

Abuse, Active Shooter (Run, Hide, Fight) .....	2
Advance Directives.....	3
Age Specific .....	4
Back Safety.....	4
Back Safety - Office Work.....	4
Back Safety - Patient Transport & HoverMatt® .....	5
Code Review - Environment of Care Standard .....	6
Code 5 & Protective Services (Security) & Human Trafficking.....	7
Code Amber – Missing <u>Adult</u> or Child .....	7
Code Blue - Emergency Preparedness .....	7
Code Gray=Tornado watch & Code Black=Tornado Warning.....	8
Handling the Media.....	9
Code Orange - Hazardous Materials & Safety Data Sheets (SDS).....	9
Hazardous Medication.....	10
Code Pink - Infant Abduction.....	10
Code Red - Life Safety Management .....	10
Code Yellow - Bomb, Arson or Sabotage Threats .....	11
Doctor 999 – Code called for Cardiac or Respiratory Arrest.....	12
Corporate Ethics and Compliance .....	12
Cultural Diversity, Customer Service, Teamwork, Communication, AIDET®-an advanced communication framework .....	12-15
Dietary – At Your Request (AYR) & Nutrition Care Manual .....	15
Discharge Planning .....	16
Electrical Safety .....	16
EMTALA, LWBS, AMA, & Elopement.....	17
Ethics .....	17
Evidence Based Practice .....	17
Fall Prevention .....	18
Final Check for Labeling.....	19
Infection Prevention & Control, Final Check.....	19-28
Organ and Tissue Donation .....	28
Oxygen Cylinder Safety .....	28
Pastoral Care .....	28
Patient Confidentiality/HIPAA Privacy and Security .....	28-29
Patient Safety & National Patient Safety Goals .....	29
Medication Management-Herbal & Alternative Medications; Medication Occurrences .....	32
Hospital Patient Safety Event Form (PSEF) .....	32
Patient Rights .....	33
Pain Management .....	34
Policy and Procedures .....	34
No Blanket Orders .....	35
Quality Assurance and Performance Improvement .....	35
Quality Control (QC) Testing .....	35
Rapid Response Team .....	35
Reporting to Regulatory Agencies .....	35
Resource Reference Items .....	35
Sentinel Events .....	36
Suicide Prevention .....	36
SMDA (Safe Medical Device Act) .....	37
Tornado watch=Code Gray & Tornado warning=Code Black .....	37
Trips & Falls Protocol for Non-Patients .....	38
Utilities Management .....	38
Violence; Wheelchair Transfer Steps; Transporter Professional Etiquette, & Reminders .....	38-43

## 2021 General Review, Springhill Medical Center

### Abuse

SMC is committed to protecting the rights of patients who are referred or identified as victims of abuse, neglect, domestic violence, and/or sexual assault regardless of age, sex, or circumstances. Abuse may occur in all age groups including pediatric, adult, dependent adult, and older adult. Abuse is actual or potential harm directly or indirectly caused by a caregiver. Neglect usually refers to acts of failure to provide for one's basic needs.

**Signs and symptoms associated with abuse, neglect, domestic violence, sexual assault, and exploitation may include:**

- Physical injuries that are unexplained or explanation that is inconsistent with medical findings, such as bruises and welts in various stages of healing, burns in patterns descriptive of objects used.
- Behavior reflecting fear, withdrawal, or passiveness in the presence of abuser.
- Anxiety, depression, or use of self-deprecating terms such as, "I'm stupid" or "I'm clumsy."
- History of seeking treatment in different places with multiple providers.
- A parent, caregiver, spouse, or significant other who is overly concerned, overly protective, controlling, belittling to patient or refuses to accept/allow medical treatment.
- If you suspect abuse or neglect contact your manager, patient care supervisor and social services. (all 3 need to be notified)

### Active Shooter: Run > Hide > Fight

Active shooter = individual actively engaging in killing or attempting to kill people in a confined or populated area.

**Active Shooter: (Run > Hide > Fight)**

#### **HOW TO RESPOND**

##### **When an Active Shooter Is In Your Vicinity**

1. **RUN**
  - Have an escape route and plan in mind
  - Leave your belongings behind
  - Keep your hands visible
2. **HIDE**
  - Hide in an area out of the shooter's view
  - Block entry to your hiding place and lock the doors
  - Silence your cell phone and/or pager
3. **FIGHT**
  - As a last resort and only when your life is in imminent danger
  - Attempt to incapacitate the shooter
  - Act with physical aggression and throw items at the active shooter



### **Call 911 WHEN IT IS SAFE TO DO SO**

##### **When Law Enforcement Arrives**

- Remain calm and follow instructions
- *Put down any items in your hands (i.e., bags, jackets)*
- Raise hands and spread fingers
- Keep hands visible at all times
- Avoid quick movements toward officers such as holding on to them for safety
- Do not stop to ask officers for help or direction when evacuating

## Advance Directives

Advance directives may include living wills, durable power of attorney in healthcare decision making, do not resuscitate (DNR) orders, right to die, or similar documents expressing the individual's preferences.

A family member or significant other **MUST** have a Power of Attorney in healthcare decisions to make any decisions for the patient regarding healthcare. Many family members have a Power of Attorney – but this is in financial affairs. They **MUST** produce the documentation for healthcare decisions.

Upon admission, the admitting nurse will ask the patient whether or not they have an Advance Directive (adult age 19 or older) and document this on the Nursing Admission Assessment. If the patient is admitted and *does* have a copy of his or her existing advance directive, the admitting nurse will send it to medical records to scan into SRM. At any point, the patient may clarify, modify, or revoke the directive(s).

If the patient is admitted with no advance directive, the admitting nurse will ask the patient if they would like an information packet for advance directives. This can be found under Hospital Documentation tab in Sunrise to print, it is also found in the Patient Handbook. If the patient chooses to make a written advance directive, it will be scanned into SRM, and the original document given to the patient or to the patient's surrogate if the patient is no longer capable of decision making at the time of discharge.

If the patient has an Advance Directive, the nurse will inform the physician so that the physician can discuss the document with the patient and/or family member. If the patient is a "DNR" (Do Not Resuscitate), a physician order is required.

\*\*\*At SMC there is a policy for patients who have declared themselves "Do Not Resuscitate" (No Code/DNR). For identification of this status the patient will have a purple armband in addition to their regular I.D. armband.

## Withholding or Withdrawing Life-Prolonging Procedures

Life-prolonging procedures may be withheld or withdrawn from **competent adult patients** upon their request under certain conditions. (see the policy for more information under patient rights).

Life-prolonging procedures may also be withheld or withdrawn from **incompetent patients** under certain conditions, based on the patient's previously expressed intent regarding such procedures.

(See also "Ethics" section)

## Age Specific



### The age categories for patients are:

Neo/Infant = Birth to 1-year old (0-1)

Ped/Adolescent = One year old to Seventeen (1-17)

Adult = Eighteen to Sixty-five years old (18-65)

Geriatric = Over Sixty-five years (65+)

We have contact with many patients and visitors of all different ages each day. Because each different age group has different expectations and communication patterns, here are techniques for dealing with these various age groups. Most of this information is specific to patients, but the geriatric information is appropriate for our aged visitors as well.

### Neonatal/infant (Birth - 1 year old):

- Explain everything to the adults with the baby and allow the baby to stay with parent/guardian as much as possible. Babies may have stranger anxiety, or they may reach out to every person they meet, but they all feel safest with the parent or guardian.

### Ped/Adolescent (1 year - 17 years):

- Use the child's name or nickname when talking to him/her.
- Encourage the parent/guardian to remain with the child as much as possible.
- Use words familiar to the child. Whenever possible, allow children to make decisions about their care, food, time schedule.
- Encourage the child to have a stuffed animal or doll on which procedures can be demonstrated.
- Provide for privacy at all times, knock before entering room, provide extra covering to ride in a wheelchair, in hall, or in a treatment/procedure area.
- This age group has a strong tendency toward non-compliance and denial; make sure patient performs tasks, takes medicines, eats meals, etc. Also, provide routine reinforcement of information.
- Recognize patient's need to assert independence and reluctance to express anxiety.
- Allow visitors and recognize need for peer support.

### Adult (18-65 years old):

- Recognize potential for increased stress related to dependency of others (children, elderly parents' pets).
- Recognize anxiety regarding potential changes in lifestyle (physical, economic) resulting from illness.
- Provide for privacy.

### **Geriatric (over 65 years of age):**

- Identify increased sensitivity to climate change, ex: provide blanket(s) when moving patient to another area in a wheelchair or stretcher.
- Do not call a geriatric patient by his/her first name unless patients specifically ask you to.
- Do not give too much information too rapidly; instead, wait until the elderly person finishes processing earlier verbal or visual info. Ask for feedback as you go along.
- If you want this person to remember what you tell him/her, write the information down.
- Speak in a NORMAL tone of voice, using a medium to low pitch. You do not need to shout. (In fact, hearing-impaired persons usually lose the ability to hear loud, high frequency sounds.)
- Always face the elderly person, so that he/she can watch what you are saying. Even if not hearing-impaired, both verbal and visual info increase understanding and retention in the elderly.
- If the person's speech becomes too "off-the subject," gently take his/her hand and say, "I would love to hear more about.....and yet I believe we'd better get back to our subject."
- May respond better to demonstration rather than verbal instructions.

## **Back Safety**

### **Lifting:**

1. Know where you are going to set the object down.
2. Plant your feet squarely, shoulder width apart.
3. Bend at knees as you reach down to lift object.
4. Pull in your stomach muscles. Keep back straight (maintaining your 3 natural curves).
5. Lift by straightening your legs using the "power" muscles (the quadriceps muscles in your upper legs).
6. Maintain your three natural spine curves.
7. Hold object close to body.
8. Avoid twisting at the waist.
9. Turn entire body and set load down in same safe way.



### **Moving:**

When moving an object on a cart, always PUSH (never pull) the object.

### **Moving load from Cart to Table:**

1. Bend slightly at knees.
2. Lift load from cart.
3. Keep load close to body, back natural and abdominal muscles tight.
4. Turn entire body to table and set load down.



### **Carrying an object:**

1. Hold close to body
2. Bend your knees slightly as you walk. The heavier the object, the more you should bend your knees.
3. Get help with heavy or unbalanced objects.

## **Back Safety - Office Work:**

### **Retrieving file:**

1. Squat to retrieve file
2. Rest one hand on thigh when returning to standing position

### **Sitting at desk (ex. typing, computer work):**

1. Sit close to work so you do not have to lean over desk
2. Keep your arms and shoulders relaxed, elbows and fingers in straight line
3. Shift positions often or take short breaks

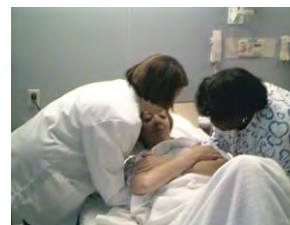
### **Returning file to file cabinet from seated position:**

1. Turn your entire body keeping your hips and feet pointed in same direction.
2. Rest one hand on thigh, if needed, for support.
3. Lean forward from waist.
4. Use hand on thigh to push yourself up to upright position.

## Back Safety - Patient Transport:

### Turning Patient:

1. Adjust bed to mid or upper thigh height.
2. Put bed rails down if safe for patient.
3. Cross patient's arms on chest; cross patient's legs.
4. Put your knee on bed near patient's shoulder.
5. Use your whole body, keeping your knees bent and back balanced.
6. Use the draw sheet.
7. If possible, turn patient toward you.
8. Monitor all tubes and lines connected to patient as they are moved or transferred.



### Pulling patient up in bed: (two or more people)

1. Adjust bed height below your waist.
2. Work from side of bed, feet pointed in direction you plan to move.
3. Reach under patient and slide, do NOT lift patient up.
4. Using the draw sheet, grasp and slide the patient up - do not lift patient.
5. If possible, ask patient to help.
6. Keep feet wide apart, knees bent, natural back alignment.
7. If raised, lower head of bed as flat as possible.



### Bed to Gurney Transfer: (two or more people)

1. GET ASSISTANCE.
2. Adjust bed to level of gurney.
3. Lock bed and lock gurney in place by bed.
4. Start with knee on gurney to move patient to edge of bed.
5. Transfer patient in two stages, grasping the edge of draw sheet; First on to edge of bed, Second to middle of gurney.
6. Keep knees bent and natural back alignment.

### Using transfer, roller/back board located on nursing units

When transferring a patient from one bed to another, be careful to use the roller/back boards to facilitate the transfer. They are located on each nursing unit.

### Using the HoverMatt®

The HoverMatt® is a single patient use inflatable matt used to assist in transferring patients with limited mobility safely from bed to stretcher or moving those patients in the bed with minimal effort. The air supply devices are located in certain patient care areas (ICU, 2400, 3300, 4200). The matt can be retrieved from purchasing and used for the duration of the patient's visit.

See policy: Hoyer Lift and HoverMatt®.

1. Explain the procedure to the patient
2. Patient should be in a horizontal position for transfer/repositioning on the appropriate width mattress. 34" (86 cm) – 39" w (99 cm)
3. Regardless of ease of patient movement, for safety, always use a minimum of two caregivers for the transfer.
4. Place the HoverMatt® transfer mattress underneath patient using log-rolling technique and attach patient safety straps. Whatever the patient is lying on to keep the bed mattress clean can be placed on top of the HoverMatt® transfer mattress to help keep it clean.
5. Plug the Air Supply power cord into an electrical outlet.
6. Insert the Air Supply hose nozzle into mattress in one of the two entries located parallel to the foot end, and snap in place.
7. Be sure transfer surfaces are as close as possible and brake the wheels.
8. If possible, transfer from a higher surface to a lower surface.
9. Turn on Air Supply by choosing the appropriate speed based on the mattress width.
10. Grasp transfer handles and pull patient on an angle, either headfirst or feet first, until patient is in desired position.
11. Ensure that the patient is centered on the receiving equipment prior to deflation, especially if the width of the equipment receiving the patient is less than the width of the transfer mattress.
12. Press Standby to deflate mattress and employ the bed/stretcher rails.

**NEVER LEAVE PATIENT UNATTENDED ON AN INFLATED HOVERMATT® AIR TRANSFER SYSTEM.**

## Code Review - Environment of Care Standard

The EOC Standard requires that hospitals have (7) seven plans in place in the hospital. They are as follows:

1. Emergency Preparedness (Disaster **Code Blue**)
2. Safety Management Plan
3. Life Safety Management Plan (Fire-**Code Red**)
4. Hazardous Materials Management Plan (**Code Orange**)
5. Security Management Plan
6. Utilities Management Plan
7. Equipment Management Plan

We also have a "**Code Yellow**" Plan that addresses threat of explosion by a bomb or other device and additional codes mentioned in this packet.

## Code 5 & Protective Services (Security)

The Protective Services Department is comprised of hospital & contracted personnel managed by the Director of Security. Any areas of concern or opportunities for improvement should be directed to the Director of Security at 410-3879.

### Protection of Personnel & Hospital Property:

- Protective Services provides escort service, valet parking, shuttle bus services (24) hours throughout the facility, plus utilities management reporting and emergency intervention.
- When approached by a stranger while on campus in remote areas, such as parking lots, you should respond with caution and continue to walk until you reach a safe area and notify PBX operators.
- **Code 5:** Used to intervene when the following occur:
  1. Personal protection is needed
  2. Unruly or disorderly conduct displayed
  3. Theft or suspicious behavior is observed or suspected
  4. Physical restraint is needed
  5. Any other circumstance when additional security is needed to prevent, intervene, or control disruptive behavior
- To initiate Code 5, call 3333. Report your name and location, stating that Code 5 is needed. **Security, House Supervisor & Engineering needs to respond to the area called. All other staff remains in their work areas or department.** Only call this code for these purposes.

### Employee's Role in Hospital Security:

- Understand and follow hospital rules and regulations
- Be observant and safety conscious at all times
- Be alert and report irregular or suspicious activity
- Contact security in:
  1. Non-emergencies dial "0" (operator)
  2. Emergencies dial 3333

### Prisoners:

- If a prisoner is treated or admitted to the hospital the law enforcement officer is to stay with the prisoner. A red card with instructions of codes is available to guards of prisoners and is to be maintained in the Omnicell on each unit. Contact Professional Development if you need more red cards.

### Smoking Policy:

As of 1/1/04 a policy was implemented that prohibits smoking, **vaping/e-cigarettes** or any type of tobacco, on the premises of Springhill Medical Center. This policy applies to staff, patients, and visitors to provide a healthier environment. No one should be smoking anywhere on campus.

### Trips and Falls: (see more info on this topic on the section on Trips & Falls Protocol for Visitors to Campus)

- If a visitor falls in the hospital, contact Patient Care Services (PCS) or House Supervisor. If someone falls outside the hospital, contact the Security Department immediately. If a patient falls, follow the protocol outlined in the SMC policy. If an employee falls, he/she should go to his/her manager or supervisor in charge, in order to follow the required protocol.

### Parking Policy

- Staff must always park in designated parking areas. Our customers, patients and visitors need ample parking. The hospital's future depends on good customer service. (One documented violation can lead to towing.)
- Additional information regarding the protective services is available online under policies & procedures or by calling Vince Edwards, Director of Security.



### Damages to Vehicles and Personal Property:

- Springhill Medical Center staff will provide maximum effort to protect the property of patients, visitors, and staff.
- Springhill Medical Center shall not be responsible or financially liable for:
  - A. Theft of Vehicles or property
  - B. Damages to vehicles unless damages were caused by a vehicle owned by Springhill Medical Center
  - C. Purses or wallets that are stolen or lost.

- Protective services shall provide an incident report and notify the Mobile Police department when required in accordance with hospital policy.

#### **Vandalism:**

Methods to minimize thefts & vandalism:

1. Perform daily visual inspections of doors, cabinets & lockers that are routinely locked and the condition of the locking devices and report any signs of vandalism or attempted break-in.
2. Each staff member is to report any incident **immediately** to the Protective Services department.
3. Report any suspicious person(s) attempting to enter unauthorized area or attempting forced entry into a vehicle, office area, or secured containers (such as safes or filing cabinets). Report any of the above incidents to the protective services department.



#### **Lost and Found Items**

Please take any item that is found to an EVS supervisor. They will ensure it gets to the proper location for retrieval by the owner. If someone is looking for a lost item, please direct them to EVS and the supervisor will assist them in locating the item.

#### **Acts of Terrorism:**

Any employee witnessing or observing any person other than an identifiable hospital employee, tampering with any of the following items shall report the actions to Security by calling the PBX operators:

- Oxygen systems ● Oxygen supply tanks ● Electrical panels ● Emergency electrical supply systems (diesel generators)
- Video surveillance equipment ● Crash carts ● Juice containers ● Coffee pots throughout the hospital, etc.

### **Human Trafficking prevention**

#### **Medical Indicators of Human Trafficking**

- Does the person have scars, burns, mutilations, or infections?
- Is the person being prevented from or limited in providing his or her medical history?
- Is the person suffering from urinary difficulties, pelvic pain, pregnancy, or rectal trauma?
- Does the person have poor eyesight or eye problems?
- Does the person appear malnourished or have serious dental problems?

*Source: DHS Blue Campaign resources*

### **Code Amber – Missing Adult or Child**

An employee receiving the information needs to stay with the person reporting the missing person.

Contact the House Supervisor and Security and collect key information from the person reporting the missing adult or child (description, age, what the person is wearing, a picture of the person, cell phone number of the one reporting the person missing, etc.)

Dial 3333 and inform the Telecom/switchboard operator. The operator will announce a "Code Amber" x 3.

Upon hearing "Code Amber" all available hospital staff should respond by searching for the adult or child and monitoring exits on or near their departments.

### **Code Blue - Emergency Preparedness**

There are two types of disasters:

- Internal Disaster** - a situation inside the hospital consisting of fire, threat of explosion by bomb or other device or failure of an essential system, which may warrant evacuation of patients and personnel.
- External Disaster** - a situation outside the hospital which causes more patients to enter the hospital in a brief period of time than the hospital can care for without upsetting its normal routine. (Hurricanes, air crashes, large motor vehicle accident (MVA) etc.)

Each department has a pyramid, as well as the organization wide pyramid. Employees must present their SMC identification badge in order to gain admittance during a disaster. The Labor Pool is in the cafeteria and ALL employees coming from outside must report for disaster to the Labor Pool for assignments except ICU/CCU, Emergency Department, OR, Recovery Room & Telemetry. The news media is not allowed to enter any of the disaster stations. A copy of the Emergency Operations Plan is available in the Incident Command Center located in Administration.

- Cafeteria = Labor Pool
- Lobby (front desk) = Information Center
- Administration = Control Center
- Surgery (OR) = Acute Care
- Emergency Dept. (ED) = Immediate Care (Minor Surgery)
- Outside Emergency Dept. = Triage Area
- Outpatient Surgery = Delayed Care (First Aid)
- Outpatient Surgery Waiting room = Family holding
- Admitting Waiting room = Inpatient Discharge Holding
- Outpatient Diagnostic waiting room = Disaster Victim Discharge
- Cold Storage room in hallway between ICU-I & ICU-II = the Temporary Morgue

**Remember, if Code Blue is in effect, you will need your Identification Badge to get on the hospital property.**

✓Check with your manager to make sure you know your role and responsibility during Code Blue.

In the event of a “Bioterrorism attack” a Code Blue will be put into effect as an external disaster. Decontamination will be performed in the Emergency Room decontamination unit.

**Code Gray=Tornado Watch & Code Black=Tornado Warning  
Shelter in place/Severe Storm/Tornado Response Procedure**

*Part of our Emergency Management & Preparedness*

Provide guidelines for actions to be taken in the event of a tornado watch and/or tornado warning to protect patients, staff, students, and visitors. (See ShareSafe, the policy, and your manager for additional details.)

**Code Gray=Tornado Watch (Tornadoes possible in next several hours)**

**Code Black=Tornado Warning (Tornado has been spotted; take immediate safety precautions)**

## Emergency Preparedness Resources

In emergency situations where patients must be evacuated, we have two choices for the removal of patients with limited mobility.



One option is the Stryker Stair Chair. These chairs are located on each unit. You must be trained on the proper use of this product. These chairs are made to go up or down stairs to ensure safe removal of patients who are unable to walk the escape route. Some features of the chair are the Upper Control Handle which extends to be positioned for optimal operatory control. Extendable foot end lift handles that can help support ergonomic lifting technique. Stair-TREAD System allows operator to control movement downstairs without lifting which may help to reduce the risk of lower back disorder. The dual treads, made with Kevlar®, stand up to tough use and assist descent. Dual wheel locks stable patient transfer. Four-inch front caster wheels Enable wheelchair-like mobility.

Make sure you know the location of these chairs and how to use them. (see ShareSafe for more information)

Another option for evacuating patients safely is the Med Sled. The Med Sled Evacuation Sled is a “no lift” patient transport device. It is made of a flexible material that folds into the Med Sled storage bag. It can be safely used on non-ambulatory patients during evacuations. When using the Med Sled to transport our patients, every precaution should be used to secure the patient to the sled properly. This will ensure they remain safely on the sled during transport. Please watch the video on ShareSafe, and read the instructions included with each sled. Safety, as always, is our first priority.



## Handling the Media

### What do I do when the Media calls?

Members of the media include anyone from a television station, newspaper, magazine, Internet blog site, radio station, trade publication, or other organization that distributes information to the masses, as well as freelance writers or photographers/videographers. They may call the hospital, or, in some cases, just show up to do health related stories or investigate an incident that could have occurred at SMC.

Because of HIPAA laws and to protect the privacy of our patients, employees at the hospital are extremely restricted about what information can be passed along to the media or to anyone external to the hospital.

When/If you are contacted via telephone by a person claiming to be a member of the media, please transfer them to the Marketing Department at 461-4230. Or transfer them to Administration. If it is after regular business hours, transfer them to the house supervisor.

If you encounter a member of the media anywhere on our hospital campus or one of the physician practices or at Springhill Senior Residence without a hospital employee with them, contact Security immediately.

## Code Orange - Hazardous Materials

**CODE ORANGE** is the hospital's designation for an infectious or hazardous material spill. Code Orange, once initiated, will activate the Hazardous Response Team. This team's purpose is to make sure that everything is returned to normal.

The Hazardous Material Response Team includes: Hazardous Materials Coordinator, Environmental Services Safety Committee Members, Engineering Department members on duty and Supervisor of the affected area

Hazardous and Infectious Materials are those materials which are potentially capable of causing injury or disease or even death. Listed below are the five types of hazardous materials spills.

### 1. Infectious or Biohazardous materials

- ⇒ Isolation waste      ⇒ Sharps      ⇒ Culture or Etiologic agents      ⇒ Blood or blood products
- ⇒ Pathological waste      ⇒ Laboratory waste      ⇒ Contaminated food or other contaminated products

### 2. Chemical      ⇒ Corrosives      ⇒ Flammable      ⇒ Combustibles      ⇒ Reactive agent      ⇒ Health hazards

### 3. Chemotherapeutic      ⇒ Cytotoxic      or      ⇒ Antineoplastic

### 4. Gaseous      ⇒ Nitrous oxide      ⇒ Xylene      ⇒ Formaldehyde

### 5. Radiologic

- Computer access to SDS (**SAFETY DATA SHEETS**) is available to all departments by
  - clicking on your desktop icon for 3E,
  - signing in the employee login on the SMC web site or
  - typing **www.3EOnline.com** in your internet browser.
  - Use this information to complete the login to the SDS site, User Name: spgmc1 Password: sds
- You may also call 1-800-451-8346..... 24 hours a day.
- The SDS sheets contain useful information about a specific chemical such as fire & explosion hazard, reactivity, and health hazard data. It also lists precautions for safe handling and use, control measures and disposal methods. Check with your manager if unsure about how to view and use the SDS sheets.




**A paper copy of the SDS log is located in the Emergency Department**

### In the event of a chemical or infectious materials spill, you should:

- Call **3333** - state your name, location and type of spill and request that "Code Orange" be paged
- If it is a chemical spill, view the SDS on a computer or call 1-800-451-8346

- Isolate the spill area
- Wear gloves, gowns, masks, and face shields to prevent contamination and follow proper clean-up and disposal procedures if you are spill response personnel.
- Fill out a “Code Orange” occurrence report after the area has been completely decontaminated.
- Check with your manager to make sure you know how to view the SDS sheets in your area.

**HCS Pictograms and Hazards**

<b>Health Hazard</b>  <ul style="list-style-type: none"> <li>• Carcinogen</li> <li>• Mutagenicity</li> <li>• Reproductive Toxicity</li> <li>• Respiratory Sensitizer</li> <li>• Target Organ Toxicity</li> <li>• Aspiration Toxicity</li> </ul>	<b>Flame</b>  <ul style="list-style-type: none"> <li>• Flammables</li> <li>• Pyrophorics</li> <li>• Self-Heating</li> <li>• Emits Flammable Gas</li> <li>• Self-Reactives</li> <li>• Organic Peroxides</li> </ul>	<b>Exclamation Mark</b>  <ul style="list-style-type: none"> <li>• Irritant (skin and eye)</li> <li>• Skin Sensitizer</li> <li>• Acute Toxicity</li> <li>• Narcotic Effects</li> <li>• Respiratory Tract Irritant</li> <li>• Hazardous to Ozone Layer (Non-Mandatory)</li> </ul>
<b>Gas Cylinder</b>  <ul style="list-style-type: none"> <li>• Gases Under Pressure</li> </ul>	<b>Corrosion</b>  <ul style="list-style-type: none"> <li>• Skin Corrosion/Burns</li> <li>• Eye Damage</li> <li>• Corrosive to Metals</li> </ul>	<b>Exploding Bomb</b>  <ul style="list-style-type: none"> <li>• Explosives</li> <li>• Self-Reactives</li> <li>• Organic Peroxides</li> </ul>
<b>Flame Over Circle</b>  <ul style="list-style-type: none"> <li>• Oxidizers</li> </ul>	<b>Environment (Non-Mandatory)</b>  <ul style="list-style-type: none"> <li>• Aquatic Toxicity</li> </ul>	<b>Skull and Crossbones</b>  <ul style="list-style-type: none"> <li>• Acute Toxicity (fatal or toxic)</li> </ul>

For more information:  
 Occupational Safety and Health Administration

### Hazardous Medication

Hazardous medications are used at Springhill. Proper personal protection equipment (PPE) must be used while handling hazardous medication. Specific instructions on which PPE are required will be defined by the medication label and the medication order within the electronic patient record. This PPE is to ensure staff are safe while handling and administering hazardous medications. Although PPE is required while handling hazardous medication and thus provides safety to the healthcare worker, it's important to understand the associated risk. Hazardous medications can cause skin rashes; chronic effects, including reproductive events such as infertility, miscarriage, or birth defect; and possibly the development of cancer. All hospital staff are required to understand this risk, and the required PPE used to handle these medications.

### Code Pink - Infant Abduction

Code Pink is the emergency code called for an infant abduction. When Code Pink is called, all available personnel should guard the exits to prevent the abductor(s) from exiting with the infant (even if the person is an employee or friend). Consistently be alert to unusual behavior and report it immediately to a manager, supervisor, or security.

#### Precautions are taken to prevent infant abduction:

- ⇒ Babies are transported in cribs and not carried in arms.
  - ⇒ There are coded locks on the Nursery doors.
  - ⇒ All mothers are instructed to only give infants to persons with a maternal child specific SMC nametag.
  - ⇒ SMC nametags are to be worn by all employees.
  - ⇒ Always be alert to any suspicious behavior.
- Only the staff with the footprint badges is allowed to pick up or transport babies.

### Code Red - Life Safety Management

**Fire Safety:** Fire poses a serious threat to the safety of our patients, visitors and staff. Every employee, volunteer and Independent Licensed Practitioner must know and use the proper steps to follow in the event of fire or during a fire drill. Each must know the location and proper operation of the features of fire protection (fire alarm pull stations, fire extinguishers and exits) located within their departments and work areas. **Make sure nothing is blocking a fire extinguisher, fire pull alarm, exit door, medical gas shut off valve, or elevator door. If you see a computer cart or crash cart, or something else blocking any of these be sure to move the item.**

#### Fire Alarm Pull Stations:

- Located at every primary exit (may be located closer to workstations to decrease travel distance)

#### Fire Extinguishers:

- Located every 75 feet of travel distance (may be located closer to decrease travel distances)
- If a fire extinguisher is discharged (used), it **MUST** be promptly returned to Engineering for replacement.

### Stairwells & Exits:

- Each smoke compartment is provided with two remote exits.
- Exiting from upper floors must be performed through stairwells.
- Elevators are not operational during a fire emergency.

### Stryker Evacuation Chairs: located on upper floors (2200, 3200, 3300, 3500, 4200, CVL)

- Use the Stryker evacuation chairs when available for patient evacuation down stairways.
- Stryker chairs from other units may be brought to other units that have patients to evacuate.
- Locate the Stryker chair on your unit if applicable
- Refer to the resource video on the employee portal under Staff Development Resources.

### Fire & Smoke Compartments:

- Fire compartments are designed to protect persons and property by stopping the spread of smoke and fire. They also provide an area of safe refuge while evacuating.
- In the event of fire emergency or fire drill, do not enter or exit through closed fire doors unless you are responding to the fire or fire drill or you are instructed to evacuate the area. Smoke and fire doors are important and are required to close and latch properly.

### Fire Emergency Procedure:

- In the event of a fire drill or actual fire, you must perform the **RACE procedure**:

**R:** Rescue those in danger

**A:** Activate the alarm

**C:** Call 3333, report the location of the fire and confine it by closing doors to slow the spread of smoke

**E:** Extinguish the fire with a fire extinguisher

- Other items to perform include:

1. Prepare a patient and staff roster in the event evacuation is necessary
2. Only the Charge Nurse, Respiratory Therapist or Department Supervisor is authorized to turn off oxygen zone valves and only after evaluating the situation. (This step is simulated during a fire drill)
3. Additional information is available online under policies & procedures and in the Fire Prevention & Life Safety Management Plans

### Fire Extinguishers:

- When using a fire extinguisher, the **PASS method** must be used:

**P:** Pull the pin with a twisting motion

**A:** Aim the nozzle at the base of the fire

**S:** Squeeze the handle

**S:** Slow, steady, sweeping motion, aiming at the base of the fire



**Flashy:** a red box with a flashing light used to simulate a fire during a fire drill

- If “Flashy” is observed in your presence, you must initiate the RACE procedure and proceed as if it were an actual fire.
- During a “Flashy” fire drill, you should pull the fire alarm unless instructed otherwise.
- You would simulate discharging the fire extinguisher and turning off the oxygen.
- Your staff response during a fire drill is recorded, reviewed by the Environment of Care Committee, and measured as a performance improvement indicator.

## Code Yellow - Bomb, Arson or Sabotage Threats

**Code Yellow:** Designation for bomb, arson, or sabotage threats

⇒ Bombs can be disguised in several ways to tempt a person(s)

to make physical contact - a cellular phone, pager, package, box, etc.

None of these items should be touched. Notify the Protective Services Department by calling 3333.

- Code yellow should be implemented during any of the following actions:
  1. Receiving phone calls of a threatening nature in relation to a bomb.
  2. Locating any suspicious object or package.
  3. Making verbal threats - a patient, visitor, or staff member threatening harm or damage to the Facility should be reported to Protective Services.We must not assume that these are idle threats or gestures.

**Boomer = Bomb Threat Drill**





**Never touch the device**



**Call 3333**



**Give the specific location of the Bomb,  
Object or Package**

- If a bomb threat is received, you should:
  1. Keep the caller talking. Remain calm! Check and record the caller's number via Caller I.D.
  2. Alert a fellow employee to dial 3333 and report that a bomb threat is in progress. The operator will contact Administration.
  3. Refer to Bomb Threat Checklist in the 7 plans manual
- Upon Administrative approval, the operator will announce "Code Yellow is now in effect" three times. The Mobile Police Department (MPD) will be called to assist in the subsequent search.
- When searching the area, if you discover a suspicious object, **you must never touch it**. Call 3333 & give the specific location.
- Additional information regarding Code Yellow procedures is available online under policies & procedures.

#### Doctor 999 – Code called for Cardiac or Respiratory Arrest

Dial 3333 and give the specific room number or location to the hospital operator. (see policy: Doctor 999) Also see page 23 of this packet – Rapid Response Team. This 3333-emergency line is answered immediately and does not have caller ID.

#### Corporate Ethics and Compliance

- Every employee has a duty to report any known or suspected violations of law or company policy, or any other questionable conduct to his/her supervisor or to the Compliance Officer (Tim Kaufman) or to a member of the Compliance Committee.
- SMC policy prohibits any sort of disciplinary or other negative action against an employee who makes a report of illegal or questionable matters, as long as the report is made truthfully and in good faith.
- Reports of violations or questionable conduct may be made anonymously to the Compliance Officer 24 hours per day, 7 days per week, via the Compliance Hotline. The Hotline number is (251) 380-0210. You do not have to give your name.
- Check with your department manager to review the Corporate Ethics and Compliance Plan manual for more information.
- Workplace violence, bullying, or harassment in any form has no place at SMC. If you see something, say something. Notify your manager or use the compliance hotline 380-0210.

#### Cultural Diversity, Customer Service & Teamwork

Treat each person with respect even if their culture, views, values, beliefs, language, communication styles, religion, and customs (such as food preferences, etc.) are different than yours.

Avoid stereotyping a patient – consider all the factors that may affect his or her care. Not every member of a cultural group may share all its values, beliefs, and practices.

The patient has the right to considerate, respectful care at all times and under all circumstances, with the recognition of his/her personal values and beliefs.



- Cultural competencies are the skills you use to work well with people of all cultures.
- Culture is generally thought of as relating to ethnic or religious background, but can also include age, race, sex, skin color and national origin.
- It is important to consider culture, but it is also important to:
  - **Avoid stereotyping! Learn about each person's unique views on healthcare.**
  - **Consider other factors such as age.**
- Pain:
  - Different cultures have different ideas about how to express & respond to pain.
  - Some cultures value bearing pain silently, while others expect expressiveness.
- Dietary Preferences and Restrictions
  - For many different reasons: religious, ethnic, health, personal preference, etc., a person may eat or avoid certain foods at certain times, or not eat some foods at all.
- Conventional Medical Interventions
  - Different cultures have different views about when to seek professional medical help, treat one self, or be treated by a family member or traditional healer.
- For example, patients are expected to arrive at exact appointment times.
- But, in some cultures, an "appointment" is just a reference to a general part of the day.
- Another U.S. Health care culture example is that self-care is often promoted in treatment.
- But in some cultures, families and others are expected to play a leading role.



## What does Culturally-Competent-Skills Mean?

- It does not mean knowing everything about every cultural group you work with!
- It does mean being aware of cultural factors and taking appropriate steps to learn about each patient or customer, such as asking questions and doing research.
- Although you need culture-specific information about the groups you care for & work with, remember to take into account the whole person, to see him/her as a unique individual.
- Do not assume that a particular patient fits the general cultural descriptions of his or her culture.
- Following is a short summary of some health-related norms & preferences for a couple of ethnic groups that are represented in our local area.

### Hispanics

- Hispanics are one of the most rapidly growing ethnic minorities in our local area.
- Many Spanish speaking persons smile readily. They may use many facial expressions for happiness, pain or displeasure.
- Direct eye contact may be considered rude in Mexican culture.
- May have to seek eldest member of family for treatment consent.
- Prior to seeking formal medical care, may consult with a “curandero” or folk healer for treatment.
- Expect authoritarianism, formal friendliness & respect
- Neglecting to shake hands is an insult
- May be very respectful, nodding & saying “yes” even if they don’t agree, and will avoid directly contradicting physician

### Vietnamese

- Vietnamese are another major ethnic minority in our local area.
- Vietnamese place great importance on harmony and maintaining self control; may appear calm on the outside when actually very upset.
- Religion is central to health.
- Believe in both “good” & “evil” spirits.
- Obligation to family takes priority over self.
- Practice ritual politeness, courtesy, & respect; especially to higher status individuals. The hierarchy of the family is important.
- Prefer indirect communication.
- May combine traditional & Western medicine
- Southeast Asians view the head as personal and private. It is seen as the seat of the soul and is not to be touched.
- In some cultures, facial expressions mean the opposite of what the person is feeling. For example, Southeast Asians may conceal negative emotions with a smile.

## Suggestions for Culturally Sensitive Communication:

- Convey comfort by your tone of voice and body language.
- Pay attention to body language, facial expressions & other behavioral cues.
- Do not speak loudly or shout. It will not help the person understand English.
- Speak more slowly and distinctly. Keep messages short and simple. Avoid yes/no questions.
- Remember that a nod or yes may mean: “Yes, I heard” rather than “Yes, I understand” or “Yes, I agree”
- Pay attention to subtle cues that may tell you an individual’s dignity has been wounded.
- Do not use medical terms, abbreviations, or slang.
- Use pictures and drawings (as appropriate).
- Repeat the message in different ways.
- Be alert for words the person seems to understand.
- Recognize that differences in time consciousness may be cultural & not a sign of laziness or resistance.
- Take your cue from the individual regarding formality, distance, touch and including family in discussions.
- Take opportunities to learn a few words in languages that are present in the community.
- For instance, learn - “Good Morning” (Buenos dias) or “Good Afternoon” (buenas tardes).

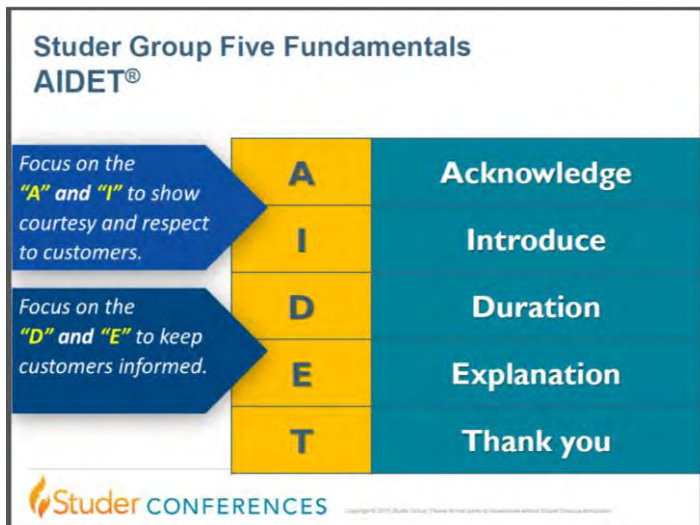
**Some patients do not fit into any cultural or age category. Remember, everyone is unique and has his or her own personal preferences. Caregivers who understand cultural and age differences will be one step ahead when it comes to working well with their patients.**



Our Mission is to be the best healthcare provider in Mobile where patients, physicians and payers can rely on our outstanding staff to efficiently provide healthcare that is unmatched in quality, convenience and benefit of use in a courteous and family oriented manner.

- ❑ The government requires our customer service ratings to be made public so that they can be compared with other hospitals. This is referred to as HCAHPS which stands for Hospital Consumer Assessment of Healthcare Providers and Systems. This makes our Patient Satisfaction Scores & Core Measures even more important.
  - Be aware of the Core Measures required by The Joint Commission and CMS (Centers for Medicare and Medicaid Services)
  - Check with your manager to help us reach our goal to be above the Alabama State average and the National average. Remember, it is about being chosen by our customers and their families.
- ❑ We are striving for 100% customer satisfaction, and customer service is our livelihood.
- ❑ Remember the daily habits and our **P.R.I.C.E.L.E.S.S.** values and continue putting them into practice.
 

♥ Professionalism	♥ Respect	
♥ Integrity	♥ Caring/Compassion	
♥ Excellence	♥ Listening	
♥ Empathy	♥ Smile	♥ Sharing/Teamwork
- ❑ Make sure you allow others to enter the elevator before you enter, because you are the host.
- ❑ Be careful not to discuss work situations or information in front of visitors
- ❑ Do not carry on conversations with co-workers when transporting a patient. The patient is our #1 priority.
- ❑ Please promote the Priceless person nominations. The forms are on the intranet.



- ❑ Demonstrate co-worker courtesy, teamwork and mutual respect consistently, because quality is important to each of us and we are family.
- ❑ Remember to wear your hospital nametag above your waist so others can read it. Besides getting you a discount at the Cafeteria, it is important from both a safety and a customer service standpoint.

**AIDET® = an Advanced Communication Framework with Patients, Visitors, Co-workers, etc.**

### Service Recovery

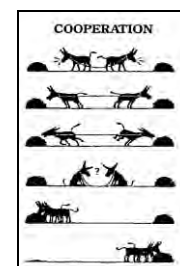
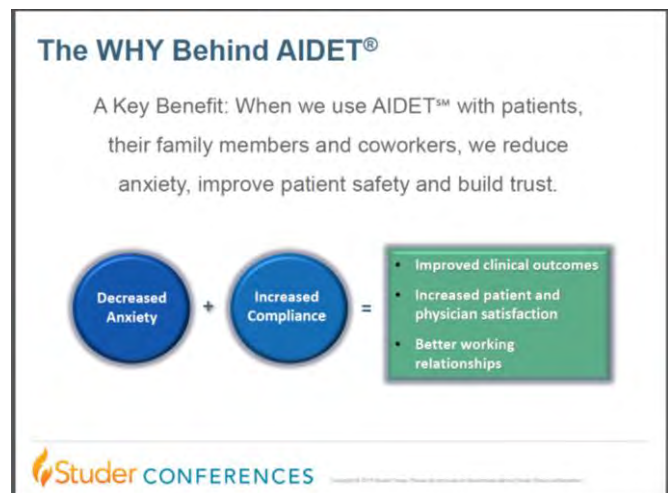
- ❑ Service recovery is important because it shows we care about and respect each person, it can improve customer loyalty and it is a strategy to help us achieve our mission and enhance patient engagement.
- ❑ Tante King, RN, (340-7946) is our Patient Satisfaction Coordinator and a key resource in addition to your Manager.

See De-escalation reminders to prevent violence on page 36

### Teamwork is Critical

#### Teamwork involves:

- Everyone in the company working together to accomplish the goals in our strategic plan
- Driving out fear and building confidence
- Removing barriers that rob people of pride of workmanship
- Coordination of care by breaking down barriers of departmental territory issues



### **Teambuilding is a key to our success. Tips for Teambuilding**

- Recognize that each person has strengths and weaknesses
  - Be patient with others - - mutual respect
  - Specific Praise and Appreciation
  - Practice open & diplomatic communication
  - Avoid argument for the sake of argument
  - Avoid spreading gloom, doom & negativity
- Encourage others to “Up-talk!”(instead of bashing & blaming)  
Celebrate successes  
Replace defensiveness with openness  
Be positive instead of negative  
Collaborate and Communicate

### **Tools for Improved Communication & Teamwork:**

#### **Dig-it Root Cause Analysis**

D = Describe what happened; Define the Problem (Concise Problem Statement)

I = Investigate/Excavate (Facts & Findings Summary)

- Opportunities for Improvement/Process Breakdowns
- Potential Process Breakdowns
- Contributing factors/issues

G = Get to the Root Cause

I = Initiate a Plan (Plan, Do Check, Act = PDCA)

- Action Plans for Improvement
- Select measurable Action Plan items to implement
- Set dates & key reporting person (Plan, Do Check, Act = PDCA)

T = Track your Results (Plan, Do Check, Act = PDCA)



#### **Steps toward a Positive Change**

- Create a sense of urgency
- Develop a change vision and strategy
- Empower all
- Do not let up – be Relentless
- Build the guiding team
- Cultivate Understanding and Buy-in
- Reinforce Short-term wins
- Cultivate a new Culture

(modified from John Kotter's book, *Our Iceberg is Melting*)

#### **Other Communication & Teamwork Tools include:**

- De-Briefing
- Huddles
- Cross-monitoring
- Collaboration
- Handoff
- Conflict resolution
- Seek Win-Win
- Mutual Trust & Respect
- Adaptability for Survivability
- Communication-Leveling, Assertive yet Diplomatic

Our Team STEPPS presentations remind us, “If you see something, say something!” Take responsibility for reporting opportunities for safety improvement, quality improvements, and teamwork improvements.

**Lean Sigma for Healthcare** is a continuous improvement strategy and set of tools.

A marriage of two continuous process improvement strategies:

- Lean Enterprise (Toyota; Deming, TQM, CQI)
- Six Sigma (Motorola) reducing the variation

Involving and empowering each person for insights and practical improvements

**Benefits:** ● Patient Safety & Satisfaction ● Staff Satisfaction ● Quality ● Streamlining processes

#### **Lean Sigma Strategies include:**

**5S** for Workplace Organization: **Sort** **Straighten** **Shine** **Standardize** **Sustain**

Asking “Why?” five times in a Root Cause analysis, instead of asking “Who?”

Spaghetti maps, Gemba, Systematic approach, DMAIC, Value Stream maps, Poka Yoke, Kaizen event, Visual Job Aids, Pull system vs Push system, Point of Use Storage, Standardized Work, Mapping, Flow charts, Data mining, etc.

We need your help to: ● Reduce preventable readmissions ● Reduce hospital acquired conditions ● Identify opportunities

**At Your Request - Room Service Dining** is offered to patients from 6:30am to 6:30pm.

Menu Order Hotline = ext. **6325 (MEAL)** Outside Order Line = **410-6325 (MEAL)** Nursing Info Line = **5264**

**\*\*\*Patient must have diet order in Sunrise before ordering a meal\*\*\***

**Sunrise Diet Entering Procedure:**

- Enter prescribed diet Rx
- Enter room service participation level: Appropriate, Appropriate w/Assist, Not Appropriate

**Nursing Responsibilities:**

- ☆ Assess patient's ability to participate
- ☆ Orient patient to room service process upon admission
- ☆ Coordinate insulin/hypoglycemic meds with patient meals
- ☆ If needed, reposition patient for meals
- ☆ Remove patient's meal tray from their room and place in soiled utility cart located on each unit.
- ☆ Reassess patient's participation level for changes during stay
- ☆ Update diet order changes timely by discontinuing old diet PRIOR to inputting new diet.

**Nutrition Care Manual (NCM)** is located in Sunrise under Hospital Documentation, and is located on our intranet after the employee logs onto the employee portal the link is on the right hand side of the screen and the user name and password are listed there:

User name: [robin.franklin@springhill.org](mailto:robin.franklin@springhill.org) Password: **nutrition3**

**Guest Meals can be ordered and paid for by going to [www.smccatering.catertrax.com](http://www.smccatering.catertrax.com). From there select AYR Guest Tray>View Details, then follow the prompts. Or if you prefer to call in your order, you can pay the Cafeteria cashier then dial 410-6325 (Meal) to place your order. Guest meals are \$7.00.**

After-hour meals for patients can be ordered by clicking the Catertrax icon on your desktop. The Customer Login User name is your unit number. The password is the word Unit and your unit number (i.e. Unit1100).

Select: AYR Guest Tray > Nursing Only After Hour Meals  
Select: Type of Diet > Food Choices > Patients Name, Room Number  
Choose: Delivery Date and Time  
Approval email: none@none.com

After-hour meals can be ordered Monday–Sunday 6:30pm – 7:30pm. Boxed Meals are available on the units. If the “At Your Request” menus become unsightly and need to be replaced, call Dietary at extension 4075 or 5264 for replacements. They are also located on each patient unit in the Menu folder. As a safety precaution, disposable menus may be used.

**Discharge Planning**

Discharge planning services are offered to all patients. Anyone can make a referral to a Case Coordinator (doctor, nurse, patient, family member, case manager, etc.) The goals of discharge planning are to promote optimal psychosocial functioning, increase coping with illness and assist with appropriate post-hospital care. Case Coordinators may assist a patient in determining the most appropriate level of care and arranging necessary services such as home health, rehabilitation, hospice or nursing home placement. Case Coordinators are also available to assist patients and their families with various psychosocial issues which may arise during a patient's hospital stay.

**Electrical Safety:**

**What is the purpose of the grounding conductor on electrical equipment?**

Only equipment with a three prong (grounded) plug should be used in patient areas. The ground wire is connected to the chassis or frame of the equipment and connected to the round connector on the power plug which is connected to the building ground or earth ground via the AC receptacle. If the equipment malfunctions and the chassis become electrically charged the ground wire will drain the electrical current to earth ground. If the ground were not connected you may be electrocuted if you touched the case of the equipment. The purpose of the ground connection is safety.

All new medical equipment must be electrically safety tested by Biomedical Engineering before use in the hospital. This includes rental, demo or borrowed equipment. Report problems with medical devices by logging on to the Biomed Work Request website to make sure they are documented.

### **Why should you avoid placing liquids on top of electrical equipment?**

Most liquids are conductive, putting you at risk for electrical shock if spilled and causing permanent damage to the equipment.

### **Common Electrical Hazards:**

- Frayed power cords
- Liquid spills
- Overloaded receptacles
- Broken or damaged power plugs
- Electrical power plug adapters (cheater plugs)
- Extension cords

### **Who should you report these electrical hazards to?**

- Biomedical Engineering at 5272 or Engineering at 5271

### **How can you identify an emergency power outlet?**

In case of power interruption, the hospital maintains backup diesel generators. Within 10 seconds of a power failure the generators will power critical areas and equipment. Emergency power outlets are identified by red outlet plates. (receptacle covers)

## **EMTALA, LWBS, AMA, and Elopement**

### **EMTALA: It's the Law**

The Emergency Medical Treatment and Labor Act (EMTALA) is a federal law that requires anyone coming to an emergency department to be stabilized and treated, regardless of their insurance status or ability to pay. Hospitals are required to take numerous measures to comply:

1. Ensure risks and benefits are explained to patients and/or person acting on the individual's behalf who refuse to consent to medical screening examination.
2. Document steps to secure the individual's written informed refusal.

The law is intended to prevent hospitals with dedicated emergency departments (EDs) from refusing to treat patients or transferring them to public or charity hospitals because the patients are unable to pay, are uninsured, or are covered by Medicare or Medicaid.

### **LWBS: Leaving Without Being Seen (Ensure good faith effort)**

If LWBS, then notify the nurse before they leave, or the hospital staff witness a patient attempting to leave after being triaged but before being placed in a room

1. Document why patient is leaving
2. Urge the patient to stay then educate them on risks of leaving without being seen and document and notify MD reason given by patient for leaving without being seen
3. If possible, have the patient sign AMA form
4. If possible, provide patient with Exit Care AMA

### **AMA: Against Medical Advice**

Patients leaving without being officially discharged by a MD. Patients discharged AMA are considered a vulnerable population and suffer increased morbidity, mortality, healthcare cost and rate of readmission.

1. Notify the physician immediately of patient expressing the intent to leave and why the patient is leaving.
2. Urge the patient to stay, then educate them on risks of leaving AMA.
3. Have the patient sign the AMA form and give Exit Care AMA papers and document if the patient or representative refuses to sign
4. Place an AMA discharge order

### **Elopement -What to do when patient leaves without acknowledgement- Good Faith Effort**

If unable to locate the patient/family anywhere inside or outside the facility you must open a nurse's note and document your attempt to find the patient at the facility.

Attempt to reach the patient using the phone number provided by the patient.

1. If the patient answers, then educate patient on risks of leaving without being seen and encourage them to come back to the facility and document the information from the patient.
2. If no answer, document attempts to contact the patient.

## **Ethics**

### **What to do if you encounter an ethical conflict with any of your patients during hospital hours & after hospital hours:**

1. Notify the switchboard
2. Call the House Supervisor/Administration
3. Call Quality Assurance/Risk Management

## Evidence Based Practice

Evidence-Based Practice: the conscientious use of current best evidence in making decisions about patient care. It is a problem-solving approach to a clinical practice that integrates:

- A systematic search for and critical appraisal of the most relevant evidence to answer a clinical question,
- One's own clinical expertise, and
- Patient preferences and values.

Five steps of evidence-based practice

- Ask the burning clinical question
- Collect the most relevant and best evidence
- Critically appraise the evidence
- Integrate all the evidence with one's clinical expertise, patient preferences, and values in making a practice decision or change.
- Evaluate the practice decision or change.

Levels of evidence from strongest to weakest:

- Systematic review or meta-analysis of all relevant randomized clinical trials (RCTs), or evidence-based clinical practice guidelines based on systematic reviews of RCTs.
- Evidence from at least one well-designed RCT.
- Evidence from well-designed controlled trials without randomization
- Evidence from well-designed case-control and cohort studies
- Evidence from systematic reviews of descriptive and qualitative studies
- Evidence from a single descriptive or qualitative study
- Evidence from the opinion of authorities and/or reports of expert committees

Melnik, B., & Fineout-Overholt, E. (2005). *Evidence-Based Practice in Nursing and Healthcare*. Philadelphia, Pennsylvania: Lippincott Williams & Wilkins.

## Fall Prevention

- Fall Risk Assessment is done on admission, transfer, daily, status change, or if a fall occurs.
- Patients at high risk for falls are placed on Fall Prevention Guidelines.
- SMC uses the Morse Fall Risk Assessment
- Fall Precautions
  - Pay attention to where you're walking and any hazards in the way.
  - Walk, don't run.
  - Keep aisles, stairs, and walkways clear of tools, materials, cords, etc.
  - Report broken flooring, stair rails or steps, ladders and burned-out lights by putting in an engineering request.
  - Clean up leaks and spills promptly.
  - Mark spills and wet areas with warning signs.
  - Practice good housekeeping and dispose of trash promptly and properly.
  - Frequently monitor the environment for safety.
  - Keep drawers and doors closed when not in use and picking up loose items from the floor.
  - Avoid leaning back in chairs.
  - Avoid leaving boxes, files, or cords in the aisles around desk.
  - We should all do our part to promote safety in every department here at Springhill Medical Center



**Help protect our Patients, Visitors, Vendors and Staff.**

## Fall Prevention Reminders

- **Maintain a quick response time for cleaning up spills, etc.**
- **Report wet conditions, construction hazards and uneven surfaces.**
- **The first person who sees an object where it does not belong is responsible for picking it up or moving it immediately.**

- The first person who sees a wet or slick spot on the floor or ground is responsible for cleaning it immediately.
- Anyone who sees a wrinkled rug or trip hazard is responsible for fixing it or getting it fixed immediately.
- Anyone who sees a light bulb that isn't working is responsible for entering an engineering request as soon as possible.
- Cords across pathways must be removed, or the pathway must be marked and blocked while the equipment is being used.
- Staff should be alert for trailing electrical cords in patients' rooms.

**Help us promote our Culture of Safety!**

**Final Check for Labeling is Mandatory & Prevents Errors  
(Involve the Patient as a Partner for Safety)**

- Stay at the Patient's side:
- 2 Patient identifiers need to be checked each time you provide care, treatment & services. (name & birthday)
- Compare & Confirm patient name & birthdate:
- ex. "For safety purposes, please tell me your full name & birthdate."
- Compare labels and/or requisitions against armband before collection
- Draw the blood/collect the specimen
- Verify the last 3 numbers of the Medical Record # with armband and labels saying the last three numbers out loud



Three Numbers  
Can Save a Life  
**0000588555**

**The Final Check- includes saying  
the last 3 numbers Out Loud**

**Make sure you complete the Final Check each & every time  
for each individual blood tube/specimen.**

**Labeling Specimens Reminders:**

- Never pre-label tubes/containers prior to collecting specimen
- Never hand off unlabeled specimens to other personnel for labeling
- Never bring specimens to nurse's station to label
- Perform the labeling at the patient's side after proper identification of patient

- Never state the person's name and date of birth,

Because it is safer to ask the person to state their full name and date of birth.

ex. "For patient safety, tell me your full name & birthday"

ex. "Because you are my partner for safety, tell me your full name & birthday"

ex. "Because we focus on safety, tell me your full name & birthday"

- If an incorrect label is applied,
  - remove the label completely &
  - re-label the container using the correct patient's label before leaving the patient.

**Our Culture of Safety Depends On You! (Every patient, every time, & every label.)**

**Help us be the Safest Hospital in the Country**

Healthcare professionals (HCP) who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions, which include droplet and airborne precautions, and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. When available, respirators (instead of facemasks) are preferred; they should be prioritized for situations where respiratory protection is most important and the care of patients with pathogens requiring Airborne Precautions.

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>

### COVID-19 Safety Reminders:

- Be diligent and stay safe and healthy while keeping others healthy too.
- Mask up for safety & cover both nose & mouth.
- Stay at least 6-feet from others
  
- Perform hand hygiene before and after removing a face mask
- Wash hands frequently with soap and water for at least 20 seconds
- Avoid touching your eyes, nose, and mouth because they are entry points for germs to get into your body
  
- Clean and disinfect frequently touched objects and surfaces
- Monitor your health daily
- Be alert for symptoms of fever, cough, shortness of breath, & other symptoms
  
- Follow the Centers for Disease Control (CDC) guidance
- Call the hospital Incident Command Center or the hospital supervisor if you have been exposed. Reach them through the hospital telecommunication mainline (344-9630) even 24 hours-a-day.
  
- Be kind & encourage others.
- De-brief and support each other, share feelings and strategies for stress.
- Stress-awareness is crucial, especially during COVID-19.
  
- Feeling tired, frustrated, irritated, over-whelmed, angry? Reach out to others. Connect with friends and family to support each other during the roller-coaster of challenges.
- Share the National Suicide Prevention Lifeline with others who need to talk. 1-800-273-TALK (8255).
- Reaching out for help is a sign of strength & wisdom.

• **Hospital-Associated Infections (HAI):** caused by viral, bacterial, and fungal pathogens. Patients can be exposed to these organisms from healthcare personnel, medical equipment or devices, or hospital environment. More than 50% of HAIs are preventable.

### • Surgical Site Infection (SSI)

- The night before and morning of surgery, use Hibiclens (CHG) shower.
- Clip (not razor blades) for hair removal outside of the OR as close to the time of surgery as possible.
- Wipe with 2% CHG cloth.
- Prophylaxis antibiotics within 1 hour of surgery cut time.

- **Catheter Associated Urinary Tract Infection (CAUTI)**

- Remove Foley catheters as soon as possible.
- Use Silver Impregnated Catheter with a closed system.
- Wipe perineal and inner thigh areas with 2% CHG cloth before insertion
- Perform pericare using the SureStep Post-Insertion Foley Care wipes
- Have patients with a Foley Catheter bathe daily with CHG
- Wipe Foley catheter, tubing, and bag with 2% CHG cloth when providing catheter care.
- Label the Foley bag with date and time of insertion.
- Obtain UA and Culture when Foley catheter is inserted if the patient has been in the hospital for 1 or 2 days. Do NOT collect a UA and Culture if the patient has been in the hospital greater than 2 days unless the doctor orders it.
- Use StatLock to prevent Foley catheter movement. Avoid dependent loops to promote urinary drainage.
- Urinary bag must be kept below the bladder level, bag must not touch the floor.
- Empty bag before 800 to 1000cc.
- Keep perineal and meatal areas clean (clean from front to back).
- Do not break tamper seal.
- Do not test the balloon before insertion because it is pre-tested.
- Hydrate the patient.
- Do not collect specimen from bedpan, urinal, or hat. A sterile container must be used.
- Adhere to nurse driven protocol: Place Foley catheter only when indicated, Remove Foley catheters when they no longer meet criteria (1st bullet)
- Use alternative methods for measuring urine output when possible (last bullet)

- **Central Line Associated Blood Stream Infection (CLABSI)**

- Daily Review of Line Necessity with Prompt Removal of Unnecessary Lines
- Proper Hand Hygiene
- Wearing GLOVES before touching any line
- Use of Maximum Sterile Barrier Precautions for Insertion
- Use of >0.5% Chlorhexidine with Alcohol to Prepare Skin - let completely dry
- Optimal Insertion Site Selection – Avoid the Femoral Vein in Adult Patients
- CHG impregnated sponge dressing
- Scrubbing the Hub Before Accessing Ports for 15 seconds each time and let dry
- Central Line Dressings must be changed every 7 days or when dressing is soiled or not intact
- Use of Central Line IV connectors with CHG+Silver
- Use Sterile Red Caps on end of IV tubing
- Turbulently flush with normal saline after blood draw to remove biofilm from the line

- **Ventilator Associated Pneumonia (VAP)**

- Head of the Bed 30 degrees
- Oral Care every 4 hours and PRN
- No routine lavage when suctioning
- Flush tube with sterile water only
- Peptic ulcer prophylaxis
- Sedation vacation

**Hand Hygiene to Prevent the Spread of Infection – Why is handwashing important?**

Handwashing is the #1 way to prevent infection. Our reimbursement is linked to Quality. Payers will no longer reimburse us for patients who acquire an infection during the hospital stay. So, we need your help to save lives.

**Hand washing:**

- Wash your hands when visibly soiled or contaminated.
- Stand near wash basin, but avoid touching with hands
- Thoroughly wet your hands with warm, running water.
- Lather up completely with liquid soap.
- Vigorously rub hands up to wrists for 20 seconds. **(the length of singing the Happy Birthday song twice)**
- Rinse thoroughly under running water.
- Point hands and fingers downward during rinse.
- Pat hands completely dry with a clean, disposable towel.
- Use dry towel to turn off the faucet.



**Be sure to wash your hands with SOAP and WATER after all contact with positive *Clostridium difficile* patients.**

### **Hand Decontamination with Alcohol Hand Rub**

Alcohol hand rub is an acceptable means of hand hygiene if hands are not visibly contaminated with blood or body fluid.

(But it may ***not*** be effective against *C.difficile* since it has spores.)

- Apply product to one palm.
- Spread thoroughly over both hands.
- Include nails and under jewelry.
- Rub hands together vigorously.
- Continue rubbing until hands are dry.
- **After using the alcohol hand rub 6 times then wash hands**



Please “Foam In” when entering a patient’s room and “Foam Out” when leaving a patient’s room.

Please “Foam In” when entering the Lab and “Foam Out” when leaving the Lab.

### **When to Wash Your Hands**

- After using the alcohol hand rub 6 times
- When coming on duty.
- Before applying and after removing gloves.
- When the hands are obviously soiled.
- Between contact with patients.
- Before contact about the face and mouth of patients.
- Before and after personal use of the toilet.
- After sneezing, coughing, blowing or wiping the nose or mouth.
- On leaving isolation area or after handling articles from an isolation area.
- After handling used sputum containers, soiled urinals, catheters, bedpans, respiratory equipment, intravenous infusion tubing, etc.
- After touching the patient’s bed, bedrails, bedside tables, etc.
- Before and after eating.
- On completion of duty.

### **Other Aspects of Hand Hygiene**

- Nails should not be longer than ¼ inch
- Do *not* wear artificial nails or extenders when having direct patient contact.
- Non-hospital approved lotions should ***not*** be used because they may break down the latex gloves and we would not have the necessary SDS information.

### **Supplies, Equipment, & Linen**

- Expired supplies are a safety violation so please check expiration dates on supplies including foam-in/foam-out containers, alcohol wipes, syringes, etc.
- EKG pads need to be placed in a ziplock bag & labeled with a 28-day expiration date from the time opened.
- Wet Contact Time for Purple PDI Sani-Cloth Wipes = 2 minutes
- Wet Contact Time for Orange PDI Sani-Cloth Wipes = 4 minutes (used for *C.diff*)
- Know how equipment needs to be cleaned per manufacturer’s Instructions-for-Use (IFU)
- Make sure no equipment is in the hallway for more than 30 minutes
- Make sure nothing is blocking exit doors, fire extinguishers, pull alarm stations, oxygen shut off valve, etc.

### **Clean Supplies Handling and Storage**

- Designated areas and separate from dirty items
- Anything that comes into contact with the floor is considered contaminated
- No corrugated cardboard boxes
- Must be stored 18 inches from the ceiling, 8 inches off the floor, and 2 inches from an outside wall

### Clean Linen Storage

- Must be covered - even when transporting to the patient rooms
- Never stockpile in patient rooms
- Never carry in contact with healthcare worker's clothing
- Must be separate from dirty linen

### Dirty Linen

- Place in **blue plastic bags** for transport and storage
- Store in the soiled utility room
- Do not place dirty linen on floors of patients' rooms or hallway floors

### Torn or Rejected Linen

- Place linen that is torn, has holes, or is not suitable for patient use in **green bags** placed on each unit.
- Green bags will be collected every Thursday.
- If green bag is full before the weekly pick-up, contact EVS at ext. 1335.
- This linen will be taken out of circulation and replaced.



**Green Bag  
for Torn or  
Rejected**

### Equipment Cleaning

- Always clean equipment before it touches a patient. Clear bag indicates equipment is clean.
- Remember; connect patients to hospital devices, not your hospital's germs.
- Close the lid for the wipes container to keep them from drying out.
- Use Gray PDI wipes for keyboards

### Dirty Equipment

- Cover with a brown bag to indicate soiled equipment

### How do you know something is Clean?

- Something is clean when it is covered with clear plastic,
- Marked that it has been cleaned, or you know you have cleaned it immediately prior to use.

### Infectious Medical Waste

- Blood and blood products: liquid or semi-liquid, saturated material containing blood, caked dried blood, semen, vaginal secretions, cerebral spinal fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva during dental procedures, pericardial fluid, and etc.
- Containers such as suction canisters, chest tubes, IV tubing with blood
- Lab cultures and devices used in Microbiology
- All disposable isolation waste soaked with respiratory, oral or wound secretions, etc. for an isolation patient
- Sharps to include but not limited to: needles, syringes, pipettes, scalpels, blood vials, glass slides, cover slips
- Surgery and autopsy waste that were in contact with infectious agents
- Dialysis waste

➤ **Red bags must always be twisted and taped.**

➤ **Do not place trash or linen in Red bags!**



**Red Bag for Infectious Medical  
Waste;  
\*--but Never for Linen--\***

### General Waste

- Clear bag and store separately from red bags
- Store in the soiled utility room

### Personal Protective Equipment (PPE)

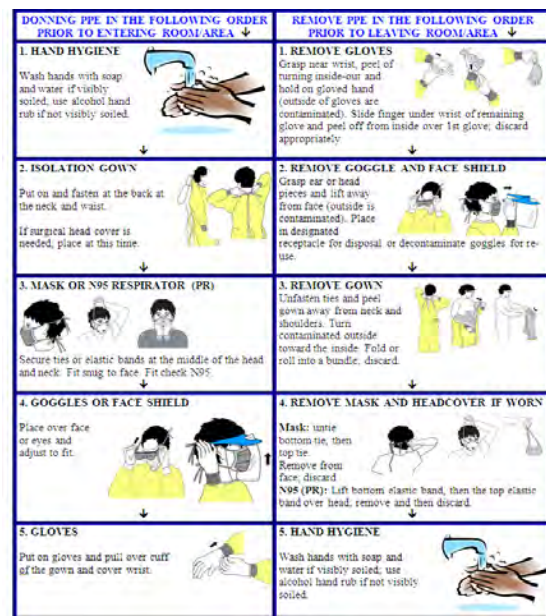
PPE is a barrier and is supplied by the hospital at no cost to you.

Remove the most contaminated PPE first.

Dispose of only PPE saturated with blood in a red bag

PPE includes:

- Gloves, Gowns, Caps, Masks, Face Shields, Shoe covers
- Aprons, Resuscitation Devices, N-95 Respirators



**\*\* PPE is NOT to be worn in the hallway since elevator buttons, doorknobs, floors, etc. may get contaminated.**

**\*\*\*\*\*Without exception, gloves must be worn to draw blood or start an IV.**

**What do you do if you get blood on your uniform?**

1. Remove the garment penetrated by blood or other infectious materials.
2. Change into clean scrubs.
3. Bag your garments.
4. Label bag with your name and department.
5. Give the bag to the EVS supervisor to send to the laundry.

**Standard Precautions include:**

- Standard Precautions apply to all patients at all times.
- Wash your hands immediately if they become contaminated with blood or body fluids. Wash your hands before and after patient contact.
- Wear gloves for contact with blood, body fluids, mucous membranes
- Change gloves during patient care if moving from a contaminated body site to a clean body site.
- Wear gowns, masks, and eye protection if splashing is likely
- Mouthpieces, resuscitation bags and other devices should always be used for mouth-to-mouth breathing.
- Specimens and contaminated waste must be properly bagged and labeled
- *Never* recap needles unless you use a one-handed scooping technique

**What should you do if you have a needlestick or exposure?**

- Immediately wash the area with soap and water
- Immediately flush eyes or mucous membranes with water or saline for at least 15 minutes.
- Report the injury to your supervisor and immediately go to Infection Control / Employee Health (after hours Emergency Department)
- Notify House Supervisor after hours for any needle stick
- Fill out the First Report of Injury Report
- If you have **any questions** regarding blood borne pathogens or Infection Prevention, please contact the Infection Prevention and Control department at 460-5374

**Exposure Control Plan (ECP)** is found on computer in your unit/department. The ECP identifies employees covered, specific measures SMC takes to minimize exposure to you and what to do if you are exposed.

Needles and Other Sharps Handling

- Do not bend, recap, shear or break used sharps
- If you must recap a used needle, use a one-handed scooping technique
- Dispose of used sharps immediately after use to prevent you & others from getting stuck & exposed.
- Safety sharps should always be used when available

Sharps Disposal Containers

- Puncture resistant
- Display the biohazard symbol
- Replace when **3/4 full**



**Transmission-Based Precautions**

**Contact Precautions**



- Contact precautions are used in addition to Standard Precautions for patients that have a disease that can be transmitted via the hands or environmental surfaces.
- Wear gloves when entering the patient's room and remove gloves before leaving. Gloves should also be changed after contact with infected material.
- Wash your hands before leaving the room.
- A gown is required if contact with patient or with environmental surfaces is anticipated.

Organisms: MRSA, MDRO, ESBL, Scabies, RSV, Rotavirus

## MRSA

- *Staphylococcus aureus* is found on the skin and in the noses of even some healthy individuals. It is responsible for most human skin infections.
- The most common cause of healthcare associated infections is MRSA (Methicillin-resistant *Staphylococcus aureus*).
- In most cases, MRSA is spread by direct contact between healthcare workers and their patients.

### Common Sites of MRSA Infections:

- Respiratory tract
- Surgical wounds
- Perineum or rectum
- Skin

## MultiDrug-Resistant Organism (MDRO)

An antibiotic-resistant organism is bacteria or a germ that is not killed by the usual medicines (antibiotics). If an infection results from such an organism, a stronger drug must be used to treat it.

- MRSA - Methicillin-Resistant *Staphylococcus aureus*
- VRE – Vancomycin Resistant *Enterococcus*
- ESBL – Extended-Spectrum *Beta-Lactamase*
- Other Resistant Gram-Negative Rods

## Vancomycin Resistant *Enterococcus* (VRE)

- It is a type of bacteria that is usually found in the intestines and the female genital tract.
- This bacteria has mutated to survive in the presence of many antibiotics, especially Vancomycin.
- VRE is hard to treat and can be passed to other people with weak immune systems.

### Risk Factors for VRE

- Severe illness
- Surgery
- Age
- Treatment with multiple antibiotics
- Invasive devices – ventilators, IV catheters and urinary catheters, etc.
- ICU stay

### STRICT CONTACT PRECAUTIONS



- Everyone entering room must wear gown, gloves and mask.
- Remove above apparel and wash hands prior to leaving room.
- Bag all items from room (trash, linen, equipment, etc.).
- Environmental Services to contact supervisor for terminal cleaning.

### VRE Precaution Sign



## Extended Spectrum *Beta-Lactamase* (ESBL)

- ESBLs are enzymes that are produced by some bacteria that may cause infections.
- Infections can occur in wounds, blood or the urinary tract.
- It can be spread by touching people who have it or handling things that they have used.

### ESBLs are most commonly found

- *Klebsiella pneumoniae*
- *Klebsiella oxytoca*
- *E. coli*
- *Proteus mirabilis*
- Other gram-negative bacilli

### Risk Factors for ESBL

- Prior antibiotic
- Gastrostomy tube
- Ventilatory assistance
- Arterial catheter
- ICU stay
- Nursing home patient
- Central venous catheter
- High severity of illness
- Emergent abdominal surgery
- Urinary catheter

## *Acinetobacter*

- Gram-negative coccobacilli in pairs
- Found in soil and water, including drinking and surface waters
- Rarely occurs outside of healthcare settings
- Can survive in the environment up to 30 days
- 25 different species world-wide
- Found on the skin of healthy people, especially HCW
- Incubation period 2 to 10 days
- Found in irrigating solutions and intravenous solutions

### Other common sites of *Acinetobacter* infection:

- Sputum or respiratory secretions
- Wounds
- Urine
- Peritoneal fluid
- Organ sites with high fluid contents

### Frequency

- *Acinetobacter* is a common colonizer of patients in ICU.
- *Acinetobacter* colonization is particularly common in patients who are intubated and in those who have multiple intravenous lines or monitoring devices, surgical drains, or indwelling urinary catheters.
- *Acinetobacter* infections are almost exclusively in hospitalized patients although community-acquired infections have been reported.

### Transmission of *Acinetobacter*:

- Direct contact with contaminated surfaces or environment
- Isolated from:    ● Tap water    ● Sinks    ● Bed rails    ● Inside of ventilator cabinet    ● Dry surfaces    ● Bedding

**Pseudomonas MDRO:** Resistant to 2 or 3 Aminoglycosides

\*\*\*\*\* FYI \*\*\*\*\*

**CRE – Carbapenem- Resistant *Enterobacteriaceae*** is a new MDRO that has a 50% fatality rate if in the bloodstream.

***C.difficile* & waterless hand soap do not mix. Use SOAP & WATER for *C.difficile*.  
Clean *C.difficile* rooms with BLEACH.**

### *Clostridioides difficile*:

- Can cause diarrhea and other serious intestinal problems.
- Is common in healthcare facilities
- Enters the environment in the feces of people infected or colonized with *C. diff*
- *C. diff* spores can survive for months on surfaces and materials
- Antibiotics suppress the gastrointestinal tract flora, allowing the less susceptible *Clostridioides* to multiply.



\*A tan caddy must be used for *C. diff*.\*



### **Steps to Stop the Spread of Multidrug-Resistant Organisms**

- Hand Hygiene
- Screening & Decolonization of Patients
- Make Sure the Infection is documented
- See that Other Units and Facilities are Notified
- Wear Personal Protective Equipment
- Use Good Housekeeping

### **Droplet Precautions**



- Droplet Precautions are used in addition to Standard Precautions for patients that are suspected of having diseases that can be spread via sneezing or coughing. The infectious particles are larger in size and fall to the ground.
- Wear a surgical mask when within 3 feet of a patient.

### **Organisms:**

Whooping cough (Pertussis), Bacterial meningitis, Influenza, Mumps, Rubella

## Influenza/Flu:

### **Influenza Symptoms**

Influenza is a contagious respiratory illness caused by flu viruses. It can cause mild to severe illness, and at times can lead to death. The flu is different from a cold. The flu usually comes on suddenly. People who have the flu often feel some or all of these symptoms:

- Fever\* or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue (tiredness)
- Some people may have vomiting and diarrhea, though this is more common in children than adults.

*\* It's important to note that not everyone with flu will have a fever.*

### **Influenza Complications**

- Most people who get influenza will recover in a few days to less than two weeks, but some people will develop complications (such as pneumonia) as a result of the flu, some of which can be life-threatening and result in death.
- Pneumonia, bronchitis, and sinus and ear infections are three examples of complications from flu. The flu can make chronic health problems worse. For example, people with asthma may experience asthma attacks while they have the flu, and people with chronic congestive heart failure may have worsening of this condition that is triggered by the flu.

### **Influenza Prevention**

- CDC recommends all healthcare workers be vaccinated annually
- You are contagious with the influenza virus 2 days before you are sick

## Airborne Precautions



- Airborne precautions are used in addition to standard precautions for patients who have respiratory symptoms and are suspected of having diseases that can be spread by smaller particles that remain suspended in the air for sufficient time that individuals in the area can inhale them
- A negative pressure room is required for a patient on Airborne Precautions. The negative pressure rooms at SMC are: 1005, 1304, 2411, PACU, 3211, 3313, 4201, ED Peds.
- Negative pressure rooms for Airborne Precautions must be documented daily if in use.
- Healthcare workers should wear N95 respirators when entering the room
- Healthcare workers must be face fitted to wear the N95 respirator

**Organisms:** TB (tuberculosis) or Rule-out TB, Chickenpox, Disseminated Shingles, Measles (Rubeola)

Pressure Ball System  
illustrates positive or negative  
pressure



## Physical Environment

### ❖ Cleanliness

Usually the function of Environmental Services  
Minor cleaning is the responsibility of all staff members  
When you see trash on the floor or ground, discard it and immediately wash your hands  
Report overflowing trash containers to the Environmental Services department  
Use enhanced cleaning for all Isolation Rooms

### ❖ Function

Malfunctions pose a hazard to all patients, visitors, and staff  
All malfunctions should be reported to the appropriate party as soon as they are discovered

## Patient-care equipment

- ❖ Should be maintained in a clean and serviceable state at all times
- ❖ Cleanliness is the responsibility of all staff members
- ❖ All malfunctions should be reported to the appropriate authority as soon as they are discovered

The maximum water temperature for patient care areas is 110 degrees.

### Food and Drink

- ❖ Storage in designated areas is mandatory
- ❖ Appropriate areas for consumption are designated lounges and cafeterias only
- ❖ Eating or drinking at the Nursing stations and other patient care locations is prohibited because food & drinks can become contaminated.

### Refrigerators

- ❖ Storage of food & medications
- ❖ Maximum storage time for opened, labeled and dated foods is 3 days (72 hours)
- ❖ Foods must be maintained at designated temperatures at all times
- ❖ Never place employee food, etc. in patient refrigerators
- ❖ Temperature logs maintained daily for patient refrigerators

\*Check refrigerator temps **twice a day** if vaccines are stored\*

### Biohazard symbol

1. Warns personnel that a container's contents are potentially infectious.
2. Labels containing the biohazard symbol are required for:
  - a. Refrigerators that contain potentially infectious material
  - b. Regulated medical waste
  - c. Contaminated equipment



Shipping Boxes: Make sure no shipping boxes are in inpatient areas due to roaches.

## Organ and Tissue Donation

By law, every death should be reported to the Alabama Organ Center (AOC). This should be documented on the AOC form; this form is available on each nursing unit. See your charge nurse or the house supervisor for contact information.

\* Notify Alabama Organ Center (AOC) before talking with patient family regarding organ donation. Only a designated requestor can approach the family about organ donation.

## Oxygen Cylinder Safety

Oxygen cylinders must be secured when in use. Stretchers and wheelchairs have special cylinder holders. Cylinder carriers with wheels or hooks that can hang on the headboards or footboards of beds are available from the Respiratory Therapy department. CYLINDERS SHOULD NEVER BE STANDING OR LYING UNSECURED. Cylinders for patient transport should be secured or placed in a rack for "Full" or a rack for "Empty/Partial" tanks. Cylinders should be returned to the O2 storage room directly across from the Emergency Department break room. Only designated units should have O<sub>2</sub> cylinders. Other cylinders must be returned.

### The right way to store gas/oxygen cylinders



### The wrong way to store gas/oxygen cylinders (the following pictures were staged to show how not to store cylinders)





## Pastoral Care

We care about our patients' emotional and spiritual well-being. There is a brochure that lists phone numbers for churches and support groups. A Catholic Priest, Father Eamon Miley, is available to patients who do not have a Priest. His number is 554-0941. Our **Chaplain, Sara Phillips**, is available for all patients and families. Her office number is 410-3888. Also, a chapel is located on the first floor of the hospital for all families and visitors.

## Patient Confidentiality/HIPAA

### We owe it to our patients:

- Keeping patient information confidential is the responsibility of every employee, volunteer, physician, and each member of our Health Care Team. A breach, compliance or confidentiality issue can be reported to the hotline at 380-0210 anonymously or to the HIPAA Privacy Officer, Ashley Newell. For more information regarding HIPAA, please see the ShareSafe module on HIPAA.
- Ask the patient if it's permissible to discuss his/her care with a family member or other requestor before sharing any medical information. Document the patient's wishes. If speaking with someone over the phone, verify caller's identity & appropriateness by asking for the patient's unique 4-digit privacy code.
- Patient's Chart / Medical Record is a Legal Document of Information, whether paper or electronic. The information is protected by Alabama State and Federal Laws (HIPAA). The document is the business record of the facility/hospital.
- A patient's healthcare information should be accessible only to those who have a "need to know" to deliver care to that patient. Any other request should have a Release of Information form approved/executed by the patient prior to release.
- **"Bee Alert"** -- Use this "buzz phrase" to remind coworkers to keep patient information confidential and not discuss patient information in inappropriate places (cafeteria, elevators, hallways, stairways, etc.). 
- For security purposes, our computer system tracks each time you access patient information. DO NOT access information unless you have a business need or are participating in the care of the patient.
- Patients who decide to opt out of the directory are considered "Confidential." In Sunrise a confidential flag is displayed. Do not inform anyone of the patient's presence in the hospital if this flag is present.
- Protected health information should never be disclosed to anyone unless they have a legitimate right to it. Confidential information should not be left in public places, thrown in the regular garbage, etc.
- Labels containing patient information should be removed from items and rendered unreadable before discarding in the regular trash.
- Unauthorized access or disclosure of protected health information can result in monetary fines, for employees as well as the hospital, or the covered entity. If you disclose patient information by accident you are still responsible and must report the accidental disclosure to the Privacy Officer.
- Protected Health Information (PHI) includes information that can be used to identify the individual and relates to the health of the individual: ☒ Patient Name    ☒ Social Security Numbers    ☒ Date of Birth    ☒ Telephone & Fax Numbers  
☒ Medical Records & Account Numbers    ☒ Relatives' Names    ☒ Treatment Information    ☒ Addresses    ☒ Codes    ☒ Photos    ☒ Employers    ☒ Occupation    ☒ Email Addresses    ☒ Payment Information    ☒ Health Plan  
Beneficiary Numbers    ☒ Certificate/License Numbers
- For the patient's security, as well as yours, you should NEVER share your password with others. Access to confidential information is audited and your password/login determines the appropriateness of the access. Also, NEVER let anyone use your password to access or document information.
- Always sign off of the systems you are using before you leave your work area or workstation on wheels (WOW).
- Know the **Red Flag Rules** to help detect, prevent and mitigate identity theft. 
- Core privacy principles such as not discussing information about patients outside of SMC remain unchanged regardless of technologies or trends. Employees should never post patient related information on social media outlets such as Facebook or Twitter, as the potential for violating privacy laws increase when healthcare professionals engage in the use of social media.
- Phishing emails are designed to trick victims into clicking on a link or opening an attachment that launches malware. To safeguard against phishing scams and malware you should delete suspicious email. Suspicious emails may include typos in the links contained in the email, claims of winning a contest, or requests to confirm personal information a sender should already have. Be sure not to conduct personal business on a Springhill computer or by providing your Springhill email address. When in doubt, contact the Privacy Officer or Helpdesk.
- If your job requires you to correspond with contacts outside of the organization, and the communication involves the use of protected health information or sensitive company information, Springhill's Data Loss Prevention policy requires encryption of emails and data prior to sending.
- Springhill partners with the Reprax Company to carry out our VENDOR credentialing process.

Please make sure any agency/vendor that shows up on your unit has signed into Reprax and has a Reprax badge. If they do not have a badge, you must send them back down to Purchasing or their designated Reprax sign in area to obtain one before they can see or participate in the care of the patient.

Please notify Sharon Barnicle or Candace Matheny if you have someone this occurs with so we can address with that agency/vendor. In addition, they are not allowed to solicit business. They cannot sit and visit in the nurses' station as this is inappropriate access to a location that contains PHI and compromises the security of our physical workstations and information as related to the minimum necessary rule.

### Patient Safety & National Patient Safety Goals

***Note: Gaps in the numbering indicate that the Goal was integrated into the standards such as Preventing Patient Falls, Read Back Verbal Order, Do Not Use Abbreviations, Hand Off Communication, Look-Alike Sound-Alike Drugs, Patient/Family Involvement and Early Recognition/Rapid Response.***

Patient Safety is to build systems for delivering patient care in the safest manner possible and for preventing adverse outcomes to our patients. The following are our National Patient Safety Goals.

1. Improve the accuracy of patient identification (Two Patient identifiers are the Patient's name & Birth date on armband).
  - Eliminate transfusion errors – 2-person verification; Blood products only use Medical Record # & Patient's name.
2. Improve effectiveness of communication among caregivers.
  - Report critical results of tests & diagnostic procedures on a timely basis.
3. Improve the safety of using medications.
  - Label ALL medications, medication containers (syringes, medicine cups, basins), and other solutions on and off the sterile field in perioperative and other procedural settings. Reduce harm from anticoagulation therapy. Maintain and communicate accurate patient medication information.
6. Respond to medical equipment alarms promptly.
7. Reduce the risk of healthcare-associated infections.
  - Use antiseptic for skin prep during central venous cath insertion, as cited in scientific literature or endorsed by professional organization.
  - Comply with CDC hand hygiene guidelines.
  - Evidence based practices to prevent multi-drug resistant organisms, central line-associated bloodstream infections & surgical site infections. Educate patients & family about multi-drug resistant prevention strategies.
  - When hair removal is necessary, use method cited in scientific literature or endorsed by professional organizations.
8. Identify safety risks. Identify patients at risk for suicide. (see Policy: Suicide Precautions)

#### ⇒ Universal Protocol (UP1.)

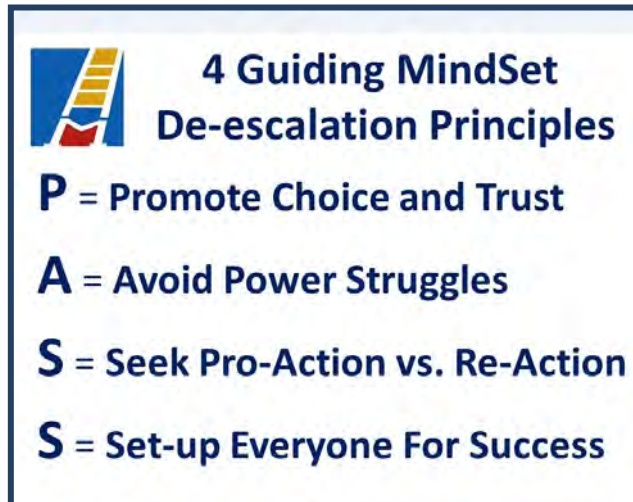
Conduct a pre-procedure verification process, Mark the procedure site, Time out immediately prior to starting procedure. (Correct patient, correct site, correct procedure, patient position, equipment (special equipment, consents, etc.))

SMC performs proactively, at least annually, **Proactive Risk Assessment** [Failure Mode, Effects, Analysis, (FMEA)] of at least one high risk process.

**Patient safety and teamwork are everyone's responsibility!**

(See ShareSafe videos & modules and your manager for more information on National Patient Safety Goals)

Remember, your safety and the safety of others is important.



The graphic is a rectangular box with a light blue background and a dark blue border. On the left side, there is a logo consisting of a blue square with a yellow and red stylized 'A' shape inside. To the right of the logo, the text '4 Guiding MindSet' is written in a bold, dark blue font, followed by 'De-escalation Principles' in a slightly smaller, bold, dark blue font. Below this, there are four lines of text, each starting with a bold, dark blue letter followed by an equals sign and a phrase: 'P = Promote Choice and Trust', 'A = Avoid Power Struggles', 'S = Seek Pro-Action vs. Re-Action', and 'S = Set-up Everyone For Success'.

**4 Guiding MindSet  
De-escalation Principles**

**P = Promote Choice and Trust**

**A = Avoid Power Struggles**

**S = Seek Pro-Action vs. Re-Action**

**S = Set-up Everyone For Success**

# 2021 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

## Identify patients correctly

NPSG.01.01.01 Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

## Improve staff communication

NPSG.02.03.01 Get important test results to the right staff person on time.

## Use medicines safely

NPSG.03.04.01 Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01 Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01 Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

## Use alarms safely

NPSG.06.01.01 Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

## Prevent infection

NPSG.07.01.01 Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

## Identify patient safety risks

NPSG.15.01.01 Reduce the risk for suicide.

## Prevent mistakes in surgery

UP.01.01.01 Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

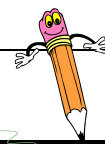
UP.01.02.01 Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01 Pause before the surgery to make sure that a mistake is not being made.

**Help us prevent: Slip, Trips, & Falls, Expired Supplies,  
Needle sticks, Exposures, & Back Injuries.**

To safeguard patient safety the Pharmacy will **NOT** administer herbal or alternative medications. Herbal or alternative preparations from home will **NOT** be permitted in the hospital. If an order is received for an herbal preparation, the prescriber will be notified of this policy.

<b>(Unsafe Abbreviations) <u>NOT</u> to use:</b>	<b>Instead Use:</b>
<b>IU</b>	<b>International units</b>
<b>U</b>	<b>units</b>
<b>No zero before decimal .5mg</b>	<b>0.5mg (Always use a zero before a decimal pt)</b>
<b>Zero after decimal 5.0mg</b>	<b>5mg (Never write a zero by itself after a decimal pt)</b>
<b>MS or MSO4</b>	<b>morphine sulfate</b>
<b>MgSO4</b>	<b>magnesium sulfate</b>
<b>QD, Q.D., q.d., qd</b>	<b>daily</b>
<b>QOD, Q.O.D., q.o.d., qod</b>	<b>every other day</b>



These are for all orders, all medication-related documentation. Do not use in paper or electronic documentation.

Refer to the Medical Abbreviations of approved abbreviations online through Sunrise Clinical Manager (SCM).

A “trailing zero” may be used where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

The list of abbreviations, acronyms, and symbols **NOT** to be used are from ISMP and are in the policy, “Unapproved Abbreviations”.

#### Medication Occurrences

##### Medication Occurrences:

Any preventable event that results from inappropriate medication use or could jeopardize patient safety.



When a medication occurrence has occurred, a Patient Safety Event is to be completed immediately online. It must be reported immediately to the Nurse Manager or, in their absence, the Assistant Nurse Manager, the Charge Nurse or Nursing Supervisor. The patient is to be evaluated and the physician notified. Orders received will be instituted as soon as possible.

All Occurrences are reported without fear or repercussions to appropriate individuals.

All adverse drug reactions must be completed immediately, and this does not count as a medical occurrence. Remember to add an allergy. If you administer Narcan please complete a PSE

#### Hospital Patient Safety Event Form (PSEF) \*Use the ECRI Icon

##### Filing a Hospital Patient Safety Event Form:

**Patient Safety Event (PSE) should be entered Online by clicking the ECRI icon on designated computers**

**The site may also be reached by entering [ecri.org](http://ecri.org) in the Internet Explorer browser. There is a universal id and password for the site: user id: [patientsafety@springhill.org](mailto:patientsafety@springhill.org) password: Springhill20**

**The form is completed on any patient related event. It should also be done for any visitor event that occurs inside the hospital.**

##### Patient Safety Event Form

- ☐ Initiated upon the discovery of a patient safety event or as soon as possible after discovery
- ☐ Before submitting as incomplete, review for completeness and accuracy
- ☐ Describe the event with as many details as possible.

This is done on ANY PATIENT related event. It encompasses a patient safety incident, which includes a near miss or an unsafe condition. **It should also be done for any visitor event that occurs inside the hospital.**

**Incidents:** Patient Safety Events that reached the patient, whether or not there was harm. The concept “reached the patient” encompasses any action by healthcare practitioner or worker or healthcare circumstance that exposes a patient to harm.

**Examples:**

- Administering the wrong medication to the wrong patient.
- All falls, (ex. slid to floor; assisted to floor, found on floor)
- IV infiltrate
- Mislabeled Tube or Specimen

**Near Miss:** An event, situation, or error that took place but was captured before reaching the patient.

**Examples:**

- Medication dosage labeled incorrectly and discovered when nurse was preparing the medication; discovery prevented the dosage from reaching the patient but could have caused harm if administered.
- Antibiotic ordered for a patient with allergy to the drug. The pharmacist caught the error during computer entry of the drug.
- Wrong drug dispensed by pharmacy and was caught by the nurse before it was administered to the patient.
- When a nurse gives a patient incorrect medication to take and the patient recognizes it as such and refuses to take it, a near miss has occurred.

**Unsafe Condition:** Any circumstance that increases the probability of a patient safety event: includes defective or deficient input to or environment of care process that increases the risk of an unsafe act, care process failure or error, or patient safety event. An unsafe condition does not involve an identifiable patient.

**Examples:**

- ☐ An out of date medication on shelf
- ☐ Two look-a-like medications being stored next to each other

**Patient Safety Event (PSE) should be entered Online by clicking the ECRI icon on designated computers**

**The site may also be reached by entering [ecri.org](http://ecri.org) in the Internet Explorer browser. There is a universal id and password for the site: user id: [patientsafety@springhill.org](mailto:patientsafety@springhill.org) password: Springhill20**

The form is completed on any patient related event. It should also be done for any visitor event that occurs inside the hospital.

(For issues, please contact Quality Assurance at ext. 2096 during the day and nursing supervisor at night)

## Patient Rights

**Patient Rights Address:**

DNR

Research Projects

Informed Consent

Pastoral Care

Phone, visits, & visiting times

Organ Donation

Advanced Directives

Withdrawing life-sustaining treatments

Care at the end of life

Resolution of Complaints

Each patient receives written statement of rights

Code of Ethical behavior (marketing, billing, etc.)

Patient Visitation Rights

**See the Patient Rights section of the Patient Information booklet.**

A copy of this booklet is provided to patients in Admitting and there is a Braille version in the Nursing Supervisor's office.

A telephone device for the hearing impaired and also a nurse call device for handicapped patients is available by calling “0” for the PBX operator.

\*\*\*In an effort to provide the best possible care in the safest environment, Alabama hospitals have standardized the colors of wristbands to alert staff to various patient conditions. The different colors have certain meanings with the alert written on the colored band which is in addition to their regular I.D. armband. The 4 colors we are using are:

- **RED** for allergy; this means an allergy to anything – food, medicine, dust, grass, pet hair, etc.
- Red/Allergy bracelet: Verify details of the Red/Allergy bracelet in the patient's chart and always ask the patient of any allergies prior to drug delivery or pertinent interventions.
- **YELLOW** for fall risk.
- **PURPLE** for "DNR" (Do Not Resuscitate). At SMC there is a policy for patients who have declared themselves "Do Not Resuscitate" (No Code/DNR).
- **Orange for Limb Alert** –this means no blood pressure or sticks in that arm

**Service Animals:** Springhill Medical Center follows the regulations of the Americans with Disabilities Act.

Service animals are animals that are individually trained to perform tasks for people with disabilities such as guiding people who are blind, alerting people who are deaf, pulling wheelchairs, alerting and protecting a person who is having a seizure, or performing other special tasks. Service animals are working animals, not pets.



Businesses may ask if an animal is a service animal or ask what tasks the animal has been trained to perform, but cannot require special ID cards for the animal or ask about the person's disability. They must allow people with disabilities to bring their service animals into all areas of the facility where customers are normally allowed to go.

**A person with a disability cannot be asked to remove his service animal from the premises unless:**

- (1) The animal is out of control and the animal's owner does not take effective action to control it (for example, a dog that barks repeatedly during a movie)
- (2) The animal poses a direct threat to the health or safety of others.

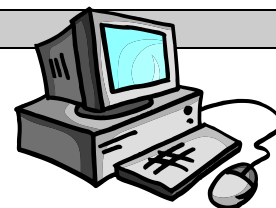
### Pain Management

- Patients have the right to appropriate assessment and management of pain.
- SMC plans, supports, respects and coordinates activities and resources to assure the pain of all patients is recognized and addressed appropriately.
- This includes education of patient, staff and **documentation** of pain management.
- Unresponsive patients and infants have special ways of showing pain – use the pain scale.
- Be sure to document any patient response to pain control interventions using the approved pain scale (1-10).

### Policy and Procedures

**To access a policy:**

1. Go to the Google icon
2. If the Springhill Medical Center website does not pop up, type in [www.springhillmedicalcenter.com](http://www.springhillmedicalcenter.com) for the address bar at the top of the screen.
3. Click on "Employee" on the top of screen.
4. Log onto the website with your assigned user name and password. For help contact Marian Faulk, Marketing for login information x4230. If you have never logged in before or are a new employee, please contact your manager to see if a System Access Request has been submitted for you to gain access to the Intranet.
5. Click on "Policies and Procedures" under the "More Info" list on right side of page.
6. Select the department, click magnifying glass, view each policy as needed.
7. Don't know the department? Click "All departments," type in a keyword, then click magnifying glass.
8. Policies can also be assessed through Sunrise under the Hospital Documentation Tab



\*\*\*\*\***Employees are responsible to stay current on the policies and procedures.**

### No Blanket Orders

- The physician will be required to enter appropriate individualized orders for each patient following surgery.
- After the patient has been to surgery, the chart should NOT state "Resume pre-operative orders"
- Exceptions: Bronchoscopy, Angiography, Endoscopy, (Gastroscopy), (Sigmoidoscopy), (Proctoscopy), (Colonoscopy) ERCP, Cystoscopy (these are not considered surgical procedures and resume pre-op orders is permissible for these).

## Quality Assurance and Performance Improvement

The role of the Quality Assurance and Performance Improvement (QAPI) program is to demonstrate a consistent endeavor to deliver optimal care in an environment of minimal risk. It is a systematic, coordinated, and continuous approach to improving performance by focusing on the processes and mechanisms that address these values. The QAPI program includes a process of identifying areas for improvement, prioritizing them, analyzing data and current processes, setting goals, completing a root cause analysis, developing and implementing the quality improvement plan, and lastly, monitoring to sustain the improvement. The QAPI program involves the entire organization and is everyone's responsibility.

One example of a QAPI focus at SMC is the Core Measure Improvement Program. The current Core Measure sets that SMC is accountable for include: Sepsis, Global (ED/Immunizations), Perinatal Care, Stroke, Venous Thromboembolism, and Outpatient Measures. The QAPI program also monitors regulatory compliance in the organization.

## Quality Control (QC) Testing

**Quality Control is important. Check to see what QC testing is done in your area (i.e. Blood Glucose Testing).  
Remember POC Glucose is in the Policy and Procedures.**

## Rapid Response Team

What is a Rapid Response Team? A select group of healthcare practitioners who bring critical care expertise to the patient by responding to situations where patients demonstrate physiologic deterioration.

The Rapid Response Team can be called for *acute changes* in any of the following:

- Heart rate less than 40, greater than 140
- Blood pressure less than 80, greater than 180
- Respiratory rate less than 10, greater than 28
- Saturation requiring increasing need for oxygen
- Level of conscious: altered, difficulty speaking, weakness, seizure
- New sudden pain
- New Sepsis Score of 8 or more
- Staff worried about patient – Use this one only if none of the above criteria fit your patient



- Dial extension 3333 & State that you need the Rapid Response Team & Give the patient's room number and then enter an RRT evaluation order in Sunrise
- The operator will overhead page the Rapid Response Team
- A patient or family member can call if they notice a medical change or feel that no one has responded to their concern. The call is initiated by dialing "0" for the hospital operator and stating they need help and the operator will overhead page the Rapid Response Team

## Reporting to Regulatory Agencies

**No disciplinary action for reporting safety or quality concerns.**

The Joint Commission ([www.jointcommission.org](http://www.jointcommission.org)) 1-800-994-6610  
DHR ([www.dhr.state.al.us/index.asp](http://www.dhr.state.al.us/index.asp)) 1-800-458-7214  
CAP ([www.cap.org](http://www.cap.org)) 1-866-236-7212

AABB ([accreditation@aabbb.org](mailto:accreditation@aabbb.org)) 1-301-215-6492  
CMS ([www.cms.gov](http://www.cms.gov)) 1-877-267-2323

Resource Reference Items:	Location:
Braille Patient Rights	Patient Care Services Office (PCS)
Hearing impaired telephone device	Telecom/Switchboard
Nurse call device for handicapped patients	Contact PCS; return device to Central Sterile
ShareSafe Helpline	378-5885
Nursing Policies & Procedures	Clinical procedures refer to Lippincott manual of Nursing on each unit. All other policies are online at <a href="http://www.springhillmedicalcenter.com">www.springhillmedicalcenter.com</a> from any in-house computer. You are responsible to stay current.
Patient Rights	Patient Handbook

Lab manuals and Radiology manuals	Available online
Exposure Control Plan, TB Plan & Infection Control Policies	Available online
Joint Commission	Internet Access
Threatening telephone call checklist	Available online
Notice of Privacy Practices	Admissions
Abbreviation Manual	Available Online and PCS
Stratus real-time Audio/Video Language Interpreting	Interpreter Machine in PCS (Supervisors office)
Interpreter <b>must</b> be certified interpreter (We cannot utilize an employee as an interpreter of medical information unless he or she is certified as an interpreter.)	

### Sentinel Events

- A Sentinel Event is an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, “or the risk thereof” includes any process variation for which a reoccurrence would carry a significant chance of a serious adverse outcome.
- A Sentinel event signals the need for investigation and response.
- Sentinel event and “error” are not synonymous; not all sentinel events occur because of an error, and not all errors result in a sentinel event.
- Confirmed transfusion reactions, significant adverse drug reactions, and significant medication errors.
- Any patient death, paralysis, coma, or other major permanent loss of function associated with a medication error.
- Any suicide of any patient receiving care, treatment and services in a staffed around-the-clock care setting, or within 72 hours of discharge from such a setting.
- Any operation on the wrong patient, wrong side of the body, or wrong organ.
- Any elopement, that is, unauthorized departure, of a patient from an around-the-clock care setting resulting in a temporally related death (suicide or homicide) or major permanent loss of function.
- Any intrapartum (related to the birth process) maternal death.
- Any perinatal death unrelated to a congenital condition in an infant having a birth weight greater than 2500 grams.
- Assault, homicide, or other crime resulting in patient death or major permanent loss of function.
- A patient fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall.
- Hemolytic transfusion reaction involving major blood group incompatibilities.
- Unanticipated death of a full-term infant.
- A foreign body, such as a sponge or forceps, left in a patient after surgery.
- Discharge of an infant to the wrong family.
- Severe neonatal hyperbilirubinemia (bilirubin > 30 milligrams/deciliter)
- Prolonged fluoroscopy with cumulative dose >1,500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose
- Abduction of any patient receiving care, treatment, and services.

The Hospital recognizes that the best way to prevent the occurrence of sentinel events is to continuously educate and encourage participation of hospital employees. **If a sentinel event occurs, notify:**

- **Administration at 460-5220**
- **Director of Quality Assurance/Risk Management**
- **House Supervisor in absence of above**

### If a sentinel event occurs:

- A Root-Cause Analysis shall be performed for all sentinel events to understand the underlying cause of the Sentinel Event.
- A team is formed to review the process, cause-and-effect diagram, and what needs to be done to prevent future occurrences

### Suicide Prevention

#### Suicide Prevention includes:

##### Warning Signs

##### Talk:

If a person talks about: Being a burden to others, feeling trapped and experiencing unbearable pain, having no reason to live, killing themselves, feeling tired & ready to end it all.

##### Behavior:

Specific things to look out for include: Increased use of alcohol or drugs, looking for a way to kill themselves, reckless activity, isolating from family and friends, sleeping too much or too little, Giving away possessions and aggression.

- **Take every comment about suicide seriously**
- **Call the Charge Nurse or House Supervisor immediately and keep the patient in your sight**

**Sleep Disturbance-Isolation-Giving away possessions-No interest in anything –Seeing no future**

### **Documentation for Suicide Prevention**

- Nurse will assess the patient on admission or in triage for suicidal/homicidal thoughts or attempts
  - The nurse will complete the Columbia-Suicide Severity Rating Scale if patient has suicidal/homicidal thoughts or attempts
  - Patient will be placed on suicide precautions and physician notified if Columbia-Suicide Severity Rating Scale recommends patient safety precautions
  - A physician's order will be entered in the electronic medical record. A verbal order may be obtained by the nurse
  - The RN shall document in the electronic medical record suicide precautions under psychosocial
- National Suicide Prevention Lifeline 1-800-273-TALK [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)**

### **SMC Suicide Policy:** available in Policy and Procedures

- Any patient admitted to SMC that is evaluated to be a suicide risk will be placed on "Suicide Precautions." Can be provided on 1st floor private room with sitter; house supervisor notified
- Staff/sitter will observe continuously during all activities & is responsible for maintaining constant direct observation of the patient; patient will never be left unsupervised
- Nursing staff will complete a thorough search of patient's room & belongings; unlocked supply carts & all possible weapons will be removed; privacy curtains will be open at all times unless staff member is physically present; there must be sufficient light for clear & easy visualization
- Privileges outside the room are discontinued
- If patient must leave the unit, the assigned staff member/sitter must accompany & remain with the patient during the procedure; if staff/sitter cannot be present during procedure, they must advise receiving staff of patient's suicide precautions and resume supervision upon completion of procedure
- Meals will be served on disposable products; dietary will be notified
- Psychiatrist/psychologist will be consulted as soon as possible for an evaluation to determine an appropriate psychiatric plan of care
- Every effort will be made to transfer patient, when medically stable, to an appropriate psychiatric facility
- Suicide precautions can only be discontinued by physician order; sitter will be discontinued when physician documents that suicide precautions can be discontinued
- Verbal order obtained by the nurse shall be signed by the physician within 24 hours
- RN documents suicide precautions under psychosocial

### **SMDA (Safe Medical Device Act)**

**What is the SMDA?** SMDA or Safe Medical Device Act states, "all occurrences that reasonably suggest that there is a probability that a medical device caused or contributed to the death, serious illness, or serious injury of a patient of the facility must be reported". Occurrences will be reported to the FDA or the manufacturer of the device.

**What is a Medical Device?** The FDA defines a Medical Device as an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article.

### **What is the purpose of this law?**

The overall goal of the law is to help assure that:

⇒FDA learns quickly about serious device problems.

⇒Devices entering the market are safe and effective.

⇒Defective devices are removed from the market in a timely manner.

**Where is the SMDA policy and procedure located?** Available Online (Intranet)

### **Who should you report occurrences to?**

All medical device occurrences should be reported as soon as possible (within 2 working days) to the Biomedical Engineering Dept.

**What is the penalty for not reporting?** The facility could be fined up to \$10,000 for not reporting occurrences.

**Tornado Watch=Code Gray & Tornado Warning=Code Black  
Shelter in place/Severe Storm/Tornado Response Procedure**

*Part of our Emergency Management & Preparedness*

Provide guidelines for actions to be taken in the event of a tornado watch and/or tornado warning to protect patients, staff, students and visitors. (See ShareSafe, the policy, and your manager for additional details.)

**Code Gray**=Tornado Watch (Tornados possible in next several hours)

**Code Black**=Tornado Warning (Tornado has been spotted; take immediate safety precautions)

**Trips & Falls Protocol for Non-Patients**



**If someone trips or falls out of the hospital:**

- ◆ Call PBX operator immediately (dial 0) to contact Security.
- Security will send the Security Supervisor over to fill out a report
- ◆ Ask: “Would you like to go to the Emergency Room?”
- ◆ **If a patient says:** “Well then who is going to pay?” **Your response:** “I’m sure they’ll be glad to file it on your insurance.”
- ◆ Security arrives, fills out the form and takes the patient to the ER by wheelchair or shuttle van.
- ◆ If the patient refuses to go to the ER then it must be documented.

**What NOT to do:**

- ◆ Never make stipulations about whose responsibility it’s going to be.  
*ex. Do not say: “We’ll handle the bill.” ex. Do not say: “We’ll take care of this for you.”*
- ◆ Do not convince the patient that if they go to the E.R. that the hospital will be responsible for the bill.
- ◆ Do NOT discuss the situation in the presence of the patient.  
*ex. Do not call and discuss the situation where the patient can hear what is said.*
- ◆ Instead: Call from another phone away from where the patient is sitting.

If someone trips or falls inside the hospital (non-patients)

- ◆ **Notify House Supervisor**
- ◆ **Nursing Supervisor will complete proper paperwork**

**Utilities Management**

The Utilities Management Program is administered by the Facilities Management Department. The program includes all essential utilities and services to support the environment of care. **The Utilities Management Program includes, but is not limited to, the following systems:**

Electrical Power, Critical Air Conditioning, Emergency Power, Water, Medical Surgical Vacuum, Elevators, Fire Alarm & Warning Systems, Fire Protection Water, Natural Gas, Communications, Medical Gases, Steam Boilers, Sanitary Sewer

**Essential Systems Failure:**

- To report a systems or utilities failure, contact the Facilities Management Department at extension 5271 or by dialing “0” (PBX operator).
- If the failure affects patient care, relocate the patient to another area where services are available.
- An incident report must be completed, describing the utility failure.
- Additional information regarding the Utilities Management Plan is available online under policies & procedures.

**Violence & De-escalation Reminders**

⇒ Workplace violence, bullying, or harassment in any form has no place at SMC. If you see something, say something. Notify your manager or use the compliance hotline 380-0210.

### Characteristics of Violence Prone Individuals:

- ⇒ Drug/Alcohol abuser
- ⇒ Preoccupation with being right
- ⇒ Refusal to accept criticism
- ⇒ Low frustration tolerance level
- ⇒ History of violence toward humans or animals
- ⇒ Holds grudges
- ⇒ Pattern of verbal or physical aggression
- ⇒ Frequent disputes
- ⇒ Attitude of winning at all cost
- ⇒ Obsessive behavior

### Tips for Defusing Anger:

- ⇒ Words to show their concern is important to you: "Let us talk about it. We will work it out. What do you think needs to be done?"
- ⇒ Words to Avoid: "Calm Down, (this is like throwing gasoline on a fire), Do not be angry, Do not worry about it, You had better...Because I said so, Go away."
- ⇒ Listen -- Let them vent their feelings.
- ⇒ Show, by words & body language, that what is being said is important.
- ⇒ Address the person by name.
- ⇒ Use non-judgmental or empathetic words. Do not lose your cool.
- ⇒ Never approach an angry person on the defensive.
- ⇒ Do not walk out on the person unless they become abusive.



### De-escalation of aggressive individuals

- Assess the situation - determine quickly if more backup is needed
- Determine lead negotiator - if individual reacts negatively someone else should take the lead
- Break Tension by establishing trust - introduce yourself, respect the individual's space
- Try to solve the problem - know your limits, don't promise anything, & if you can fix it, explain how
- Choose your battles - angry individuals tend to be frightened, let them vent
- Learn every possible solution - same solution may not work every time
- If hands-off fails, only trained persons should try to subdue an individual

\*\*\*\*See your manager for additional information on these topics.

Also, for more info, see ShareSafe modules and inservices including:

- AC=ES=Advanced Communication = Excellent Service
- Cultural Diversity
- HIPAA
- Safeties



## Wheelchair Transfer Steps & Transporter Professional Etiquette

### Wheelchair Transfer Steps

- Remember to back into elevators as a courtesy
- Pull wheelchair close to vehicle
- Lock the brakes on the wheelchair
- Lift/Remove the footrests
- Encourage patient to slide forward to edge of the seat
- Place your knees outside of the patients knees to support as necessary
- If necessary, position your hands under the arms or around the torso for assistance. Limit pressure on arms and other bones that may be brittle.
- Have patients push off the armrest or remove the armrest when needed
- Bend and lift with your legs, keeping your back straight
- Do not twist with your back
- Shuffle as you move patient to the seat
- Watch their head
- Encourage buckling their seat belt



## **Transporter Professional Etiquette**

- Provide respectful and courteous care to all patients.
- Protect the dignity and privacy of each patient.
- Speak with a smile in a respectful tone.
- Address patients and visitors by names only. (Example; Mr. Jones or Ms. Smith)
- Make sure the wheelchair or stretcher has been cleaned properly and is in good working conditions prior to patient use.
- Know and adhere to protocol for unsafe equipment.
- When transporting patients, keep a safe and steady pace.
- Observe proper body mechanics at all times.
- **Bee Alert!** Patient confidentiality is everyone's responsibility.
- Patients should enter the elevator so they will be facing the doors.
- Wash hands between each patient encounter.
- Know and observe isolation precautions at appropriate times.
- Avoid use of cell phones in patient care areas.

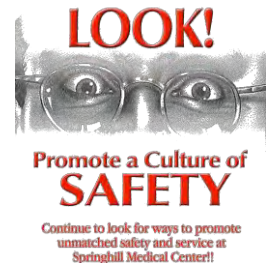
**PRIVACY  
DIGNITY  
RESPECT**

## **Working Reminders:**

**Remember, to save lives, always clean your hands before touching your patients.**

## **Safety Tips & Reminders:**

- Avoid leaving boxes on floors & make sure Linen is covered and no linen on floors
- No Food/drinks at the nurse's station or on computer carts
- Wash hands before and after patient contact
- Doors must not be propped open
- Return medications of discharged patients to Pharmacy
- Multidose medication *needs to be dated*
- Keep temperature log *current* for refrigerators that hold medication and patient food
- Be able to locate policies on the computer website
- Be able to know location of fire extinguishers and eye wash stations
- Open wire storage racks & carts need a solid bottom to prevent soiling or contamination from the floor
- Yellow disposable isolation gowns need to go into a clear trash bag
- If the Isolation gowns are saturated with blood, then place it in a red bag
- Place an engineering request for any stained ceiling tiles
- Make sure oxygen cylinders, etc. are secure to prevent them from becoming missiles
- Remember, Safety Data Sheet (SDS) is the new name that replaced Material Safety Data Sheets
- Never put any linen in a red bag; always use a blue bag because it goes through a sterilizing process
- ♦ You are responsible to help make sure that nothing is blocking a fire extinguisher, fire pull alarm, exit door, oxygen shut off valve, or elevator door.
- ♦ If you see a computer cart or crash cart, or something else blocking any of these be sure to move the item because this is a Life-Safety issue.



- For Patient Safety, check Two Patient identifiers each time you provide care, treatment, & services:
  - Patient's name & Birth date on armband (Administering blood - Medical Record number)
  - Do not state the person's name and date of birth. Instead, ask them for their full name and date of birth.
  - For example: Do not say: "Is your name, John Doe?" (because a yes or no question is not as safe)
- Instead Say: "**For Patient Safety**, please tell me your full name and birth date" (because this explains to them why you are asking & gets them involved in their Care)
- **Final Check** prevents mislabeling – Make sure to Stay at the Patient's side: Confirm full name, birthday, collect blood specimen, verify last 3 digits of Medical Record #, say them Out Loud! Conduct a Final Check every time for every label with every patient!

## **We need your Help to protect You & Others.**

### **Help Prevent Needle sticks, Back Injuries, & Expired Supplies.**

**Be aware & look for any sharps on bedside table, bed, equipment, etc.**

**Be careful to not stick yourself when disposing of a needle**

**Be careful when disconnecting IV tubing to make sure fluid does not splash**

**Be careful of sharp objects on equipment and report them**

**Be careful of a patient moving & causing a needle stick**

**Do not recap a needle**

**Never throw needles or sharps in trash bags because someone else could get stuck by it**

**Discard needles & sharps in sharps containers**

**Please protect the one back you have, because back safety is vital to your health.**

**Expired supplies are a safety violation so please check the expiration date.**

***Make sure you ask your manager, supervisor, or instructor about questions you have***



## **Watch & Be Aware: What are you throwing away?**

### **Red Container/Bags:**

- Gloves, gowns, mask (bloody)
- Gauze or dressings (bloody)
- Foley Catheters (bloody)
- Pleurovacs / Hemovacs
- NG tubes
- Blood bags
- Hemodialysis tubing
- Suction canisters
- IV tubing and bags (bloody)

### **Regular Clear Trash Bags:**

- Gloves, gowns, masks (no blood)
- Gauze or dressings (no blood)
- Foley Catheters (no blood)
- Ventilator tubing
- Chux (no blood)
- Diapers (no blood)
- Med vials (non chemo)
- ET tubing /suction caths (no blood)
- Bedpans, urinals, emesis basins (no blood)
- IV tubing and bags (no blood)

### **Sharps Container:**

- Needles
- Lancets
- Sutures
- Scalpels
- Scissors
- Specimen tubes (used or unused)
- IV Catheters
- Syringes
- Broken glass

## IMPORTANT!

- It is dangerous to dispose Red Bag waste in regular trash.
- Red Bags are more expensive.
- Soiled linen ALWAYS goes into soiled Blue Linen Bags.
- The linen company treats all linen as contaminated!
- Do not put linen into Red Bags.
- All chemotherapy items go into the Yellow Chemo Box!
- Green Bags are for torn or worn out linen because it gets exchanged.



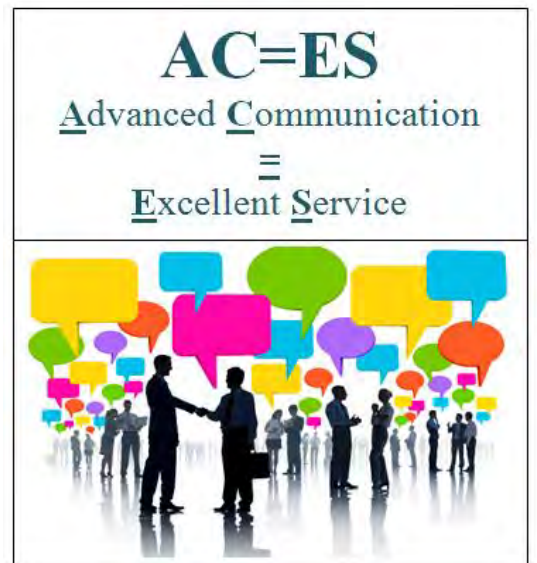
### Know Your Bag Color



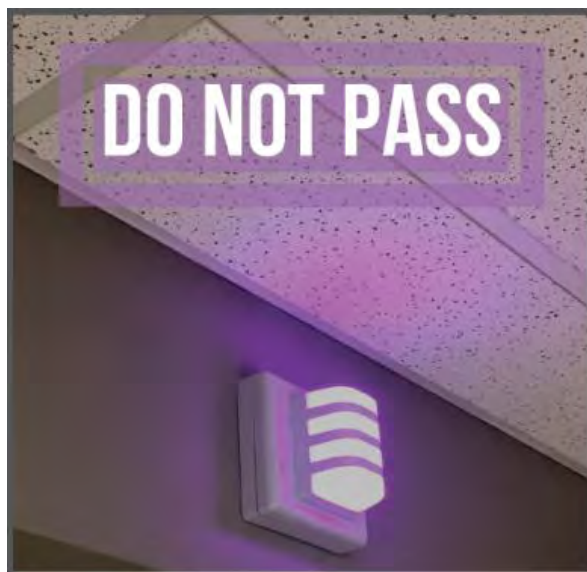
Color of Bag	Purpose
Blue	Soiled Linen
Green	Torn or Stained Linen
Red	Medical Regulated Waste
Clear	General Trash and Clean Equipment
Brown	Dirty Equipment

Twist and Tape Red Bags  
Tightly Secure All Other Bags

Our Culture of Safety Depends On You!  
Help us be the Safest Hospital with a Culture of Excellence



### **Patient Call Lights:**



- Stop and check on patient.
- Say “I see your call light is on, can I help you?”
- If it is something that requires a nurse or aide tell patient – “Ok, my name is \_\_\_\_\_ with \_\_\_\_\_ (Dept.) let me get someone to help you” and tell nurse or aide what patient needs.
- If it is something you can help with (blanket, ice, turn air up/down, etc.) Please help patient if you can (increases patient trust)

**Handwashing keeps you & others Safer.**

# Springhill Medical Center 2021 General Review Quiz

## Help us be the Safest Hospital with a Culture of Excellence

Pass: Miss 5 or less (90% or above) ReTest: More than 5 are missed

Name: \_\_\_\_\_ (please print) Date: \_\_\_\_\_

Department: \_\_\_\_\_ Circle correct answer

1. **True False** Hand washing is our number one way to prevent infections, and we need your help on this.
2. **True False** Make sure you Foam-in and Foam-out for safety every time you enter and leave a patient's room.
3. When an active shooter is in your vicinity you should
  - A. Run, Hide, Fight
  - B. Confront them, yell, run
  - C. Yell, Hide, Run
4. **True False** Code Gray is a Tornado watch and Code Black is a Tornado warning.
5. **True False** Dispose of used sharps in sharps container immediately after use to prevent you & others from getting stuck and exposed.
6. **True False** Our AIDET+A advanced communication framework (Acknowledge, Introduce, Duration, Explanation, & Thanks +Asking if there is anything else we can do to help) is valuable for you, patients, visitors, and co-workers because it helps reduce stress, anxiety, build trust, & increase satisfaction/engagement.
7. **True False** Without exception, gloves must be worn to draw blood or start an IV.
8. **True False** After 6 uses of alcohol rub or after each contact with a C.difficile patient, hands must be washed with soap and water.
9. **True False** Hand washing helps fight infection and should be done for 20 seconds or about the length of singing the Happy Birthday song twice.
10. **True False** If you suspect patient abuse or neglect, contact your manager, patient care supervisor, and social services because all 3 need to be notified.
11. **True False** Expired supplies are a safety violation so please check for the expiration date on the container.
12. **True False** A red card with instructions of codes is to be given to guards of prisoners and is to be maintained in the Omnicell on each unit. (When more red cards are needed, contact Professional Development.)
13. **True False** Workplace violence, bullying, or harassment in any form has no place here. If you see something, say something to your manager or call the compliance hotline 380-0210.
14. Not leaning back in chairs, reporting broken flooring, stair rails, steps, ladders, and burned-out lights are part of \_\_\_\_\_.
  - A. Electrical Safety
  - B. Code Blue
  - C. Falls Prevention
  - D. Corporate Ethics

15. **True False** Safety Data Sheets (SDS) contain useful first aid measures and information about each chemical and are available by phone at 1-800-451-8346 or on your computer (icon shows 3E) or [www.3EOnline.com](http://www.3EOnline.com) Username is spgmc1 and password is: sds
16. **True False** When calling any emergency code, call 3333 and give the specific location. (The code phone is answered immediately, and it does not have caller ID, so give the exact location.)
17. **True False** You are responsible to help make sure that nothing is blocking a fire extinguisher, fire pull alarm, exit door, oxygen shut off valve, or elevator door. If you see a computer cart or crash cart, or something else blocking any of these, be sure to move the item.
18. **True False** Treat each person with respect, even if their culture, views, values, beliefs, and customs (i.e. food preferences, pain responses, etc.) are different than yours.
19. **True False** Oxygen cylinders and other cylinders should be left standing or lying unsecured.
20. **True False** Prevent a HIPAA violation by always signing off the computer systems you are in before you leave your work area or your Work-station on Wheels (WOW).
21. **True False** Our computer system tracks each time you access patient information, and this information is audited. Never share your computer password with others or allow them to access or document information through your access.
22. **True False** Always protect the dignity, and privacy of each patient, and treat each person with respect.
23. Fall Prevention Reminders
- A. Be Alert for trailing electrical cords in patient's room
  - B. Anyone who sees a light bulb that isn't working is responsible for entering an engineering request as soon as possible.
  - C. Anyone who sees a wrinkled rug or trip hazard is responsible for fixing it or getting it fixed
  - D. Report wet conditions, construction hazards and uneven surfaces
  - E. All of the above
24. **True False** Do not put linen in a red bag because red bags get destroyed in the Rotoclave/incinerator.
25. **True False** Final check includes making sure you stay by the patient's side.
26. **True False** Remember to back into an elevator, as a courtesy to the patient, when transporting them in a wheelchair.
27. **True False** When lifting an object, use the "power" muscles in your upper legs (quadriceps muscles) to help prevent a back injury.
28. **True False** Teamwork and communication are important to our success. Tools and strategies include Dig-it root cause analysis, Respect, Collaboration, Conflict Resolution, De-escalation, and our Priceless Values.
29. **True False** Place an engineering request for any stained ceiling tile because these can cause infections.
30. **True False** When you need the Rapid Response Team (RRT), Call extension 3333, state that you need the Rapid Response Team, give the patient's room number, and then enter an RRT evaluation order in Sunrise.
31. **True False** Dirty Linen, even if it is bloody should be placed in blue plastic bags because it can be sterilized. Torn linen needs to go in a green bag so that it can be replaced.
32. Hazardous Material spill is Code \_\_\_\_\_
- A. Yellow
  - B. Orange
  - C. Red
  - D. Blue

33. Standard Precautions apply to all patients at all times and include:
- A. Wash your hands immediately if they become contaminated with blood or body fluids
  - B. Wash your hands before and after patient contact
  - C. Wear gloves for contact with blood, body fluids, or mucous membranes
  - D. Change gloves during patient care if moving from a contaminated to a clean body site
  - E. Wear gowns, masks, and eye protection if splashing is likely
  - F. All of the above
34. **True False** Encourage others to “up-talk!” instead of bashing & blaming. Up-talking is an example of our value of respect.
35. **True False** Removable labels containing patient information should be removed from items and rendered unreadable before discarding in the regular trash. (ex. Patient label on an IV bag)
36. Which of the following is part of the final check, done for patient safety?
- A. 2 Patient identifiers need to be checked each time you provide care, treatment, & services
  - B. Ask the patient for their full name and birthdate
  - C. Say “For Patient Safety, please tell me your full name and birthdate” (because this explains to them why you are asking and gets them involved in their care)
  - D. All of these three
37. What should you do if you have a needle stick or exposure?
- A. Immediately wash the area with soap and water
  - B. Immediately flush eyes or mucous membranes with water or saline for at least 15 minutes.
  - C. Report the injury to your supervisor and immediately go to Infection Control/Employee Health (after hours Emergency Department)
  - D. Fill out the First Report of Injury Report
  - E. All of the above
38. A piece of equipment is clean when:
- A. It is covered with clear plastic
  - B. It is marked that it has been cleaned
  - C. When you cleaned it immediately prior to use
  - D. Any of the above
39. Back safety tips when lifting include:
- A. Bending at knees as you reach down to lift object
  - B. Avoid twisting at waist
  - C. Hold object close to body
  - D. Lift by straightening your legs, using the “power” muscles
  - E. All of the above
40. Use proper back safety when:
- A. Turning a patient or pulling a patient up in bed
  - B. Lifting
  - C. Moving or carrying an object
  - D. All of the above and at all times
41. Code Amber is for:
- A. Missing child
  - B. Missing adult
  - C. Both of the above
42. Which one is correct?
- A. Instant hand-sanitizer is not effective with C.difficile
  - B. For C.difficile patients, use soap and water for hand hygiene
  - C. C.difficile rooms are to be cleaned with BLEACH
  - D. All of the above

43. The steps to follow for a fire are:
- A. **R: Rescue** those in danger
  - B. **A: Activate** the alarm
  - C. **C: Call** 3333, report the location of the fire, and **confine** the fire by closing doors to slow the spread of smoke
  - D. **E: Extinguish** the fire with a fire extinguisher using the P.A.S.S. method
  - E. All of the above
44. Our hospital's designation for bomb, arson, or sabotage threats is:
- A. Code Yellow
  - B. Code Orange
  - C. None of the above
45. Which is correct?
- A. It is OK to place drinks on the computer carts
  - B. Make sure you allow others to enter the elevator before you because you are the host
  - C. Smiling is not one of our P.R.I.C.E.L.E.S.S. Values
46. Which of the following is correct?
- A. Cleanliness is the responsibility of all staff, students, volunteers, and associates.
  - B. Report all malfunctions of equipment as soon as they are discovered.
  - C. Make sure no trash is placed in red bags.
  - D. Make sure no shipping boxes are in inpatient areas due to roaches.
  - E. Respond to medical equipment alarms promptly.
  - F. All of the above
47. Which is true?
- A. Cover dirty equipment with a brown bag to indicate soiled equipment
  - B. With contact isolation-a gown is required in case of contact with the patient or with environmental surfaces
  - C. Do not bend, recap, shear, or break used sharps
  - D. Doctor 999 is our code for Cardiac or Respiratory Arrest
  - E. All of the above
48. **True False** The temporary morgue during a Code Blue External Disaster is the Cold Storage room in the hallway between ICU-I & ICU-II.
49. Which is correct:
- A. Wet contact time for Purple PDI Sani-Cloth Wipes = 2 minutes
  - B. Wet contact Time for Orange PDI Sani-Cloth Wipes = 4 minutes (used for C-Dif)
  - C. Close the lid for the wipes container to keep them from drying out.
  - D. Know how equipment needs to be cleaned per manufacturer's Instructions-for-Use (IFU)
  - E. All of the above
50. **True False** AIDET® style communication helps reduce anxiety for a patient with these steps: Acknowledge, Introduce yourself, Duration, Explanation, and Thank them. AIDET also helps reduce employee stress.
51. **True False** I understand that hazardous medications are used at Springhill, and exposure to these hazardous medications has risk. I acknowledge this risk and understand that the specified PPE is important to ensure my safety when working with hazardous medications.
52. What PPE should you wear when caring for a confirmed or suspected COVID-19 patient?
- a. Gloves
  - b. Gown
  - c. N95 or higher respirator
  - d. Face shield or goggles
  - e. All of the above

**1 missed=98**

**2 missed=96**

**3 missed=94**

**4 missed=92**

**5 missed=90**

**Pass: Miss 5 or less (90% or above)      ReTest: More than 5 are missed**

☐ *Make sure you have signed and dated the quiz below.*

---

I have had an opportunity to review the information and have any questions answered by my Instructor & Manager/Supervisor of the department where I will be working, about Abuse, Active Shooter, Advanced Directives, Age Specific, Back Safety, Code Review, Code 5, Security, Protective Services, Human Trafficking, Code Amber, Code Blue, Code Gray-Tornado Watch, Code Black-Tornado Warning, Handling the Media, Code Orange-Hazardous Materials, Safety Data Sheets (SDS), Code Pink- Infant Abduction, Code Red-Life Safety Management, Code Yellow, Doctor 999, Corporate Ethics & Compliance, Cultural Diversity, Customer Service, Teamwork, AIDET®+A our advanced Communication framework, Dietary At-Your-Request & Nutrition Care Manual, Discharge Planning, Electrical Safety, EMTALA, Ethics, Evidence Based Practice, Fall Prevention, Final Check, Infection Prevention & Control, Organ & Tissue Donation, Oxygen Cylinder Safety, Pastoral Care, Patient Confidentiality/HIPAA, Patient Safety & National Patient Safety Goals, Medication Occurrences, Hospital Patient Safety Event form, Patient Rights, Pain Management, Policy & Procedures, No Blanket Orders, Quality Assurance & Improvement, Quality Control (QC) Testing, Rapid Response Team, Reporting to Regulatory Agencies, Resource Reference Items, Safety Data Sheets (SDS), Sentinel Events, Suicide Prevention, Safe Medical Device Act (SMDA), Preventing Slips, Trips, & Falls, Bullying, Harassment, Disrespect, Violence, Trips & Falls Protocol for Non-Patients, Utilities Management, Violence, and other issues or concerns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Score

**Please promote our  
Culture of Safety, Service and Reliability.**

**Please promote our Mission  
& uphold our PRICELESS Values.**