitors.

**All emergency codes and announcements are activated**

**by calling the OPERATIONS CENTER at ext. 1234.**



## Fire/Life Safety

Hospital fire safety requirements differ dramatically from home fire safety. A hospital's fire-fighting and evacuation strategies are complicated by the fact that many patients cannot be moved without assistance and/or life-supporting machinery. Because of this we make every effort to move associates, visitors, and patients to places of safety within the facility before evacuation. Should the need to evacuate the hospital arise, we will activate our "Disaster Plan" and the Emergency Operations Center will direct the evacuation.

**Fire Alarm** is announced in the event of a **fire** or **fire drill**

- ❖ If you see fire or smoke or in the event of a fire drill, remember to follow the RACE protocol.
- ❖ A flashing red light will indicate a fire drill in your area.
- ❖ To activate Code Red:
  1. Pull the nearest fire alarm station.
  2. Call the Operation Center (Extension 1234) and identify your facility and location

**R.A.C.E.** stands for the four basic steps you should follow during a fire:

**R = Rescue** or remove everyone from immediate danger

**A = Activate the alarm** or turn in an alert followed by a phone call. Turning in the alarm is a priority because the fire department can be on its way while other activities are being performed. Thus, while one employee is turning in the alarm, another can be removing a patient, employee, or visitor from danger.

**C = Contain or control** the fire. All doors and windows should be closed to prevent the spread of smoke and flames.

**E = Extinguish the fire.** This should only be done in the case of a manageable fire, such as a fire in a wastebasket. Immediately available equipment such as a blanket, sheet, or bedside water pitcher should be utilized to extinguish the fire. If possible, two employees should fight the fire together using two fire extinguishers. **Evacuation** is done if a fire is not manageable

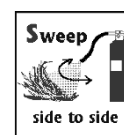
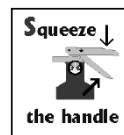
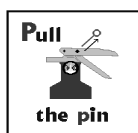
**P.A.S.S.** stands for the four basic steps for using a fire extinguisher.

**P = Pull** the pin.

**A = Aim** the nozzle

**S = Squeeze** the handle

**S = Sweep** back and forth



**Evacuation** may be partial or complete and is accomplished in one of two ways:

**Horizontally:** This involves moving patients to a safe area on the same floor.

**Vertically:** This involves moving patients downward to other floors or to the outside.

Patients should be evacuated to higher floors only under extreme emergency conditions.

**\*\* Evacuation will be directed by the facility's Emergency Operations Center \*\***

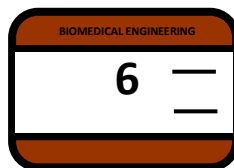
***Did You Know?* Smoke inhalation is the most common cause of death in a fire.**

## Oxygen Safety tips

- ❖ Know the location of oxygen shut-off valves on your unit. In an emergency, these valves are to be closed only under the direction of the area supervisor or Fire Department.
- ❖ Never put more than \*12\* K-type oxygen cylinders in a single room/area

## Medical Equipment

- ❖ Medical equipment is used in the diagnosis, treatment, and monitoring of the patient.
- ❖ This equipment must be maintained and inspected by Clinical Engineering Department at least annually as part of the Preventative Maintenance Program. The equipment will have a sticker placed on it that indicates the last inspection date and the initials of the technician performing the test. The large number in the center is the month due and the due line shows the last two digits of the year due.



- ❖ If equipment is not functioning properly:
  1. Remove it from service
  2. Complete a faulty equipment tag and
  3. Call Clinical Engineering.

# Electrical Safety

## ❖ General Precautions

1. Check connection for damage (receptacle, plug, cord) before using equipment.
2. Equipment must be inspected on a regular basis to ensure its safety.
3. Each unit has a Safety Monitor who assists the Environment of Care Committee with inspection of the facility.

## ❖ Electrical Receptacles

1. Hospital grade receptacles will have a green dot.
2. Emergency power receptacles can be identified by a red template. In the event of a power failure these receptacles will still have power.

## ❖ Extension Cords

1. The use of extension cords in any PSF facility is discouraged. If necessary, follow these guidelines:
  - Extension cord must be no longer than 6 feet.
  - Extension cord must be hospital grade.
2. To obtain a hospital grade extension cord, contact Facilities (ext 892111).

## ❖ Portable Heaters

3. The use of portable heating devices in any PSF facility is highly discouraged. If use is necessary, follow these guidelines:
  - Use only in well-controlled area.
  - Facilities need to verify its safety before use.
  - Maintain a clear zone of three feet from other materials.
2. DO NOT use in patient treatment areas, like patient rooms.

## **In the event of an electrical shock emergency:**

- ❖ Don't touch the person until the power source has been disconnected.
- ❖ Call for help.

**Personal electrical equipment** will be approved for use by the supervisor or safety monitor. It must be in good operating condition at all times. Equipment may be non-grounded (2-wire type) however; it must have UL approval markings on the case.

Associates will not wear headphones, ear buds, ear plugs or other earpieces while on duty unless this equipment is required for the job or is worn for medical purposes. Wearing these devices limits our associate's ability to hear and respond to overhead messages and/or emergency situations. Furthermore, wearing earpieces is not conducive to assisting our customers and meeting our Standards of Behavior.

# Infection Prevention

## **Standard Precautions:** Hand Hygiene, PPE, Waste Management, Sharps

- ❖ Since the status of all patients' blood cannot be known for HBV, HIV, or other infectious diseases, all blood and all body substances of all patients are considered as potentially infectious.
- ❖ Standard Precautions provide you with a standard system of safeguards against blood borne infections. This reduces the risk of transmitting blood borne diseases.

### ■ HAND HYGIENE

Hand hygiene is the **single most important measure** to reduce the risk of transmitting microorganisms from one person to another or from one site to another on the same patient.

**Wearing gloves does not replace the need for hand washing** because

1. Gloves may have small unapparent defects or be torn during use.
2. Hands can become contaminated during removal of the gloves.

#### PROPER HAND HYGIENE TECHNIQUES CONSIST OF THE FOLLOWING:

When decontaminating hands with an alcohol-based hand rub/sanitizer, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Follow the manufacturer's recommendations regarding the volume of product to use.

When washing hands with soap and water, wet hands first with water, apply amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. Avoid using hot water as it may increase the risk of dermatitis.

**Any Soap or Hand Sanitizer product used in PSFHS facilities, must be hospital approved prior to use. Products stocked in Central Services have been approved for use.**

What Hand Hygiene to use:

- Wash hands with soap and water:
  - If visibly soiled with blood or other body fluids.
  - Before eating.
  - After using the restroom.
  - When caring for a patient with C. difficile infection
  - When you feel a build-up of waterless sanitizer on your hands

- Use alcohol based Instant Hand Sanitizer to decontaminate hands:
  - Upon entering a patient room and before leaving a patient room
  - Before and after any direct patient contact (includes BP, Pulse, repositioning)
  - After contact with inanimate objects in the immediate vicinity of the patient (equipment, linens, furniture, etc)
  - If moving from a contaminated-body site to a clean-body site during patient care.
  - After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled.
  - Before and after glove use.
  - Before inserting any invasive device that does not require surgical procedure (foley insertion, IV, etc).
  - Before donning sterile gloves

**Gloves** should be worn if contact with blood, body fluids, secretions, excretions, mucous membranes or non-intact skin is anticipated. Gloves must be changed between patient contacts.

### ■ **Personal Protective Equipment (PPE)**

- ❖ Equipment that protects you from contact with potentially infectious materials may include:

Gloves	Face shields
Masks	Protective eyewear
Gowns	Mouthpieces
Aprons	Resuscitation bags or other ventilator devices
Lab coats	

### ■ **Infectious Waste and Linens**

- ❖ All infectious waste must be placed in a red plastic bag. This includes disposable towels and materials soiled with blood/body fluids. Red bags are never to be put into the trash chutes, they are kept in the Red Barrels in the soiled utility room.
- ❖ Linen should always be handled with PPE. All soiled linen should be placed in a blue plastic bag and sent to Laundry.

### ■ **Sharps Safety**

- ❖ Only disposable syringes, needles and other sharp items should be placed in Sharps containers. These puncture resistant containers have a Biohazard label on them.
- ❖ Color-coded plastic containers are available from Environmental Services.
- ❖ Sharps containers should remain closed and be replaced when they are 2/3 full or at the manufactures “full” line.
- ❖ Needles should not be recapped or manipulated. When recapping is absolutely necessary, use the “one hand scoop” technique or a mechanical device.

## TRANSMISSION BASED PRECAUTIONS

1. **Standard Precautions** are the primary strategy for successful nosocomial infection control.
2. Three sets of additional precautions are based on routes of transmission for specified patients known or suspected to be infected or colonized with highly transmissible or epidemiological important pathogens. These **Transmission-Based Precautions**, designed to reduce the risk of **Airborne, Droplet, and Contact transmission** are to be used in addition to Standard Precautions. Signage alerts to the need for these precautions and state what actions are to be taken for the situation.
3. Patients with HIV or Hepatitis may not have noticeable symptoms, so always use standard precautions to protect yourself.
4. The HEPA respirator used for TB patients is also called an “N95” respirator.

### Tuberculosis

- ❖ TB spreads through the air in droplets generated when a person with active TB coughs, sneezes or speaks.
- ❖ Inhaling droplets exhaled by a TB-infected person can transmit TB.
- ❖ Special respiratory protection (HEPA respirator) is required when caring for TB patients.
- ❖ Patients with active TB must be placed in special isolation rooms
- ❖ Most immune systems fight TB after initial exposure. Two important factors which increases changes of contracting TB are:
  1. Immunosuppression
  2. Frequent prolonged exposure to people with active TB.
- ❖ TB skin tests are mandatory and should be done at least annually.

### Ebola

- ❖ Associates in key departments (ED, ICU) have been trained on the additional precautions to be used with suspected Ebola infection.

#### *Did you know?*

Your risk of contracting HBV or HIV with an exposure to infectious material:

HBV is as high as 30%  
HIV is only 0.4%

## **GUIDELINES FOR POST EXPOSURE FOLLOW UP TO BLOOD AND BODY FLUIDS:**

If a person sustains a Blood/Body Fluid Exposure, s/he should obtain an Exposure packet from Occupational Health Office, the Emergency Department, Lab, or Surgery and follow the instructions in the packet. Blood or body fluid exposures should be reported immediately or as soon as possible

Post-Exposure blood work is offered to the exposed person per Occupation Health protocol for Blood/Body Fluid Exposures.

### **Hazard Communication (Haz Com)**

In the 1983, OSHA enacted a law requiring employers to provide information and training to associates on the hazards of the chemicals they work with, known as HazCom or the "Right-to-Know" standard. The standard includes training, communication and labelling requirements.

### **Safety Data Sheet (SDS or MSDS)**

The SDS provides specific information on a hazardous substance. Each SDS may look different but all provide the same information. They are located on-line and accessible by associates.

Chemical identification – Substance name, company that provides the substance, hazardous components of the substance.

Composition – Ingredients and common names of the substance.

Hazards – Appearance, health effects and symptoms of exposure.

First Aid Measures – Emergency procedures and first aid protocol prior to professional help.

Fire Fighting Measures – Explosive properties, proper extinguisher devices, and firefighting guidelines.

Accidental Release Measures – Clean-up/spill protocols.

Handling/Storage – Handling and storage protocols for the substances.

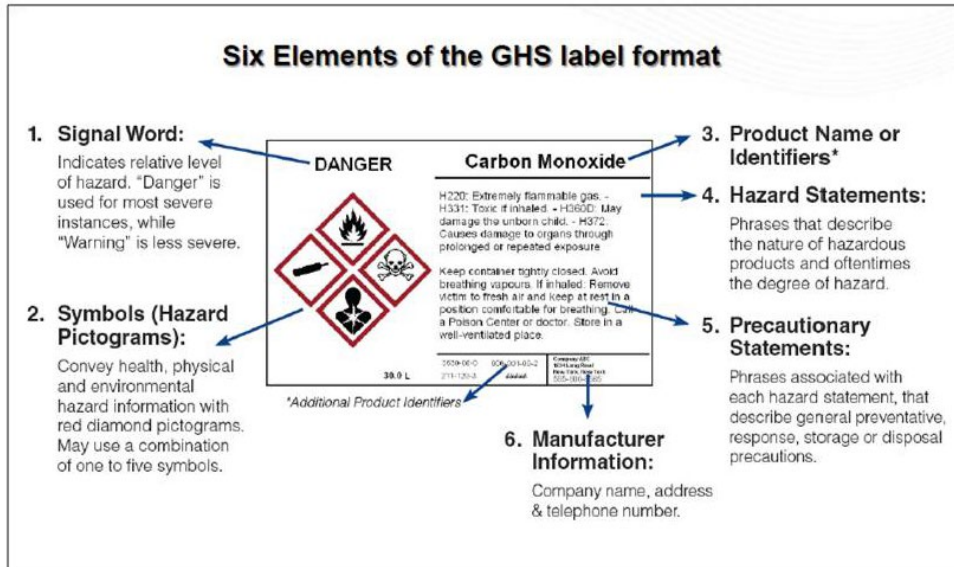
Exposure Control/Personal Protection – Engineering controls and personal protective equipment needed to handle the substance.

Physical/Chemical Properties – Substance characteristics and other characteristics like odor, boiling/freezing/melting points.

Stability/Reactivity – Conditions that could result in a hazardous chemical reaction; and information or contact/reaction to other chemicals/environmental conditions.

# Globally Harmonized System (GHS)

Labels and warnings on chemicals are required to be in the Globally Harmonized System (GHS) format. This format includes a Signal Word, Pictogram Symbol, Hazard Statement and Precautionary Statement.



## Haz Mat Classification: NFPA Diamond

The NFPA Diamond system will still be used to identify hazards in the workplace.

NFPA Hazard Classifications		HEALTH
<b>HEALTH HAZARD</b> 4 Deadly 3 Extreme Danger 2 Hazardous 1 Slightly Hazardous 0 Normal Material	<b>FIRE HAZARD</b> Flash Points 4 Below 73 F 3 Below 100 F 2 Above 100 F Not Exceeding 200 F 1 Above 200 F 0 Will not burn	4 Can cause death or major injury despite medical treatment. 3 Can cause serious injury despite medical treatment. 2 Can cause injury. Requires prompt treatment. 1 Can cause irritation if not treated. 0 No hazard.
		<b>FLAMMABILITY</b> 4 Very flammable gases or very volatile flammable liquids 3 Can be ignited at all normal temperatures. 2 Ignites if moderately heated. 1 Ignites after considerable preheating. 0 Will not burn.
<b>SPECIFIC HAZARD</b> Oxidizer OX Acid ACID Alkali ALK Corrosive COR Use NO WATER W Radioactive ⚠		<b>REACTIVITY</b> 4 May Detonate 3 Shock and Heat May Detonate 2 Violent Chemical Change 1 Unstable if Heated 0 Stable
		Reference: NFPA 704, National Fire Protection Association, Boston MA Reorder No. 10336



## **Cultural Sensitivity**

### **Principles**

- See the patient for whom he or she is
- Treat each patient as a unique and special individual
- Respect family traditions
- Respect patient and their partner
- Be sensitive to the patient's wants and needs
- Do not be judgmental of patient and families differences from you
- Do not label patients (i.e. 'non-compliant', 'frequent flier')

### **Circumstances that may Impact the Patient's Health Care Perspective**

- Age
- Gender
- Community
- Ethnicity
- Race
- Nationality
- Spirituality and/or religious beliefs
- Economic Status
- Recent family events (i.e. divorce, loss of loved one)
- Past health care encounters

### **What to do to Increase Cultural Sensitivity**

- Actively listen and observe cultural preferences and non-verbal cues (i.e. body language)
- Adjust your behavior to what you observe
- Ask open-ended questions such as:
  - What brings you here today?
  - What do you believe caused your medical condition?
  - How do you define excellent care?
- Explain so that the patient understands, by:
  - Explaining the procedure
  - Asking if the patient has any concerns
  - Asking for the patient to explain their concerns
  - Assuring that you will discuss the patient's concerns with other health care providers and that the team will look for other potential options
  - Know that the patient has the right to accept or refuse specific treatment
- Do not assume that the patient can hear or see well. Look for verbal and non-verbal responses.
- Ask patient for their first and second language preferences, and which language they prefer to read (do not assume family member is an appropriate translator)

## **Patient Rights and Responsibilities**

The Center for Medicare and Medicaid and the Joint Commission has created guidelines to ensure that patient rights are met. Centura Health Hospitals support the rights of all patients across the lifespan including geriatric, adult, adolescent, pediatric, infant and neonatal populations. These rights may be exercised through the patient individually or through their surrogate decision maker/legal representative.

### **Patients have a right to:**

1. Be informed of their rights in advance of receiving or discontinuing care when possible.
2. Have impartial access to care and visitation. No one is denied access to treatment or visitation because of disability, national origin, culture, age, color, race, religion, gender identity, sexual orientation. No one is denied examination or treatment of an emergency medical condition because of their source of payment.
3. Give informed consent for all treatment and procedures.
4. Participate in all areas of their care plan, treatment, care decisions, and discharge plan .
5. Have appropriate assessment and management of pain.
6. Be informed of their health status/prognosis.
7. Be treated with respect and dignity.
8. Personal privacy, comfort and security to the extent possible during their stay.
9. Be free from restraints or seclusion imposed as a means of coercion, discipline, convenience or retaliation.
10. Confidentiality of all communication and clinical records related care.
11. Have access to telephone calls, mail, etc.
12. Have the right to choose a “visitor” who may visit them, including but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and the right to withdraw or deny such choice at any time. They also have the right to an identified “support person” who can make visitation decisions should they become incapacitated.
13. Have access to interpreter services at no cost as well as communication aides for the deaf, blind, speech impaired, etc., as appropriate.
14. Have access to pastoral/spiritual care.
15. Receive care in a safe setting.
16. Be free from all forms of abuse or harassment.
17. Have access to protective services (e.g., guardianship, advocacy services, and child/adult protective services).
18. Request medically necessary and appropriate care and treatment.

19. Refuse any drug, test, procedure, or treatment and be informed of the medical consequences of such a decision.
20. Consent to or refuse to participate in teaching programs, research, experimental programs, and/or clinical trials.
21. Receive information about advance directives. Set up or provide Advance Directives and have them followed. Designate a surrogate decision-maker (legal representative) as permitted by law and as needed.
22. Participate in decision-making regarding ethical issues, personal values or beliefs.
23. Have a family member or representative of their choice and your physician promptly notified of their admission to the hospital.
24. Know the names, professional status and experience of any caregivers.
25. Have access to your clinical records within a reasonable timeframe.
26. Be examined, treated, and if necessary, transferred to another facility if they have an emergency medical condition or are in labor, regardless of their ability to pay.
27. Request and receive, prior to the initiation of non-emergent care or treatment, the charges (or estimate of charges) for routine, usual, and customary services and any co-payment, deductible, or non-covered charges, as well as the facility's general billing procedures including receipt and explanation of an itemized bill. This right is honored regardless of the source(s) of payment.
28. Be informed of the hospital's complaint and grievance procedure and whom to contact to file a concern, complaint or grievance.
29. Patients have the right to receive a complete copy of the Hospital's Notice of Privacy Practices.

<b>POLICY TITLE:</b> Personal Appearance (Dress Code) (Centura)	
<b>DEPARTMENT:</b> Human Resources	<b>ORIGINATION DATE:</b> 04/02/2011
<b>CATEGORY:</b> Associate Policies	<b>EFFECTIVE DATE:</b> 09/25/2013

**SCOPE**

This policy applies to all Centura Health facilities, practices, entities, and services (“Centura”) and all Centura associates.

**PURPOSE**

To promote a professional staff image and appearance to internal and external customers.

**STATEMENT OF POLICY**

Centura associates will dress in a professional manner based on their job function. Centura strives to ensure that through its associates, we convey and promote a professional staff image regarding hygienic and professional appearance at all times. In doing so, we honor and respect all external and internal customers. In today’s competitive health care market, earning a patient/resident’s confidence is vital to institutional success. A bridge (or barrier) to earning this confidence is one’s appearance. People infer that quality of our work by how we look. An associate who does not dress carefully is viewed as someone who does not practice his/her profession carefully. An associate who demonstrates neatness, modesty, and conservative good taste has the opportunity to make a far-reaching and lasting impression on patients, residents, and the community. Each associate, as a representative of Centura, contributes to an atmosphere of mission-based caring and professional excellence.

**PROCEDURE**

The following are basic personal appearance expectations for all Centura personnel. Entity CEOs have the discretion to define more specific requirements for their entity or specific department within their entity.

**Business Attire**

All employees not required to wear uniforms are expected to wear professional business attire. Men’s attire should include a professional-looking shirt, slacks, and a coordinated coat or jacket where appropriate. Women’s attire should include a professional-looking dress, suit, pantsuit, or coordinated skirt/slacks and blouse. Some associates in this category are required to spend a portion of their time in a clinical setting. When this is the case, a lab coat may be worn over business attire.

**Clothing**

Regardless of the required attire, clothing should be neat, clean, pressed, and in good repair. It should be sufficient in length, weight, and fit to be modest when performing any activity required by the associate’s job. Short and tight clothing or jeans are not acceptable. Bare midriff, low-cut necklines and spaghetti straps are inappropriate in the professional setting. Appropriate undergarments must be worn. Sweatshirts and sweatpants are inappropriate. Shorts that cover the thigh in a seated position may be acceptable in outpatient therapy and child care settings.

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### **Employee Identification**

An identification badge is provided by the entity to each associate so that staff, patients, residents, and visitors can readily identify entity employees. **Identification badges must be worn while on duty to comply with state law, but it is also important to wear them to make patients comfortable.** The badge must be displayed on the upper part of the chest preferably on the right, in a prominent place visible to all, making sure the photograph is always visible. If an associate loses their identification badge, they should contact the Human Resources Office for a replacement. Loss of an identification badge may result in an assessment of a replacement fee. If identification badges are broken, there may be a replacement charge.

### **Footwear**

Shoes should be clean, well polished, in good repair, and dedicated to the work setting. Safety, comfort, appearance, and quietness should be the prime considerations in the selection of appropriate footwear. Closed-toed shoes and socks or hosiery are required in patient care areas while providing direct patient care. Open-toed dress shoes are acceptable when not providing direct patient care. Hiking boots and flip flops are unacceptable. Soles and heels should be non-marking and should provide sure footing. Shoe coverings are appropriate only in sterile environments.

### **Grooming**

Body odor and bad breath are offensive to patients and co-workers. Necessary steps are to be taken to prevent these problems. For infection control purposes, any associate who has direct patient contact will not wear artificial nails, extenders, or wraps. Fingernails must be clean and of a length that allows the associate to accomplish job tasks efficiently. Associates using colognes, perfumes or lotions should use only those with a light scent while on duty to avoid offending or causing an adverse reaction to patients or co-workers. Makeup should be conservative and appropriate to the department in which the associate works. Hairstyles must be neat, clean, and styled appropriately for the professional setting. Hair should not fall over the eyes, on the immediate work area, or on patients. Personnel working in certain areas may be required to wear specific hair and/or beard coverings. Sideburns, beards and mustaches must be short, neat, clean, well-trimmed, and follow the contours of the face for sanitary and safety purposes. All visible tattoos must be in good taste, not depicting logos, slogans, nudity, or violence. Management reserves the ability to require an associate to cover a tattoo that does not meet these qualifications.

### **Jewelry/Accessories**

Jewelry must not impair the associate's ability to perform job functions. Accessories worn with dress attire should be professional. Jewelry in the clinical setting should not come in contact with patients, the work area, or pose a danger of becoming caught in machinery or equipment. Medic alerts and wristwatches are not considered jewelry. Centura reserves the ability to request that facial piercings, including tongue piercings, ear plugs, and/or body piercings be removed during work hours.

### **Pins and Buttons**

In patient care areas, only Centura-sponsored pins, buttons, or stickers may be worn. These pins, buttons, or stickers may not be directly attached to the identification badge. The Kronos timekeeping system and employee payroll deduction requires the use of the barcode on the front of the badge. Pins, buttons, or stickers may not interfere with proper swiping or scanning.

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### Uniforms

Uniforms must be professional hospital apparel. Lab jackets or smocks over uniforms are acceptable. Check with your department manager before purchasing scrubs to be assured that the style purchased is acceptable for the specific work area. Generally, if the uniform required to be worn involves a specialized color, make and/or pattern, or a logo or specific material is required, the specific facility will provide the uniform or uniform allowance to cover the cost of the uniform. Refer to the facility Human Resources department for specific uniform requirements.

### Business Casual Dress and Casual Days

Business casual dress or casual days may be allowed at a given Centura Health facility/entity in a department or work area that does not have patient contact. Casual is defined as business casual and must still remain professional. Exceptions may include Jean Day for entity-approved fundraisers/functions.

If a work area permits business casual dress, there may be exceptions when professional attire is expected. Professional dress is required when associates work in the administrative area; attend a meeting with Centura Health representatives, Centura Health patients, business, community, or government officials; or when notice from management has been delivered.

### DEFINITIONS

*Patient Care Areas:* Includes but are not limited to patients' rooms, patient hallways, patient waiting areas, operating rooms, therapy rooms, nurses' stations, areas where patients receive treatment such as x-ray or therapy areas, and any other area where solicitation or distribution may disrupt patient treatment or disturb patients or residents. This does not normally include areas such as associate lounges/break rooms and vending areas.

### REFERENCES AND SOURCES OF EVIDENCE

N/A

### POLICY VIOLATION

Failure to follow professional appearance standards may result in an associate being asked to return home to make necessary modification to achieve compliance. Repeated failure to follow professional standards may result in further disciplinary action, up to and including termination.

### REVIEW/APPROVAL SUMMARY

<b>REVIEW/REVISION DATES:</b> 06/21/2012, 12/10/2012, 07/23/2013	
<i>(Dates in parentheses include review but no revision)</i>	
<b>APPROVAL BODY(IES):</b> Senior Executive Council	<b>APPROVAL DATE:</b> 09/25/2013

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