Student Education Module

Orientation

Purpose

- Welcome to the Akron General Health System. We hope you find your learning experience pleasant and valuable.

- In an effort to provide a safe and comfortable environment for our patients, visitors and staff, we ask that prior to beginning your time with us you complete education each school year which reviews specific policies and procedures unique to Akron General (exception: Akron General staff members).

- You will not be allowed to participate in patient care or your rotation until you have completed this instruction.

About the Module

- This self-learning module is intended to provide you with some very general information regarding what is expected of you when at Akron General. Not all of this may apply directly to your educational experience while in an Akron General facility.

- It has been compiled as a guide to make sure all students have the information and guidelines necessary to act or react safely while you are with us.

Objectives

- To make you aware of the Akron General Health System mission, vision, & values.

- To increase your knowledge regarding Akron General policies and procedures.

- To make your experience at Akron General smooth.

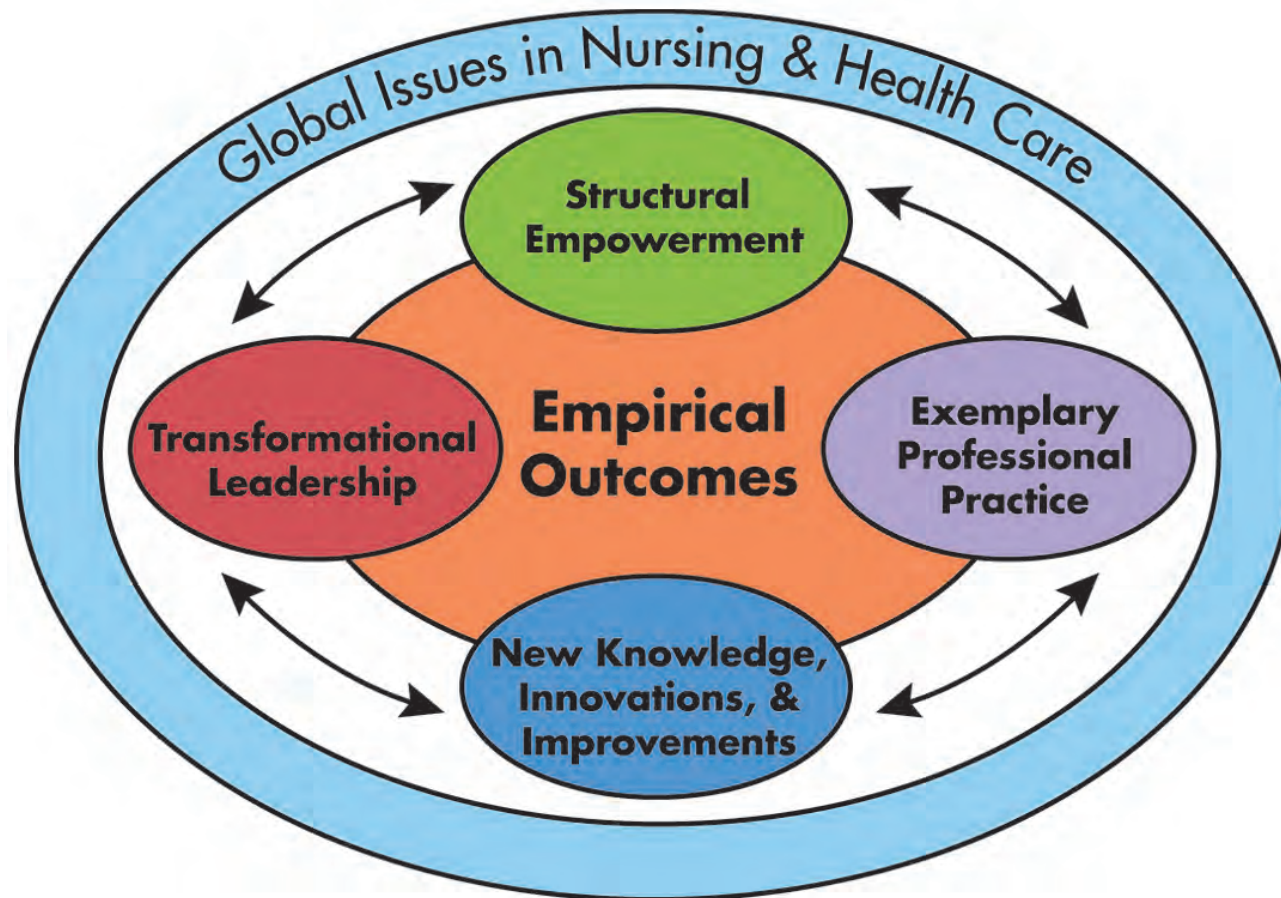- To answer common questions.

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Magnet Recognition

- Akron General Medical Center is designated by the American Nurses Credentialing Center as a "Magnet" organization.

- This designation recognizes AGMC structures and processes support professional nursing excellence and exemplary patient outcomes.

Magnet Model Components

Global Issues in Nursing & Health Care

Structural Empowerment

Transformational Leadership

Empirical Outcomes

Exemplary Professional Practice

New Knowledge, Innovations, & Improvements

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Relationship-Based Care (RBC)

- Relationship-Based Care is the professional practice model used at Akron General to achieve our vision:

"Excellence in Patient Care"

- Strengthens our caring & healing culture

- Emphasizes a model of care in which the patient & family are central focus

- Supports an interdisciplinary practice model of patient care

Relationship-Based Care

- Focuses on Three Caring & Healing Relationships:
  - Relationship with patient/family
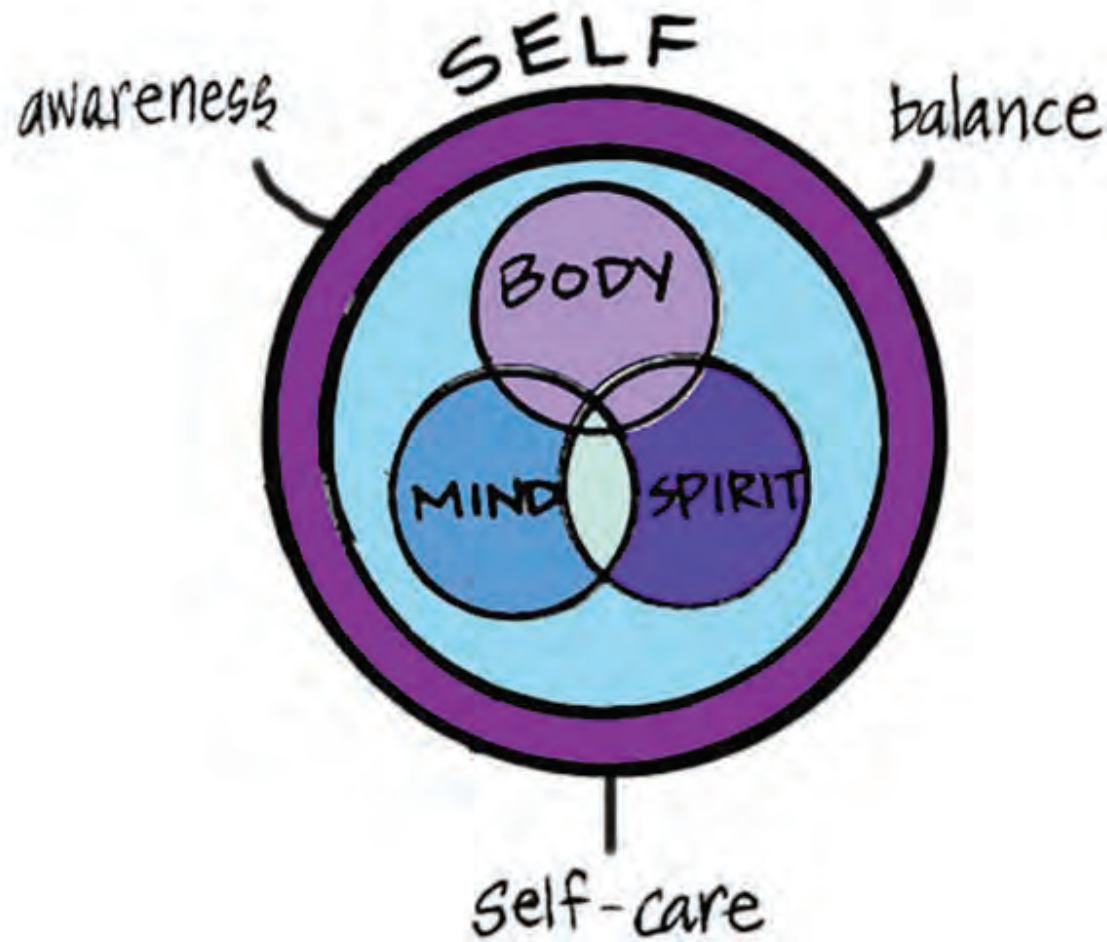 - Relationship with colleagues
  - Relationship with self
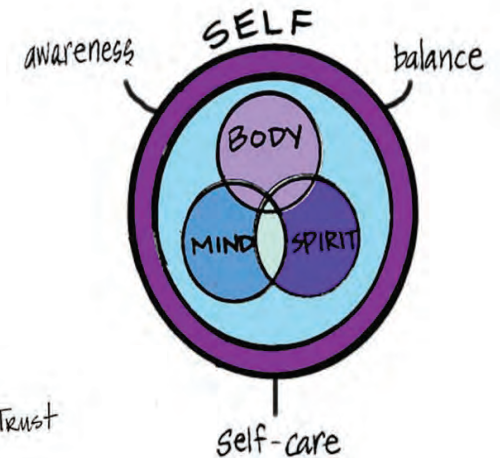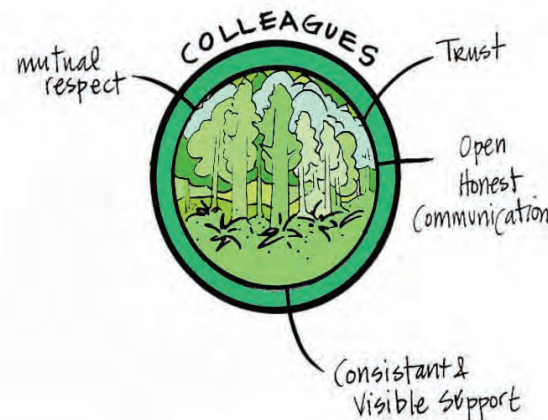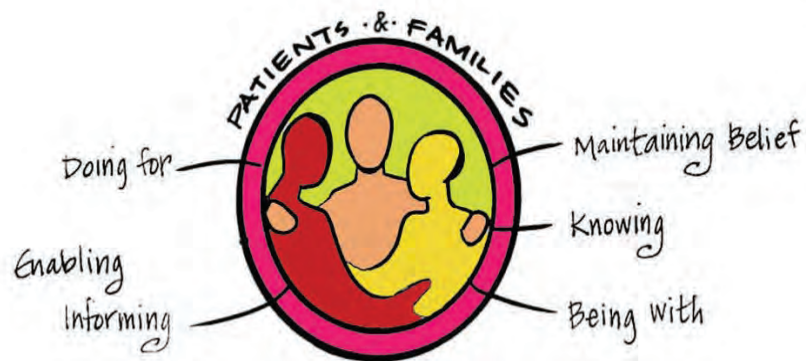
Benefits of Relationship-Based Care

Reduced Average Length of Stay

Improves:
- Patient Satisfaction
- Employee Satisfaction
- Safety and Quality of Patient Care
- Increased Retention of Our Staff

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Care of Self

Don't Come If You Are Ill!

- We at Akron General are advocates for the patient. This responsibility includes assurance that staff, students, volunteers and visitors are generally well and free of infectious disease when at any of our sites. If you know or suspect that you are ill due to a cold or virus the day you are scheduled, please contact your clinical instructor and do not come to Akron General.

Dress Code

- You are expected to dress in a professional manner and follow the policies of your school.

- The school of nursing student will wear appropriate uniform and ID badge while on duty in the clinical setting.

- Lab coats are permitted and ID badges are required when the student is completing data collection or picking up an assignment.

- Akron General Health System does not provide lab coats to Advanced Practice Registered Nursing Students.

- No T-shirts, hooded garments, jeans or open toed shoes are allowed. Please discuss <u>dress code</u> expectations with your instructor if you have any questions.

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I.D. Badge Replacement

- All students are required to wear a school I.D. badge.
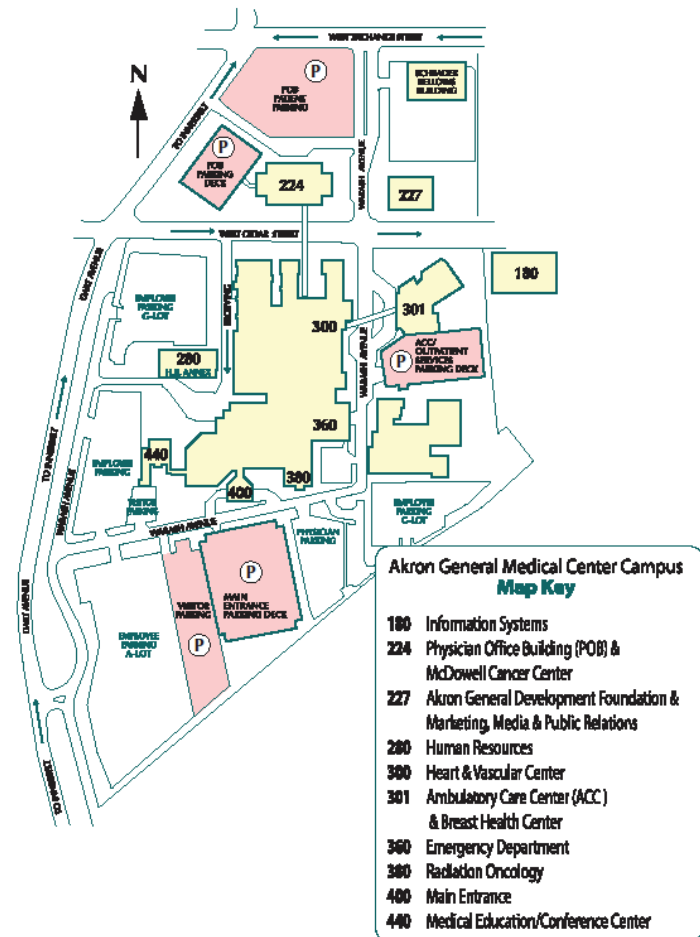- These must be worn **above the waist, face out** at all times.

Smoking

- Smoking is prohibited in all areas of the hospital including all entrances.

Parking and Security

Where Do I Park?

- *Please click on the map located to the right for a detailed view.*

- *All students are to park in the lower half of the Employee Parking "A" Lot*

- The "A" parking lot can be accessed by one of two gates on Wabash Avenue. The upper and lower gates will be open between the approximate hours of 6:15 — 9:00 a.m.

- No entrance key card will be required for entrance or exit.

- Parking is free of charge.

- Please know that Security Personnel monitor employee and student parking.

- All other parking lots and decks are reserved.

- Please contact your Instructor or Security at ext. 4-6681 if you have additional questions about parking.

Akron General Medical Center Campus
Map Key

180	Information Systems
224	Physician Office Building (POB) & McDowell Cancer Center
227	Akron General Development Foundation & Marketing, Media & Public Relations
280	Human Resources
300	Heart & Vascular Center
301	Ambulatory Care Center (ACC) & Breast Health Center
360	Emergency Department
380	Radiation Oncology
400	Main Entrance
440	Medical Education/Conference Center

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Security and Parking Department

Provides a variety of services including:

✓ Assisting with flat tires

✓ Jump-starting vehicles

✓ Providing escorts

✓ Overseeing the lost & found

✓ Securing all patient valuables

✓ Coordinating the parking needs of the facility

Where are we located?

- The Security Parking and I.D. Badge Office is located in room **G821** on the ground floor of Akron General Medical Center.

Community Health and Medical Libraries

- The Community Health Library is open to the public and all material and resources are consumer-oriented.

- The Medical Library is an academic, professional library that is open to all Akron General employees, as well as medical, nursing, and allied health students during their clinical rotations at Akron General.

- A variety of research databases, electronic journals, electronic books, and a circulating collection of books in print are offered. The Medical Library is a member of the OhioLINK library consortium.

- There are 17 computer workstations available and the library has wireless access for personal laptops and tablets.

Community Health and Medical Libraries

Both libraries are open and staffed during the following hours:

- Monday through Friday   8:00 am to 4:30 pm

- To schedule a tour of our libraries, please call: 330-344-6243. We look forward to having you here!

Community Health and Medical Libraries

The following rules and regulations apply to all library users:

- Professional attire is required
- ID badges must be displayed at all times in the Medical Library
- Food and drinks are not permitted in the library
- Cell phones must be turned off when in the library

Students should also be aware of the following policies:

- Photocopying and printing are 10 cents per page
- Interlibrary loans must be requested through your university library
- Students should be prepared to do their own research, as this is part of the learning process
- Instruction on using research databases and online library catalogs should take place through your university
- Students may check out our circulating books that are 5 years or older using their current university ID or library card

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You and Latex Allergies

- Latex allergies, once rare, have become more common amongst health-care workers.

- Latex, a naturally produced substance from the rubber tree, can be found in exam gloves, blood pressure cuffs, blood drawing tourniquets, and other medical products used within the hospital.

- Exposure routes to latex can be by direct contact or breathing powder from latex gloves and can result in a wide variety of allergic reactions.

Latex Allergies

- Local reactions, which are typically non-life threatening, occur within one or two days after exposure and can appear as a poison ivy type rash. The more severe reaction is a Systemic Reaction, which can appear immediately with sneezing, swelling, stinging, and dizziness and even death in the most severe cases.

- If you experience possible latex reaction contact Employee Health for an evaluation. There are a number of ways we can help prevent the adverse affects of latex to you such as substituting vinyl or nitrite gloves for your use.

Care of Patients & Families

Patient Rights

Patient Rights

- Patients are our partners in their care.

- Patients have certain rights and responsibilities.

Each employee & student of Akron General has an obligation to ensure that the care offered to each Patient is consistent with the information in the Patient Rights and Responsibilities Policy.
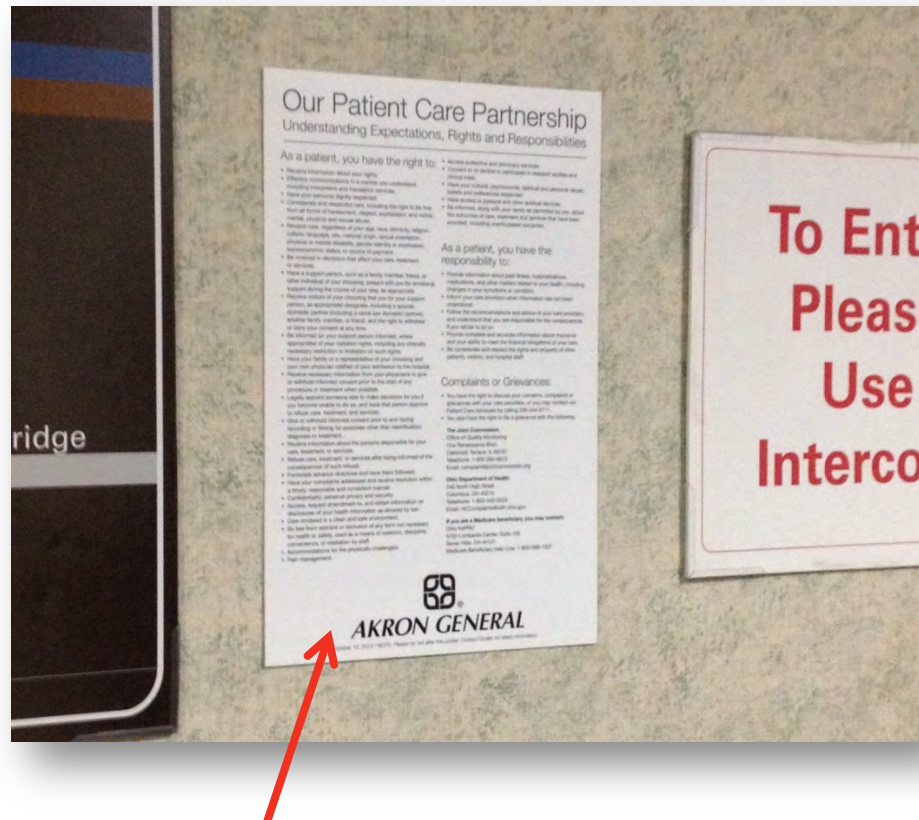**Policy can be found on the Akron General intranet.**

Patient Rights

- Akron General staff deliver the full list of rights and responsibilities to our patients or their representatives as stated in the patient rights fact sheet.

Patient Rights

- Patient rights are also posted throughout the hospital.

Informing the Patient

A Welcome Packet for Patients
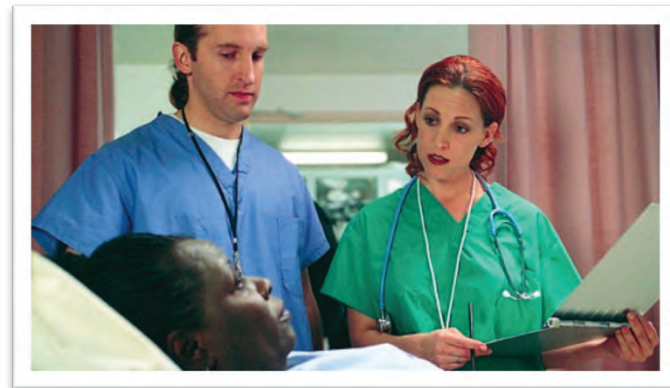
- **Upon admission** the patient or patient's representative is given a Welcome Packet that contains information on patient rights and how to file a complaint/grievance.

Patient Diversity

- Patients have the right to "considerate and respectful care regardless of race, sex, national origin, religion, sexual orientation or source of payment."

Patient Complaints/Grievances

- Akron General Health System has made a commitment to actively seek, listen and respond to the needs, preferences, concerns and complaints of our patients and their families.

Informing the Patient

Patients and families are encouraged to first discuss any concerns or complaints directly with the staff who are responsible for their care.

Patients and families may also speak with those responsible for the supervision of that care, such as the attending physician, registered nurses, nurse director or clinical/unit manager.

The estimated time for investigation and resolution is not to exceed 30 days.

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For a grievance, patients have the right to…

- Discuss concerns with the attending physician, registered nurses, or patient care advocate.

  - AGMC Main Campus (330) 344-6711

  - ESRI Campus (330) 436-0966

  - Visiting Nurse Service & Affiliates (330) 848-6239

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For a grievance, patients have the right to . . .

- File a grievance with a state agency.
  - For the State of Ohio the contact is the Ohio Department of Health: 1-800-342-0553 or TTY 1-614-466-3543.

- The Joint Commission's toll free complaint line is 1-800-994-6610 (8:30am-5:00pm).

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HIPAA

Health Insurance Portability and Accountability Act

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Information

- During your experience at Akron General you may hear or read information, which is confidential. If this happens, you are to respect the patient's right to privacy and protection. Please do not discuss this information with anyone. All information in the hospital is STRICTLY CONFIDENTIAL.

Confidentiality

- Breach of confidentiality goes beyond releasing information about patients you may know. Any patient information is not to be repeated to family, friends or even family member of the patient. The implication of a breach of confidentiality invades the patient's right to privacy and could bring legal consequences against the hospital. It is every person's responsibility to remember his/her commitment to the patient, which includes the patient's right to confidential care and respect.

HIPAA Privacy Overview

The Health Insurance Portability and Accountability Act (HIPAA) creates a federal standard for protecting the privacy of health information (known as the Privacy Rule), which is in addition to existing state laws.

We will review key information about your responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules.

Application

- HIPAA applies to **ALL** of the Akron General workforce members, which includes employees, volunteers, trainees, vendors, students, and other persons whose work performance is under direct control of AGHS or an affiliated entity (e.g., AGMC, Lodi, PPG, ESRI, VNSA).

You are required to follow Akron General's Privacy policies and procedures, located on the Akron General Intranet.

Information Protected by HIPAA

- The HIPAA Privacy Rule governs how Akron General can use and disclose confidential patient information called "Protected Health Information" or "PHI".

- PHI can be written, spoken or electronic .

- PHI includes information that identifies or can be used to identify a patient, such as:
  - Health Information, including demographic information.
  - Information that relates to an individual's physical or mental health.
  - Information that relates to the provision of or payment for health care.
  - Other information that identifies the individual .

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Protected Health Information

Patient identifiers that are considered PHI include:

- Name
- Street address, city, country, precinct, and zip code
- Date of birth
- Social Security number
- Telephone number, fax number, email address
- Vehicle identifier
- Medical Record number
- Health plan beneficiary numbers
- Date of admission/date of discharge
- Photographs, videotapes, and other images
- Any other unique identifier or code

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- Under the Privacy Rule, **"use"** means the sharing, application, utilization, examination, or analysis of PHI within an entity that maintains such PHI.

- Under the Privacy Rule, **"disclosure"** means the release, transfer, provision of access to, or divulging in any other manner of PHI outside the entity holding the PHI.

Use or Disclose only the Minimum Necessary

As a general rule, the Privacy Rule requires that individuals **limit access to PHI, and use and disclosure of PHI, to the <u>minimum</u> amount of information necessary to perform their job and/or accomplish their intended purpose (student education).**

- Exceptions: The minimum necessary rule does not apply to information used or disclosed in treating a patient (including rounds) and in certain other limited instances .
- Example: A student is working with one patient. The student may not access any other patient's files.

Steps to Protect PHI

The Privacy Rule requires Akron General to safeguard patients' PHI.

How can I safeguard PHI?

- Speak quietly when discussing a patient's condition with family members in a waiting room or other public area.
- Avoid using patients' names in public hallways and elevators, and posting signs to remind employees to protect patient confidentiality.
- Isolate or lock file cabinets or records rooms.
- Keep patient records closed when not in use.
- Remove documents from fax machines and copiers immediately.
- Do not remove patient records from the department/area in which they are maintained.

Uses and Disclosures of PHI

Health care providers and staff may also disclose PHI without the patient's permission for:

- Certain public health activities.
- To report abuse, neglect or domestic violence.
- For health oversight activities.
- For judicial & administrative proceedings.
- To authorities when required by law.
- For research purposes.
- To coroners, medical examiners, funeral directors.
- For cadaveric organ, eye or tissue donations.
- To avert a serious threat to health or safety.
- For specialized government functions (military, veterans, national security, protective services, State Dept.).
- For workers' compensation purposes.

In general, Akron General must obtain the individual's <u>written authorization</u> for any use or disclosure of PHI that is not for treatment, payment or health care operations or otherwise permitted or required by the HIPAA Privacy Rule .

Examples of uses and disclosures that would require an individual's authorization:

- Disclosures to other persons or entities (e.g. patient's attorney, life insurer, or employer).
- Disclosure of psychotherapy notes.
- Most research activities.
- Most marketing & fundraising activities.

In certain situations, patients must be given the opportunity to agree or object to the use or disclosure of their PHI:

- For inclusion in patient directories: information can include name, room number, condition and religion.
- To individuals involved in the patient's care: if the patient does not object, information may be shared with friends, family or others involved in the patient's care relating to the patient's location or general condition.

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Request for Disclosure of PHI

What if I get a request for a disclosure of PHI and I don't know if I need the patient's written permission before releasing the patient's PHI?

When in doubt, ask!

Patients' Rights

The HIPAA Privacy Rule gives patients the following rights:

- The right to request alternative communications: patients can ask health care providers and staff to contact them in a certain way (e.g. at home as opposed to work, or on their cell phone).
- The right to review and obtain copies of their medical and billing records.
- The right to ask for changes to medical and billing records.
- The right to receive a list of certain disclosures.
- The right to request restrictions on how their PHI is used and disclosed:
  - Providers and facilities are not required to agree to such requests.
  - Never agree to restrictions without first obtaining permission from your Supervisor.
- The right to receive a Notice of Privacy Practices.

HIPAA Security

The HIPAA Security Rule provides additional protection for PHI in electronic form, or "EPHI."

What is EPHI?

EPHI includes PHI stored on hard drives, and transmitted over the internet or by email.

Students are required to follow Akron General's Security policies and procedures, located on the AGMC Intranet.

Protecting EPHI

- The HIPAA Security Rule requires Akron General to protect, or safeguard, EPHI.
- To protect EPHI, Akron General workforce members abide by certain requirements.

For example:

- All access to EPHI must be password protected (including laptops and other portable devices).
- Passwords should not be shared with anyone except in rare instances.
- All portable devices (laptops, tablets, cell phones) that contain EPHI must be protected from theft or loss.

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Medical Record

- You will be granted access to the medical record/ electronic medical record and may utilize the medical record/electronic medical record under the indirect supervision of your clinical instructor to view parts of the record and to document patient care.

- All students and faculty participating in patient care are required to document their care in accordance with the Akron General policies and guidelines.

McKesson Horizon Clinicals Password

- After completing the McKesson Horizon Clinicals Documentation training with your clinical instructor you will receive a user ID and password.

- You must agree that this user ID and password is considered to be your <u>legal</u> <u>signature</u>. Therefore there is no difference between your legal signature and your electronic signature for documenting.

- You agree to keep your user ID and password <u>secure</u> so as to prevent anyone from documenting in your name and to prevent untrained/unauthorized persons from harming the McKesson Horizon Clinicals application through inappropriate use.

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Automated Medication Distribution System.

- You will use a card reader swipe to access medications from the Drug Dispensing machine.

- After swiping your badge you will be asked to enter a password.

- You must remember this password and keep it <u>confidential</u>.

- All transactions performed by my access code will be permanently recorded.

- These records are maintained and archived by Akron General and made available for inspection by the Drug Enforcement Agency (DEA) and the State Board of Pharmacy, and other regulatory agencies.

Automated Medication Distribution System.

- The medication is dispensed from the Drug Dispensing machine by touching the correct patient on the screen. Touch "remove meds".

- A list of the patient's medications will appear.

- Begin typing the name of the drug.

- Touch the appropriate drug name and dose.

- Touch "remove now".

- Remove medication from drawer. Touch "exit".

Fines & Penalties

Individuals or facilities that violate HIPAA may be subject to fines and penalties, including jail time, depending upon the intent of the violation.

What if there is a Breach of PHI or EPHI?

If you suspect that there has been a use, disclosure, access, or acquisition of PHI or EPHI that is not permitted by HIPAA, you are <u>required</u> to immediately report the suspected breach to your supervisor <u>and</u> the Privacy Officer or Security Officer.

- Privacy Officer – Lynn Fichter (330) 848-6177
- Security Officer – Mike Zepp (330) 344-6423

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HIPAA Contacts

AGHS/AGMC
- Lynn Fichter (Privacy Officer)   (330) 848-6177
- Mike Zepp (Security Officer)   (330) 344-6423
- Bertha Seymour (Privacy Coordinator) (330) 861-6118

Ambulatory Surgery Center
- Peggy Blodgett   (330) 665-8122

Edwin Shaw
- Linda Dickerson   (330) 436-0938

HIPAA Contacts

AGP/PPG

- Stephanie Ryan   (330) 344-3530

Lodi Community Hospital

- Dana Kocsis   (330) 948-5513

Visiting Nurse Service & Affiliates

- Cheri Greenwell   (330) 848-6239

Electronic Communication

Devices

- Electronic communication devices such as cell phones, iPods, or iPads should not be utilized in clinical areas where you are able to be observed by patients, families, or visitors. You may utilize these devices for accessing needed references for patient care assignments, but should not do so in areas where you are in public view. Please also observe all requirements of your school regarding electronic devices.

- The perception that you are using your devices for personal communication, even if you are not, must be avoided. This is important for building and maintaining trust with our patients, families, and visitors.

Social Media

- Students are strictly prohibited from posting or referencing patient information on social media sites. Even if an individual patient is not identified by name, there may still be a reasonable basis to believe that the patient could be identified from the information and that the disclosure could constitute violation of HIPAA Compliance, confidentiality, harassment/nondiscrimination, and Akron General Policy.

- Akron General reserves the right to demand that you remove any information from a social media site if the posting could impair or injure the reputation of, or otherwise harm Akron General or its patients and employees.

Compliance & Privacy

Compliance Program

- Akron General has established a Corporate Compliance Program to document our commitment to quality care and responsible business conduct.

- There are some key laws and regulations with which Akron General must comply.

- As a student of Akron General it is your obligation to adhere to these requirements.

Compliance – The Basics

What is Compliance?

Compliance is understanding your job responsibilities and following the laws, regulations, and internal policies that apply to your work.

Who is responsible for Compliance?

Everyone! This includes Board members, officers, physicians, employees, volunteers, students ,and agents of Akron General.

What if I am aware of or suspect a compliance violation?

You are required to report actual or suspected violations to management or Compliance staff.

Treating Victims of Abuse, Neglect, or Domestic Violence

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Treating Victims of Abuse, Neglect, or Domestic Violence

- This policy is located on the Intranet in the Administrative Manual.

- Mandatory reporting is required for <u>all</u> suspected or known child or elder abuse or neglect cases.

- Notify your instructor and RN who will Contact Clinical Social Work and/or immediate supervisor of any suspected cases.

Resources

- If Clinical Social Work is not available, direct concerns to the House Supervisor (Nursing) or hospital administrator on call.

- Questions regarding this policy should be directed to the Clinical Social Work Department
    - ✓ AGMC Main Campus ext. 46880 (330.344.6880)
    - ✓ ESRI 330.436.0966 ext. 1966

PATIENT SAFETY

A Safe Environment

- Every employee, student, patient and guest benefits from a safe environment

- You help create and maintain a safe environment

- You impact safety by

 - the actions you take

 - the actions you do not take

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What can I do to maintain a safe environment?

- Clear halls of clutter
- Avoid storing extra linen in patient rooms
- Do not block fire doors, alarms or extinguishers
- Keep medications and sharps secured
- Store oxygen cylinders safely

National Patient Safety Goals (NPSGs)

Annually released by The Joint Commission (TJC) based on information that has been collected related to sentinel events and near misses

What actions should I take to improve Patient Safety?

- Always use two patient identifiers to identify the patient
  - ✓ Name and date of birth   <u>OR</u>
  - ✓ Name and account number
  - ✓ <u>ROOM NUMBER IS NEVER A PATIENT IDENTIFIER</u>
- Always label specimens in the presence of the patient
- Always complete a time-out before starting procedures

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What else can I do to make Akron General safe?

It is your right and responsibility to report quality of care, patient safety issues and hazardous conditions (potential and actual) that may cause harm

What should I report?

- Sentinel event - an unexpected occurrence (outcome) involving death or serious physical or psychological injury to the patient.

- Near miss – Process errors that did not harm the patient, but potentially could have

The Sentinel Event Policy and Procedure is located on the Intranet in the Administrative Policies , under the Patient Safety Program

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How do I report?

Report incidents through your chain-of-command
Verbally to your Instructor & RN

↓

Director, Supervisor, or Administration

↓

Written Incident Reports

(complete at the time of occurrence)

Give to your Director to forward to Risk Management & Quality Improvement
within 24-48 hours

↓

Confidentially and Anonymously

Reports can be made on the Quality Improvement Hotline
(81628 or 330.344.7901)

At ESRI reports can be made to Safety at 330.436.0938

Additional Points to Remember…

- Concerns about safety or quality of care provided at Akron General may be reported to The Joint Commission at:

  - ✓ 1-800-994-6610 or 1-630-792-500
  - ✓ Online: www.jointcommission.org

  No disciplinary or punitive action will by taken because an employee, physician or other individual report s safety or quality of care concerns to The Joint Commission

Additional Points to Remember…

- If you suspect that an employee, physician, or health care provider is under the influence of drugs or alcohol, you must notify your instructor immediately.

- Behaviors you may notice:

  - Accidents   - Aggressive behavior

  - Slurred speech   - Inappropriate response

  - Dozing   - Smell of alcohol

Safety & Environmental

Why do we have Safety Rules?

Because of the following entities:

- OSHA (Occupational Safety and Health Administration)
- (TJC) The Joint Commission
- EPA (Environmental Protection Agency)
- ODH (Ohio Department of Health)
- ODOT (Ohio Department of Transportation)
- NIOSH Standards (National Institute for Occupational Safety and Health)
- NFPA (National Fire Protection Association)

AGHS has to follow all of these agencies' rules / regulations

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Safety and Fire Manual Location

The key word is "Intranet"
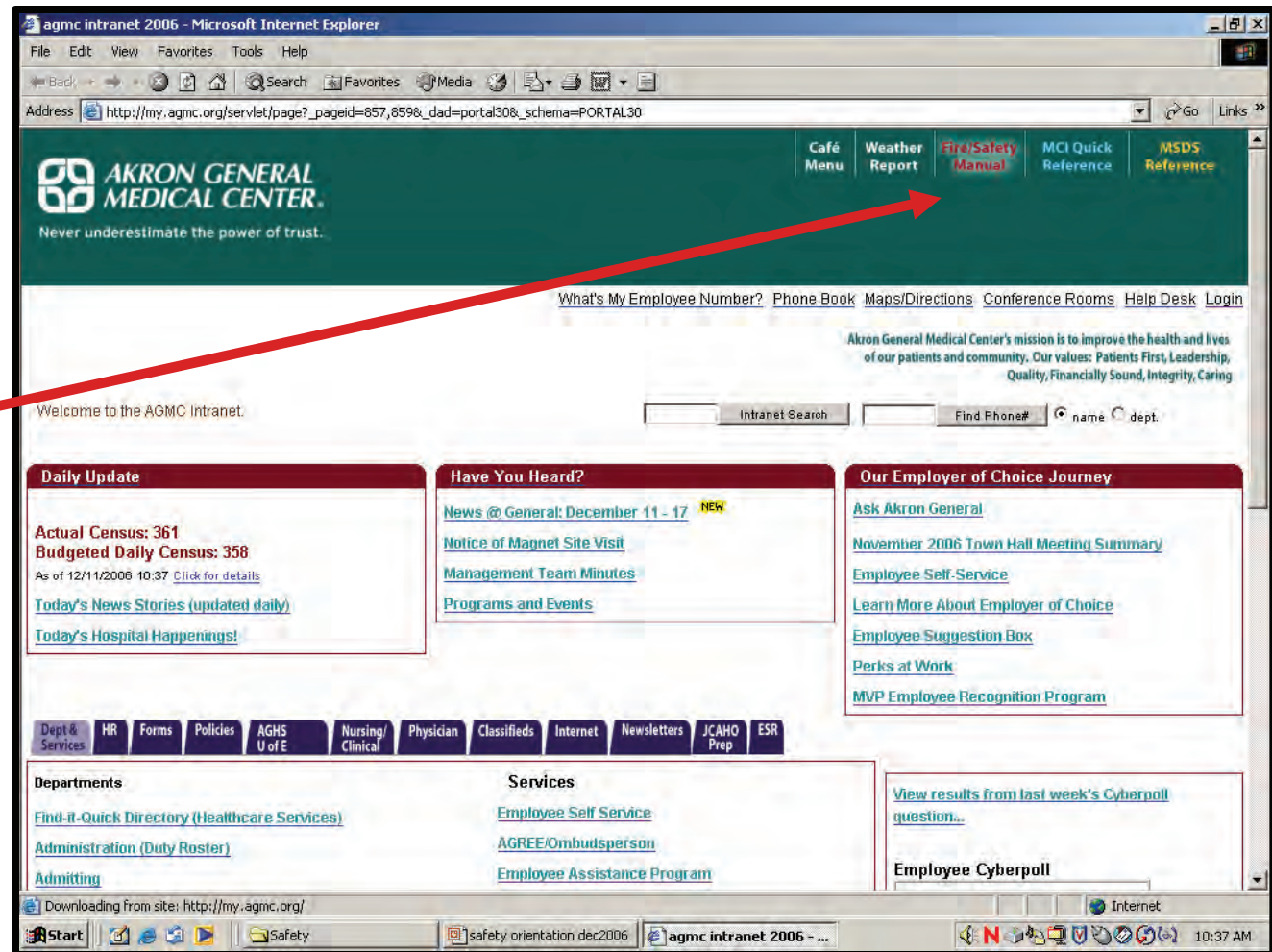
Manuals / Policies / Forms

- The Fire, Safety and MCI manuals and forms are located on the intranet for AGMC employees with the most up-to-date information.

- When asked during a fire drill, safety inspection, EPA audit, OSHA audit or The Joint Commission recertification about these manuals / safety policies or forms, you should answer …. **"The Intranet"**

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"Safe" Behavior Modification

- Work normally, but with an elevated sense of awareness.

- Follow-proper procedures and wear proper PPE.

- **Think** before you act.

- <u>Know</u>, <u>Understand</u>, and <u>Follow</u> all safety policies, procedures and universal precautions

- Report any safety concern:
  1. Directly to your Supervisor / Management
  2. Safety Officer (Ext.- 46128)
  3. **Employee Safety Hotline (Ext.- 81628)**

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Accident

Remember:

- The goal of an accident investigation is to <u>decrease</u> injuries, illnesses and associated costs.

- Be aware of your surroundings.

- Know and follow safety rules.

- Use correct Personal Protection Equipment.

- Communicate any unsafe conditions.

Fire Safety "Code Red"

- When a Code Red is announced, there are strategic issues that must be considered in order to survive a fire.

- First and foremost each of us needs to ensure that we have a clear path of travel so we can evacuate rapidly or lead others to safety if need be - you must be able to do this in complete darkness. That means keeping your work areas free of clutter and having a primary and secondary escape route thought out.

- Secondly, never block smoke doors or fire exits. Finally, keep calm. The best way to do this is to carry out the provisions of the fire plan each time the fire alarm sounds. By repetitiously performing these actions they will become habit and allow you to carry out the plan when needed.

RACE Method

- **Rescue** yourself and any patients in immediate danger then dial extension 46222 - give your name and exact location of the fire.
- **Activate** the alarm system. Know the location of alarms and who is responsible in your area for directing the fire response team. Assure that fire bells and visual alarms are activated.
- **Contain** the fire by closing doors and windows in the area. Close smoke doors, check to assure automatic smoke doors are closed and check to assure smoke doors are not blocked.
- **Extinguishers -** Know where they are in your area!

PASS Method

Using fire extinguishers:

- Pull
- Aim
- Squeeze
- Sweep

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Be prepared *before a fire...*

- Know beforehand horizontal and vertical evacuation procedures and who is responsible for determining when they are to be performed.

- Review evacuation routes, smoke compartment locations, adjacent horizontal patient transfer compartments and alternate locations.

- Know how many patients are on the unit, where they are located, and how many are on oxygen.

Be prepared *in the event of a fire...*

- Place all equipment against one side of the hall.
- Stop elevator use, except for critical needs.
- Turn on all lights that can be accessed.
- Contact Maintenance to check the necessity to shut gas down.
- Assure oxygen is shut off if fire is in the vicinity of the oxygen. Assure backup oxygen is available for patients where needed. The following are authorized to shut off medical gas on a unit during a fire or emergency: Administration, Hospital Fire Marshal, Akron Fire Department, Department Directors, Clinical managers, Staff RNs, Safety Officer, Department Managers (Surgical Services should refer to department specific policy).
- All areas of the hospital that are not in the vicinity of the fire when the alarm sounds are to close any open windows, stop all non-essential work and stand by for further instructions.
- Unless specifically directed, the ACC building is not to be evacuated during a fire alarm.

Emergency Management and Preparedness

Disaster Plans

All of these Disaster/Mass Casualty Incident Plans can be found in each department in an orange binder. They can also be found on the hospital's Intranet home page named "MCI quick reference."

- MCI Plan **"Code Yellow"**
  - Department Specific Disaster Plan
- Disruption of Phone Service
- Tornado Plan **"Code Grey"**
- Bomb Threat Plan **"Code Black"**
- Infant Security **"Code Adam"**
- Evacuation Plan **"Code Green"**

- Power Outage Response Plan
- Stat Page
  - **"Code Blue"**
  - **"Code Pink"**
- Hazardous Material/NBC Response Plan
  - **"Code Orange"**
- Missing Patient **"Code Brown"**
- Violent Patient **"Code Violet"**
- Person with a Weapon **"Code Silver"**
- Fire **"Code Red"**
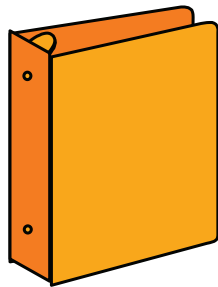
Internal or External Disaster/MCI

"Code Yellow"

How will I know we have activated one of the disaster plans?

- The hospital operator (Telecom) will make an overhead announcement:

  - **External** -   "Code Yellow- Dr. Major, Level 3. The hospital is now in the RED phase of an External Disaster, Dr. Major, Level 3."

  - **Internal** – "Code Yellow - AGMC (and the location)"

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Along with the level of activation, there will be phase announcement as well.

- ## Red Phase
  - From activation until all patients with life threatening conditions have been stabilized.

- ## Yellow Phase
  - The plan still in effect. Care of non-life threatening conditions is provided. Some staff may be released.

- ## All Clear (the event is all over)
  - The hospital can return to normal operations.

Tornado/Severe Weather Plan

"Code Grey"

Tornado Plan "Code Grey" Overview

- ## Tornado Watch –

  - Weather conditions are right for a possible tornado. Security to notify Administrator-on-Call.

  - There is no overhead paging of the Watch.

- ## Tornado Warning –

  - A tornado has been sited in the Summit County area.

  - Security to announce Phase I of the Tornado plan.

Tornado Plan "Code Grey" Overview

- **"Code Grey** Tornado Plan Phase I"- Hospital staff should prepare all areas for possible tornado.

- **"Code Grey** Tornado Plan Phase II"- A tornado has been sited in the immediate area of AGMC campus. All persons should take cover.

"Code Grey" Tornado Plan - Phase I

- Begin Tornado Plan Preparations.

- Review Department Specific Tornado Plans in your Orange MCI Binder.

- Close <u>all</u> drapes and blinds to protect from glass throw if a window breaks.

- Gather extra blankets on patient care units to cover non-ambulatory patients.

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"Code Grey" Tornado Plan - Phase I

- Move carts and containers from hallways to rooms without windows.

- All medically cleared newborns to be taken to their mothers.

- Know the relocation (safe) area for patients/staff in your department.

- Be prepared to send ambulatory patients and visitors to safe areas in the basement if necessary.

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"Code Grey" Tornado Plan - Phase II

- Tornado <u>touchdown sighted</u> in the immediate area.

- Move all patients/staff to designated safe areas.

  - Ambulatory patients/visitors to basement.

  - Non-ambulatory patients to areas designated as safe areas on that particular unit in the Tornado Plan. If necessary, visitors who insist to do so may remain with non-ambulatory patients on the unit.

- If unable to move non-ambulatory critical patients, cover them with heavy blankets.

- Close all doors and move away from windows.

Bomb Threat

"Code Black"

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Bomb Threat Plan

If a bomb threat is received you should:

- Follow instructions in bomb threat plan located in the **Orange** Disaster Manual.

- If a threatening person walks into hospital, all personnel are immediately removed from that area and Security is notified of the potential threat.

- Security and Telecommunications will advise the Administrator-on-Call.

- Administrator-on Call may consider initiation of "Code Black" within the hospital.

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"Code Black"

- All departments will institute a search of their immediate work area.

- Supervisor of each area will ask personnel most familiar with the area to systematically search an assigned location.

- Unoccupied areas will be searched by security.

- Items thought to be "out of place" (i.e. boxes, briefcases, etc.) should be reported to Security Dispatch--*DO NOT* touch suspicious items.

- All departments should report into Security Dispatch once the department has been searched regardless if you have found anything or not. Facilities who do not have a Security Dispatch should call 911.

"Code Black"

- Security will notify the Akron Police Department of the Bomb Threat.

- If any suspicious items, or a bomb, are found the Summit County Bomb Squad will be notified by Security.

- Decisions to initiate partial or total evacuation of the hospital will be jointly made by the Administrator-on-Call, Director of Security, and the Senior Member of the Summit County Bomb Squad.

Infant Security

"Code Adam"

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Infant Security "Code Adam"

- An overhead page of Code Adam indicates an **unauthorized** removal of a newborn infant from an area of the New Life Center.

- You are asked to move out of the work areas and offices into the hallways, monitoring all stairwells, bridges, and exits from the hospital.
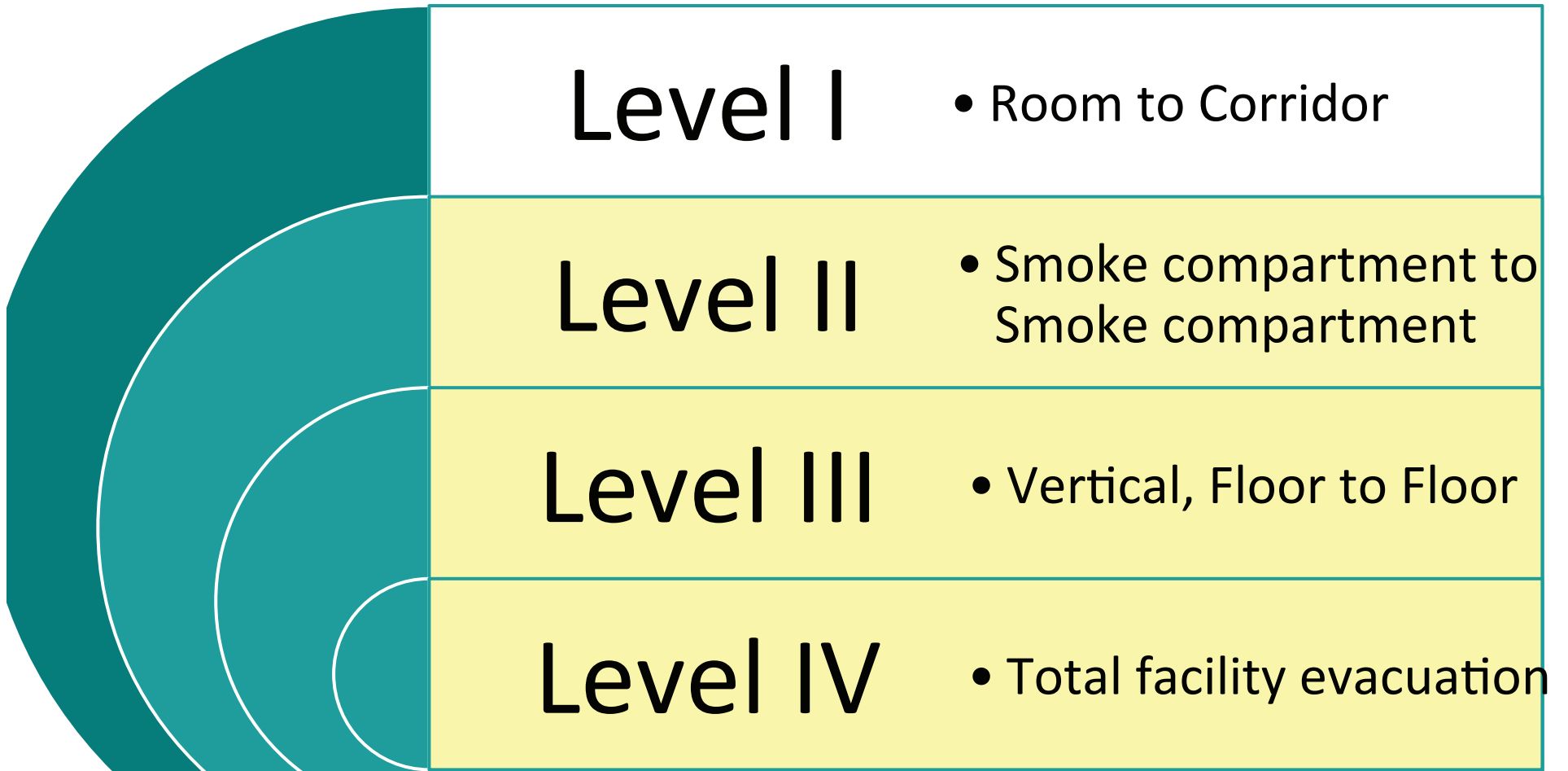
Infant Security "Code Adam"

- You should work in teams stopping *anyone* carrying an item or object large enough to conceal a newborn infant.
  - *The item should be searched.*

- If the individual refuses to cooperate, the person should be followed and security notified ASAP.

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Evacuation Plan

"Code Green"

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"Code Green" – Evacuation Plan

Level I	• Room to Corridor
Level II	• Smoke compartment to Smoke compartment
Level III	• Vertical, Floor to Floor
Level IV	• Total facility evacuation

Any overhead page for a Level II or higher on a patient care unit is a request for all staff to assist in moving the patients out of harms way.

"Code Green"

Level I (Room to Corridor)

- *Definition*
  - Moving patients and staff from an area of immediate danger to minimize the risk of further injury.

- *For Example:*
  - Moving patients away from the origin of a room fire.

"Code Green"

Level II (Smoke Compartment to Smoke Compartment)

- *Definition*
  - Moving patients and staff horizontally to a safe zone beyond at least the first set of smoke doors on the same floor.

- *For Example:*
  - Moving patients and staff from the immediate danger zone past a set of smoke doors which maybe the opposite end of the nursing unit, or into an adjacent nursing unit.

"Code Green"

Level III (Vertical - Floor to Floor)

- *Definition*
  - Moving patients and staff vertically to a floor below an area of immediate danger. This vertical movement must always be towards a floor that leads outdoors and maybe done with or with out the use of elevators.

- *For Example:*
  - Movement of patients and staff from the third floor down the nearest stairs, or depending, appropriate elevator to the second or first floor.

"Code Green"

Level IV (Facility Evacuation)

- *Definition*
  - Moving patients and staff from a part of the hospital or from the entire hospital to other health care facilities and alternate care sites.

- *For Example:*
  - Due to whatever reason, there is an inability to provide safe and basic health care to the patients over a prolonged period.

Power Outage Response Plan

- Located in the **orange** MCI manual.

- Ensure those patients on electrical life support equipment have the equipment plugged into the RED electrical plugs (which are on emergency power).

Power Outage Response Plan

- DO NOT use the emergency elevators unless you are transporting a critical patient to another floor.

  - Emergency Elevators have a RED number plate over the door.

- Although it may become hot in your area, DO NOT open outside windows.

- Provide a status report of your department to central command.

Hazardous Material Spill/ Nuclear Biological Chemical Release

"Code Orange"

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Hazardous Material Spill/ Nuclear Biological Chemical Release - Internal

- In the event of a *internal* chemical spill the telecom operator may announce:

  - "Code Orange, AGMC" the *location* and the *name of the chemical* as known.

  - You should follow the chemical spill response plan found in the Safety Manual.

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Hazardous Material Spill/
Nuclear Biological Chemical Release - External

- In the event of an *external* Nuclear Biological or Chemical release in the community the telecom operator may announce:

  - **"Code Orange, Dr. Minor Level 2-4" and the type of NBC release if known.**

  - You should follow the NBC readiness plan found in the MCI Manual.

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Stat Pages

- "Stat- Code Blue" and location:

Adult Medical Emergency

- "Stat- Code Pink" and location:

Child/Infant Medical Emergency

A person with a weapon or a hostage situation.

"Code Silver"

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Concealed Carry Weapons Law

AGHS Policy

- Firearms and other deadly weapons of any kind are strictly forbidden on the premises of Akron General Health Systems.

  - Except law enforcement officers and contracted security money carriers.

  - **Code Silver** will be announced if someone is in possession of a deadly weapon.

What is considered a weapon?

Deadly weapon refers to all firearms, blackjacks, brass knuckles, knives with a blade length of greater than 2½ inches, clubs, and all martial arts weapons.
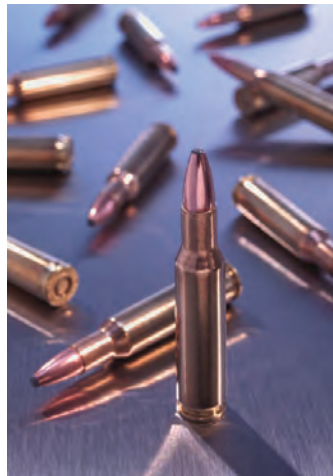
What is considered the premises?

- **Premises** includes all buildings on the main campus of the Medical Center, including all off campus buildings that are operated as part of Akron General Health System.

* However, this prohibition shall not prevent firearms from being kept in vehicles in parking garages or lots as long as the firearms are stored in accordance with Ohio law.

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Some type of violent or hostile patient.

"Code Violet"

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Code Violet

- **A Code Violet will be announced if a response is needed for any behavioral situation that is or could pose a threat to self or to others.**

- **Security should be contacted immediately at**

  - ➢ **47604** (AGMC)

  - ➢ 58008 (H&W-West)

  - ➢ 53170 (H&W-North)

  - ➢ 5123 for Edwin Shaw (Crisis Intervention)

- Security will assess situation and see if "Code Violet" is needed.

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Code Violet

- The announcement: *"Code Violet 9100. Code Violet team to report STAT"* will be repeated twice (at AGMC).

- The "Code Violet Team" are the only employees to respond to the floor.

- Everyone else should **STAY AWAY** for the safety of patients, staff and visitors.

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Code Violet

- Employees should diplomatically prohibit others from entering the area.

- Only when a *"Code Violet, ALL CLEAR"* is announced should employees, visitors, and guests be allowed back into the particular area.

NOTE: *If security is not yet present, and a situation has rapidly intensified a CODE VIOLET should be instituted immediately by calling 46020 without security assessing situation first.*

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Code Violet

For areas or buildings where a Code Violet page will not work due to lack of Security, contact local Police Departments or dial 911 immediately.

DO NOT TAKE RISKS!

Missing patient or patient elopement

"Code Brown"

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Safety Facts and Messages

Here are 3 facts and messages we need to be aware of:

- ✓ Accidents can be prevented

- ✓ Safety is everyone's right and responsibility

- ✓ Working safely is a condition of employment

SAFETY STARTS WITH YOU!

With Safety Issues or Questions, please contact the Safety Officer:

System Safety Officer
Tammy Shaw
330-344-6128
(46128)
Pager 1208

At Visiting Nurse Service & Affiliates contact:

Director, Compliance & Regulatory Environment
Cheri Greenwell
330-848-6239

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Trauma Alert

Category I - patients are critically ill

Category II – patients have uncertain status. Condition may be stable, but could deteriorate

Category III – patients have injuries that are limited to a single organ system or the injury status is unknown.

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Neonatal Resuscitation Program (NRP STAT)

- Also referred to as "NRP Level 3"

  - The NRP STAT team is called when an infant unexpectedly requires resuscitation.

NRP Level 3

- Should be used for neonates born outside of Labor & Delivery
  - For example, if an infant is born in the Emergency Department

- Also used for any neonatal distress outside of Labor & Delivery (any other unit in the hospital)

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Steps to Page an NRP Level 3…

- Call the STAT line at 4-6020

- State: "NRP Level 3" and state your location of the NRP STAT situation

- The NRP Level 3 will be paged overhead and also on the NRP STAT team pagers

- NRP Stat Team will then respond to the location