

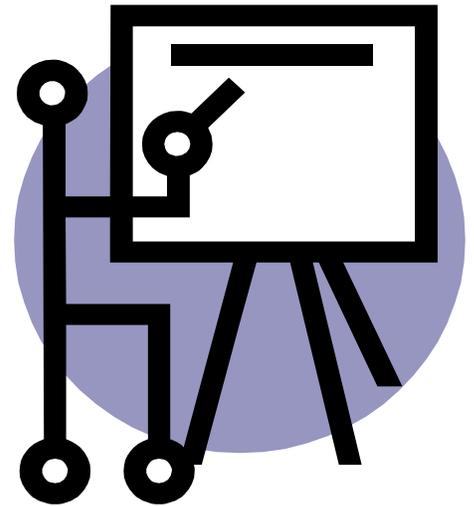
# Medical Staff Orientation to Union Hospital

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Updated:  
February 2016

## To complete this orientation program:

- *Read all information*
- *Print and complete the following forms*
  1. *Certification of completion—page 28*
  2. *Confidentiality statement—page 29*
- *Return all forms to the Union Hospital Medical Staff Office when you come to the hospital to be photographed for your ID badge.*



## Hospital Mission Statement

To provide excellent quality health care to the community at a competitive price through highly competent people and an integrated network.

## Vision

Union Hospital is an independent, locally managed, not-for-profit hospital, working together with our physicians and our community to develop new, integrated health care solutions. By strengthening our physician relationships and aligning ourselves with other providers who share our vision, we can keep health care decisions local and create a successful 21st century health care delivery system.

The mission and vision are supported by 5 fundamental cultural commitments called PILLARS: People, Service, Quality, Finance, & Growth. These Pillars represent the organization's values and form the foundation of the Hospital's Strategic Plan.

# Infection Control

Each year healthcare associated infections (also known as nosocomial infections) cause thousands of deaths and increase healthcare costs by the billions. You can protect your patients, yourself and others from the spread of infection by following established infection prevention and control measures.

Union Hospital's written Exposure Control Plan (required by the OSHA 1910.1030 bloodborne pathogens standard) is designed to prevent or minimize occupational exposure to blood and other potentially infectious materials (OPIM). Read on for more information on each component of the Exposure Control Plan.

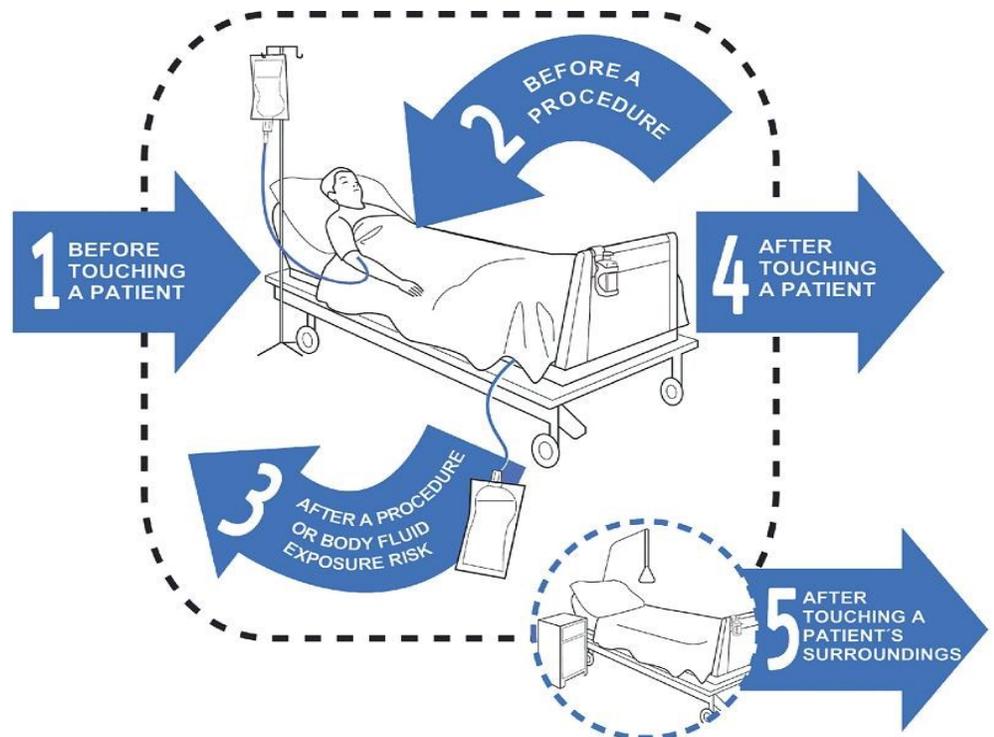
**Hand Hygiene** –is the single most effective way to reduce the spread of germs. When hands **are** visibly soiled with blood or other body fluids or before eating and after using a restroom, wash your hands with soap and water. If you are caring for a patient with *C. difficile*, wash your hands with soap and water.

The steps to take when washing with soap and water are:

1. Apply soap to wet hands.
2. Briskly rub hands together for at least 15 seconds, covering all surfaces of the hands, fingers, and fingernails.
3. Rinse hands with warm water and dry thoroughly with a disposable towel.
4. Use a towel to turn off the faucet

If hands are **not** visibly soiled, use an alcohol-based hand rub. Dispense the product into palm of hand. Rub hands together, covering all surfaces of hands and fingers, until hands are dry. Remember that hand gels are ineffective against clostridium difficile or C. Diff. You will find hand gel dispensers located strategically throughout the Hospital.

Hand hygiene should be completed before touching a patient, before a procedure, after a procedure or body fluid exposure risk, after touching a patient and after touching a patient's surroundings.



**Personal Protective Equipment (PPE)** - prevents the spread of infection if it is worn appropriately. The use of appropriate PPE is required whenever there is a reasonable anticipation of exposure to blood, body fluids, mucous membranes, or non-intact skin. PPE provides protection for clothing, skin, eyes, mouth, and nose. Gloves, gowns, face shields or masks and goggles are provided by the Hospital and available in the applicable work settings. Remember to remove all PPE as soon as possible if blood or other potentially infectious material penetrates it. And last, but not least, wash your hands after removing PPE. (See Donning & Doffing PPE diagram at end of this section.)

**Safe Injection Practices-** Recent investigations undertaken by state and local health departments and the Centers for Disease Control and Prevention (CDC) have identified improper use of syringes, needles, and medication vials during routine healthcare procedures, such as administering injections. These practices have resulted in transmission of bloodborne viruses, including hepatitis C virus to patients, notification of thousands of patients of possible exposure to bloodborne pathogens and recommendation that they be tested for HCV, HBV, and HIV, as well as referral of providers to licensing boards for disciplinary action and malpractice suits filed by patients. These unfortunate events serve as a reminder of the serious consequences of failure to maintain strict adherence to safe injection practices during patient care. Injection safety and other basic infection control practices are central to patient safety.

**Sharps Safety-** is another means of infection control. Health care workers are at greatest risk of exposure to blood-borne pathogens when handling contaminated sharps. Protect yourself and others by using these sharps safety tips:

- Use safe needle or needleless devices for withdrawing body fluids or administering meds or fluid
- Never shear, break, bend or recap contaminated sharps
- Activate the sharps shield before disposal of sharps
- Never reuse disposable sharps
- Do not pick up contaminated glass (also a sharp) with hands-use a broom & dust pan, forceps or tongs
- Dispose of contaminated sharps immediately after use in a sharps container
- Replace sharps container when 3/4 full
- Never blindly reach into trash to retrieve something-if necessary empty contents onto a newspaper and search with your eyes

Needles and syringes are single use devices—they should not be used for more than one patient or reused to draw up additional medication. Use single dose vials whenever possible. **Never** use medications packaged as single-dose or single-use for more than one patient (includes ampoules, bags, and bottles of intravenous solutions). **Always** use aseptic technique and cleanse the access diaphragms of medication vials with 70% alcohol before inserting device into the vial. **Do not** enter a medication vial, bag, or bottle with a used syringe or needle and **never** administer medications from the same syringe to more than one patient, even if the needle is changed or you are injecting through an intervening length of IV tubing. Lastly, remember to dispose of used syringes and needles at point of use in an approved sharps container.

**Medical Waste Disposal** - also helps to control the spread of infection. Dispose of waste material appropriately. Solid waste (items not likely to drip or transmit disease during transport) can be disposed of in regular trash can liners. Infectious waste (heavily soiled items that may release infectious materials during handling or if compressed) are to be placed in the red biohazard infectious waste bags. Large and small bags are available and are to be secured with a strong, hand-tied single or gooseneck knot to prevent any leakage if inverted. Leaking bags must be double-bagged before placing in an infectious waste container. Know where clean-up kits are located on your unit in case of a blood spill.

Don't forget about labels...through safe work practices when handling needles and other sharp devices, and safely disposing of sharps and blood--contaminated materials we can prevent exposures to blood and body fluids.

Infectious waste: **red bag with biohazard label**

Sharps containers: **biohazard label**

blood specimens: **biohazard label on storage bag**

refrigerators, coolers where blood or OPIM is stored: **biohazard label**

**Proper Housekeeping-** all used linen is considered contaminated. Remember to place all linens in a linen hamper at the point of use. Don't shake used linens or place them on the floor or chairs. Keep patient areas and equipment clean using correct cleaning procedures. Cleaning and disinfection of noncritical items are a part of everyone's job. Noncritical items are those that come in contact with intact skin but not mucous membranes. Intact skin acts as an effective barrier to most microorganisms. Examples of noncritical items are bedpans, blood pressure cuffs, crutches, bed rails, bedside tables, patient furniture, and floors. Cleaning must be done before disinfection can occur. Disinfectant must remain on item or surface for specified contact time.

Examples:

Clorox healthcare bleach germicidal wipes: surface must remain wet 3 minutes

PDI Bleach Sani-Cloth Wipes: surface must remain wet 4 minutes

PDI Sani-Cloth® AF 3 Germicidal Wipes: surface must remain wet 3 minutes

**Isolation Precautions**—are key in preventing hospital acquired infections. There are 2 categories:

1. Standard precautions— apply to ALL patients. Treat all blood and body fluids as though they contain bloodborne diseases.
2. Transmission-based precautions— apply to patients known or suspected to have certain highly contagious diseases.

Transmission-based precautions include:

Contact

Applies to disease spread by direct or indirect contact. Prior to going into the patient room complete hand hygiene, apply gown and gloves. Remove gloves and gown in the patient room and complete hand hygiene. Examples of conditions that require contact precautions are C difficile, Rotavirus, RSV and multi-drug resistant organisms such as MRSA.

Droplet

Applies to diseases spread by droplets from sneezing or coughing. Prior to going into the patient room complete hand hygiene and apply surgical mask.

Remove mask in the patient room and complete hand hygiene.

If patient has to be transported outside their room, apply a surgical mask on the patient. Examples of droplet precautions are influenza, pertussis and mumps

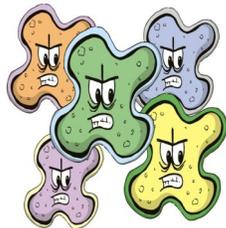
Airborne

Applies to diseases spread through the air such as T.B.

Prior to going into the patient room complete hand hygiene and apply a N95 respirator or a PAPR.

Remove the N 95 respirator or PAPR after leaving the patient room and closing the door.

Always complete hand hygiene after removal of the N95 respirator or PAPR.



MRSA & VRE are 2 examples of "superbugs" or antibiotic-resistant bacteria. UHPP requires patients with an antibiotic resistant infection to be in isolation precautions for the entire duration of their hospital stay.

Some diseases may require multiple measures to prevent transmission. Ebola is one example of a disease requiring more than one measure to prevent transmission. Information about extra measure that may be needed for certain diseases can be found in the Hospital's house-wide policy "Union Hospital Preventing Transmission (Isolation)" I-5 Appendix A. Remember when a condition requires both airborne and contact precautions that the N95 must be disposed of after each use.

You will know if a patient has been placed in transmission based precautions as an isolation bag or cabinet will be hanging on the outside of the patient's door into the room (medical, surgical, step-down, OB, or inpatient rehab departments). On the front of the cabinet will be a placard detailing the type of precautions being taken. In ICU, the PPE supplies are placed on the cabinet outside the door and the precaution sign is placed on the ICU glass door.

**Work Practice Controls-** Do not eat, drink, apply make-up or handle contact lenses in areas with likely exposure to blood or other potentially infectious materials such as in specimen collection rooms, testing areas or areas where specimens located. Do not store food or beverages in refrigerators, freezers, coolers, shelves, cupboards where specimens are located. Follow respiratory hygiene/cough etiquette: Cough or sneeze into tissue or curve of elbow. Toss tissue into waste basket. Perform hand hygiene. Wear mask if infected with respiratory illness. If there is a portable hand hygiene station in your work area always ensure it is stocked with surgical masks and tissues so visitors will have easy access.

**Bloodborne Pathogens-** Exposure to bloodborne pathogens poses a serious risk to healthcare workers. Avoiding occupational blood exposures through adherence to Standard Precautions and other safe work practices is essential. The most effective means to prevent transmission of Hepatitis B virus, Hepatitis C virus, and HIV in healthcare settings include: Hepatitis B vaccination, the use of appropriate barriers to prevent blood and body fluid contact, preventing percutaneous injuries by eliminating unnecessary needle use, implementing devices with safety features, using safe work practices when handling needles and other sharp devices, and safely disposing of sharps and blood contaminated materials.

An exposure that might place a healthcare worker at risk for Hepatitis B, Hepatitis C, or HIV infection is defined as a percutaneous injury, such as a needle stick or cut with a sharp object or contact of mucous membrane or non-intact skin with blood, tissue, or other body fluids that are potentially infectious.

If you experience a sharps injury or exposure, follow these steps:

1. Provide first aid to the site (wash well)
2. Notify your supervisor
3. Report to the WorkWell or Emergency Dept. immediately

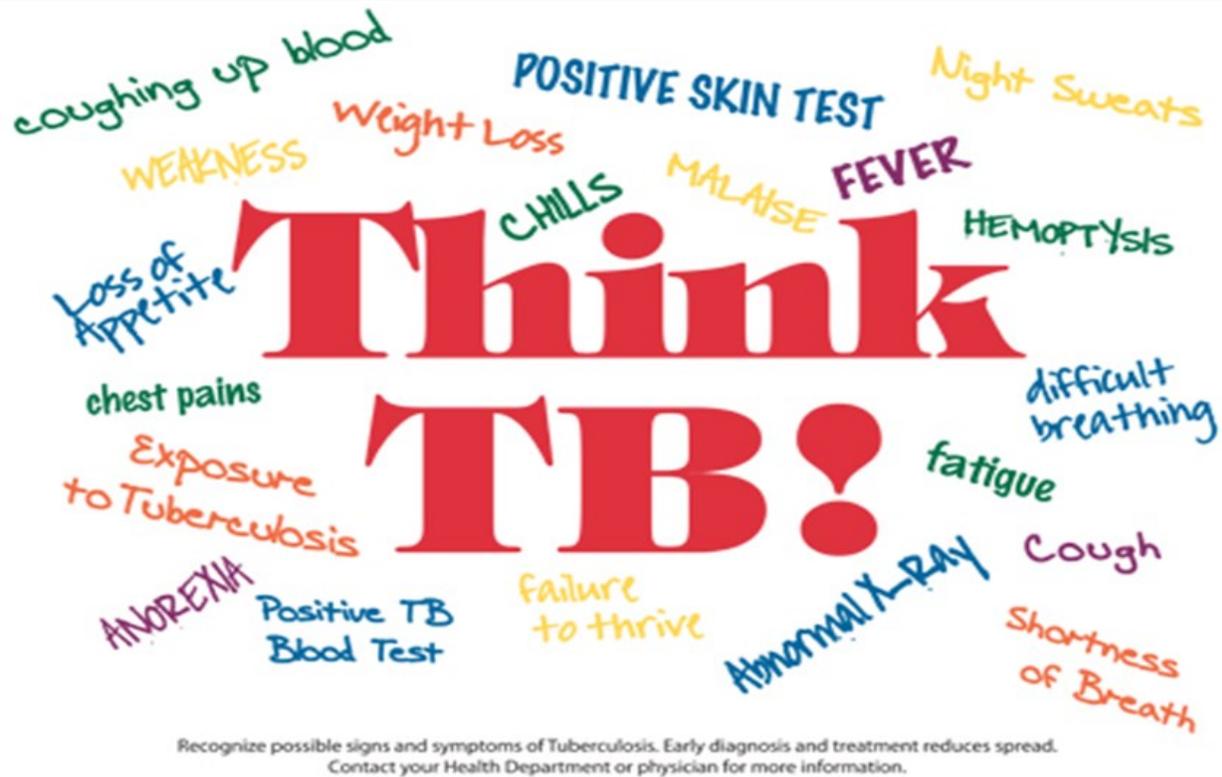
**ALWAYS** report any exposure immediately! Post exposure management is a process to prevent infection following bloodborne pathogen exposure and an important element of workplace safety.

Other potentially infectious material (OPIM) includes:

- Plasma
- amniotic fluid
- Spinal fluid
- Semen
- Vaginal Secretions
- Peritoneal fluid
- Breast Milk
- Unfixed tissue or organs
- Fluids surrounding the brain, spine, heart and joints
- Other fluids containing visible blood (such as saliva in dental procedures)



Immunization programs provide protection from vaccine preventable diseases for both healthcare workers and those under their care. Vaccine preventable infectious diseases include Hepatitis B, Influenza, measles, mumps, rubella, tetanus, pertussis, and varicella-zoster (chickenpox). Keep your immunizations up to date.



Adapted from 1989 Minnesota State Department of Health. Reprinted with permission.

### **What is tuberculosis?**

Tuberculosis (TB) is a disease that usually affects the lungs. TB sometimes affects other parts of the body, such as the brain, the kidneys, or the spine. The disease can cause death if untreated.

### **How is TB spread?**

TB germs are spread from person to person through the air. TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, laughs, or sings.

### **What are the symptoms of TB?**

People with TB disease often feel weak or sick, lose weight, have fever, and have night sweats. If their TB disease is in the lungs, they may also cough and have chest pain, and they might cough up blood. Other symptoms depend on what part of the body is affected.

### **What type of precautions should be in place for TB?**

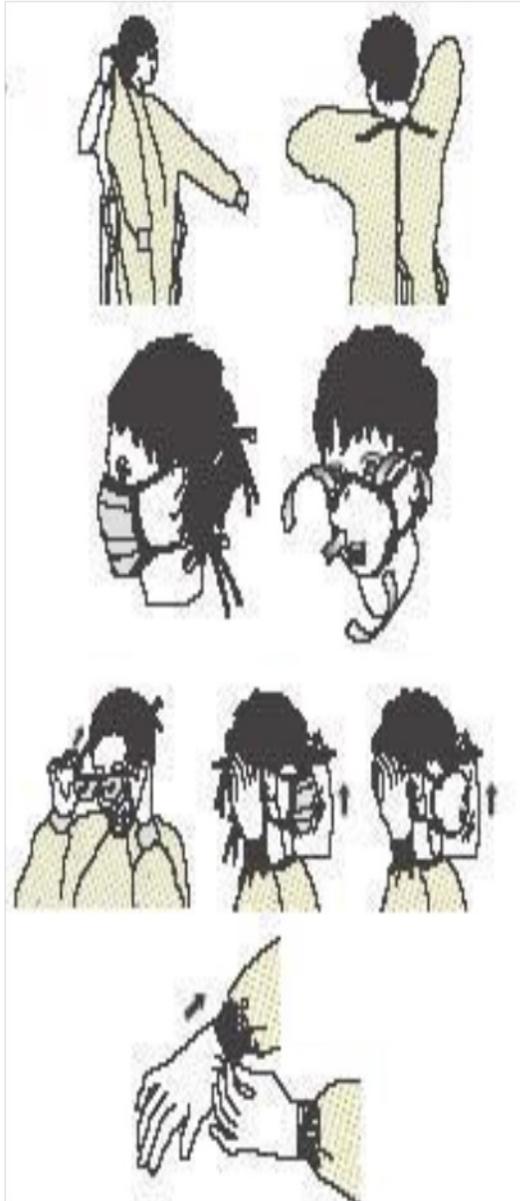
Anyone suspected of having TB should be asked to wear a surgical mask and immediately be placed in an Airborne Isolation Room (i.e. a negative pressure room and staff wear N95 or PAPR). Don't forget to document that patient is in Airborne Isolation.

Be sure to notify biomedical that you are using a negative pressure room for a TB patient so they can monitor the negative pressure room.

See Union Hospital TB Plan for more information.

# Donning PPE

Prior to donning your PPE complete hand hygiene: Put on your gown first, then mask or respirator, then your goggles or face shield and then your gloves.



## 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrist, and wrap around the back
- Fasten in back at neck and waist

## 2. MASK OR RESPIRATOR

- Secure ties or elastic band at middle of head and neck
- Fit flexible band to bridge of nose
- Fit snug to face and below chin
- Fit-check respirator

## 3. GOGGLES/FACE SHIELD

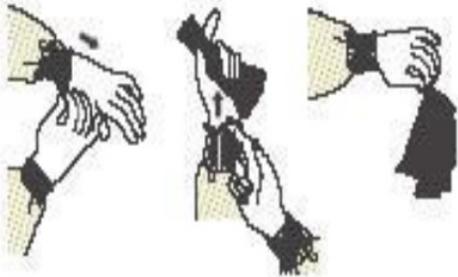
- Put on face and adjust to fit

## 4. GLOVES

- Use non-sterile for isolation
- Select according to hand size
- Extend to cover wrist of isolation gown

# Doffing PPE

Except for N95 Respirator, remove PPE at doorway before leaving patient room or in anteroom.  
Remove N95 Respirator after leaving patient room and closing door.



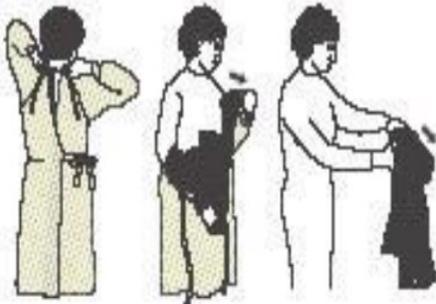
## 1. GLOVES

- Outside of gloves are contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist



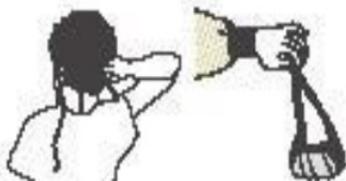
## 2. GOGGLES/FACE SHIELD

- Outside of goggles or face shield are contaminated!
- To remove, handle by “clean” head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container



## 3. GOWN

- Gown front and sleeves are contaminated!
- Unfasten neck, then waist ties
- Remove gown using a peeling motion; pull gown from each shoulder toward the same hand
- Gown will turn inside out
- Hold removed gown away from body, roll into a bundle and discard into waste or linen receptacle



## 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated – DO NOT TOUCH!
- Grasp ONLY bottom then top ties/elastics and remove
- Discard in waste container

## Safety Pointers

No matter where you work, you can come across potential hazards daily. The following tips may help you and others avoid common hazards.

### Back Safety

- Lift with legs not your back;
- Bend your knees and hips
- Keep your back straight; avoid twisting and lifting at the same time
- Keep object close to your body
- If object is too heavy get assistance from another person, a mechanical lift, or a cart



### Electrical Safety

- Don't use plug adaptors
- Keep cords away from heat and water
- Examine all cords and plugs –replace damaged ones!
- Do not attach cord to the floor, wall or other objects with tacks or pins
- Don't work around electricity when you or your surroundings are wet
- Don't use damaged outlets
- Use grounded three-hole outlets
- Don't break or bend the third prong on a grounded plug
- If an electrical device blows a fuse, trips a circuit breaker, shocks or appears damaged DO NOT USE!
- Turn equipment off before unplugging
- When unplugging equipment use the plug not the cord!
- Report all shocks –even small ones immediately!



### Radiation Safety

Two ways to be exposed to radiation in the healthcare setting are:

1. External beam sources like x-rays
2. Radioactive sources used internally for patient diagnosis or treatment

To avoid harmful effects of radiation exposure remember these tips:

- Limit the time you are exposed to radiation sources
- Maximize distance between yourself and the radiation source
- Use shielding and protective clothing when appropriate
- Don't touch anything with a radioactive warning label unless trained and authorized to do so
- Dispose of syringes, radioactive liquid and other waste properly when you care for a patient being treated with radioactive materials
- Pregnant healthcare workers ...refer to radiology department policy P14 for more information.

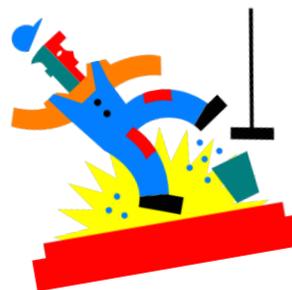


## *Safety Pointers cont'd*

### Slips, Trips and Falls:

Common causes of slips, trips and falls include-wet floors, loose carpets/rugs, cords, and poor lighting. To reduce your risk of injury:

- Know your surroundings-watch where you go!
- Keep floors, work and storage areas clean, dry and free of clutter.
- Don't be in a hurry! Take slower shorter steps.
- Wear shoes with good traction and support.
- Use ladders and stepstools not chairs or boxes to help reach items.
- If you see something hazardous –correct it or report it to your supervisor.
- If you are injured at work report incident to your supervisor immediately!



### Elevator Safety

Follow these simple guidelines to improve safety for passengers:

- Do not get on an elevator if someone suspicious looking is already there.
- Stand near front of elevator not the back corners while waiting to get out of elevator.
- If someone suspicious looking gets on an elevator –get off!

If you are stalled in an elevator:

1. Push the “Door Open” button. If you are near the landing the door will open. Slowly step out of elevator. Watch your step-the elevator floor may not be level with the landing.
2. Remain calm. If the door does not open you are still safe.
3. Press the Alarm/Help button and use any available communication systems.
4. Relax and DO NOT try to extract yourself from the elevator.

### Office Safety:

- When working late, make sure doors are locked-let someone know your location and what time you will leave.
- Do not loan office keys or allow them to be copied.
- Keep your purse or other valuables in a locked drawer, cabinet or locker- not under your desk!
- Secure your work area if left unattended.

### Theft Protection:

- Limit access to restricted areas.
- Use electronic codes properly.
- DO NOT give out codes to non-employees or unauthorized personnel.
- Avoid carrying large amounts of cash or credit cards.
- Secure your valuables while at work under lock and key.
- When arranging to have patient valuables placed in the Hospital safe, always have another staff member witness the valuables list.

## Safety Pointers cont'd

If theft occurs:

1. Report it immediately to Security.
2. Do not disturb the crime scene.
3. Try to remember details about anyone you may have seen in the area.

### Parking/Vehicle Safety:

- Park in well lit areas.
- Walk with confidence to and from your car.
- When leaving your car lock your doors, put windows up, and keep valuables out of sight.
- When approaching your car to leave work have keys in hand and scan area for trouble.
- Once inside your car leave – do not sit inside .
- Contact Security if anything looks out of place or dangerous .
- Ask for a Security escort if leaving late at night or early in the morning.
- If anyone approaches you before getting to your car run screaming toward the nearest building making as much noise as possible.



Lastly.....If you are injured or identify any unsafe conditions, report them immediately to your supervisor/instructor.

Safety is a team effort.

## Emergency Codes

### Code Violet-Combative Person

- If combative or abusive behavior is displayed by anyone, such as a patient, patient family members, staff, staff family members or acquaintances of employees, a Code Violet should be called by dialing 5555
  - If combative or abusive behavior is displayed by anyone at any UH affiliated off-site location, 911 should be called
  - To initiate a Code Violet
    - Call Switchboard Operator with exact location of the individual(s) or time and type of threat received
  - If a “lock down” occurs, no one is allowed to enter the Hospital unless there is a specific need
- See UH Policy E17 for more detailed information
- Name, age, sex, physical description, clothing worn, if known, approximate time missing, mental status, weapons, home address, etc.
  - Switchboard notifies Security and provides above description
  - All employees within Hospital building observe for missing adult patient in their work area and notify Security if found
  - Hospital personnel posted at exits:  
See UH Policy E20 for more detailed information

### Code Adam-Infant/Child Abduction

### Code Mr./Mrs. Brown Missing Adult Patient

- Initiated when adult patient is known to be missing from his/her assigned location
  - Staff searches immediate area/nursing unit as well as adjacent areas, i.e. other units on that level, lounges, restrooms, other departments where patient may be having scheduled tests/procedures etc.
  - If patient not located, Switchboard to be notified of Code MR/MRS Brown by dialing 5555—giving the following information:
    - Name, age, sex, physical description, clothing worn, if known, approximate time missing, mental status, weapons, home address, etc.
- Any person discovering an infant or child missing will immediately notify person in charge of the unit
    - Head count of all infants/children done immediately and search of entire unit and areas completed
  - If unable to locate, notify Switchboard of Code Adam by calling 5555
  - Security responds and takes charge until Dover Police Department (DPD) arrives
  - All employees within hospital building observe for missing infant/child in their work area and notify Security if found
  - Hospital personnel posted at exits
  - No one is permitted to leave building
    - Visitors permitted to leave building ONLY at direction of DPD

## Emergency Codes cont'd

- All boxes, bags, and/or packages large enough to hide an infant checked
- Hospital employees verified by checking identity against their badge picture identity
- All areas of building and grounds searched by personnel at direction of DPD/Security Officer
- News media NOT allowed in affected area/unit
- Staff on duty NOT to discuss incident with anyone other than proper authorities
- ALL CLEAR called at direction of DPD, Hospital Safety Officer or member of Security

See UH Policy E21 for more detailed information

### Code Purple-Surgical Emergency

- A Code Purple is called when the OR call team is needed immediately due to a life-threatening emergency
  - Can occur on any unit
  - Determined by the physician
  - On OB, if after assessment the OB RN determines situation is life-threatening, RN can make the determination that code be called
- Code Purple is announced over the PA system along with location of code

See UH Policy E22 for more detailed information

### Code Silver-Armed Assailant

- Any Hospital employee may initiate a Code Silver on the basis that a person is suspected or known to be carrying guns, knives, or other devices of ill intent on Hospital properties
- Off- site Hospital areas should call 911 upon awareness of an armed assailant
- Within the Hospital, person identifying the situation should immediately go to an area away from the assailant and call Switchboard by dialing 5555 and state the following:
  - Exact location of assailant
  - Number and description of assailant(s) and type of weapon(s)
  - Approximate number of persons being held or in danger
- Switchboard will contact security, nursing shift supervisor, administrator on call and 911 requesting law enforcement report to Hospital immediately
  - Outside locations notified of event by phone
  - E-mail sent to "Everyone at Union Hospital"
- Secure area where incident is occurring by closing doors to patient rooms, fire doors, etc.
  - All persons, including Hospital employees, patients, visitors, should be evacuated to a safe area
  - Once area secured, no one is to enter the area except as permitted by DPD and/or Union Hospital Security Officers
- Upon arrival, DPD assumes responsibility of the incident
- Administrator on-call or security officer are the only persons authorized to issue "ALL CLEAR"

- Direct representatives from media or media requests to Director of Community Relations
- See UH Policy E19 for more detailed information

### Code Grey-Severe Weather Watch

- Severe thunderstorm likely to occur and/or existing conditions have possibility of formation of tornado
- Upon announcement of Code Grey Severe Weather Watch employees should:
  - Inform patients and visitors precautions being taken due to weather conditions
  - Charge nurse determines which patients are ambulatory and those that would remain in bed
  - Provide bedridden patients with 3 extra blankets
  - Provide ambulatory patients with slippers and blanket
  - Resume normal work duties until further notice
  - ALL CLEAR announced when weather watch lifted

See UH Policy E12 for more detailed information

### Code Grey-Severe Weather Warning

- Severe weather warning consists of:
  - Thunderstorm warning: severe weather reported and imminent danger to life and property to those in path of storm
  - Tornado warning: funnel cloud has been sighted in area or one is moving toward area
  - Take cover warning: issued by Fire Department—sirens blast for 3 minutes followed by a 3 minute pause repeated 4 times
- Upon announcement of Code Grey Severe Weather Warning employees should:
  - Inform patients and visitors precautions being taken due to weather conditions
  - Move patients away from windows and cover with extra blankets or escort patient and visitors to area without external windows
  - Close all doors
  - Staff remain in area with no external windows to assist patients/visitors
  - ALL CLEAR announced when weather warning lifted

See UH Policy E13 for more detailed information

### Code Orange-Internal/External Hazardous Material Spill/Release

- If an unsafe exposure to a hazardous material, either actual or potential, has been identified within the facility or on hospital grounds, a **Code Orange INTERNAL** will be announced
  - If spill/release of substance is suspected to be extremely hazardous and dangerous to life and health

## Emergency Codes cont'd

- Do NOT attempt to rescue unless trained and equipped to do so
  - Isolate spill/release by closing doors to immediate area and/or using warning signs & barricades
  - If minor hazardous spill/release:
    - Remove personnel, visitors, and patients from immediate area and close doors to room, if possible
    - Confine spill/release by closing doors to immediate & surrounding areas
    - Account for employees, patients and visitors after removal from area
  - For ALL hazardous spills/releases, consult MSDS/SDS resources
    - MSDS online located under e-Tools on U-Connect
  - Notify Switchboard by dialing 5555
  - If an unsafe exposure to a hazardous material, either actual or potential, has been identified within the surrounding community, a **Code Orange EXTERNAL** will be announced
- See UH Policy E18 and Hazard Communication Plan for more detailed information

### Code Green-Rapid Response Team

- Purpose is to assess patient's deteriorating condition and prevent a full Code Blue outside of ICU
  - Staff nurses initiate Code Green when concern over patient's change in status occurs
- See UH Policy E35 for complete list of criteria triggering Code Green as well as more detailed information

### Code Blue-Cardiopulmonary Arrest: Adult

- Dial 5555 when Code Blue situation recognized
- If Code Blue situation occurs at any affiliated, off-site location, 911 should be called
- Any hospital personnel trained in CPR may perform CPR and initiate use of AED when required
  - AEDs are located in the Healthplex, Main Lobby, Patio Cafe and near Pharmacy area in basement

See UH Policy E15 for more detailed information

### Code Pink-Cardiopulmonary Arrest: Infant/Child

- Dial 5555 when Code Pink situation is recognized
- If Code Pink occurs at any UH off-site location, 911 should be called
- Broselow (Pediatric) Cart locations
  - OB unit (infant only)
  - OR
  - ICU
  - ED

See UH policy E16 for more detailed information

- If you should receive a call expressing a threat that a bomb or other device has been planted in the building,

### Code Black-Bomb Threat Response Plan

you should:

- Remain calm and place copy of the Bomb Threat Call sheet in front of you while talking, asking the caller the questions shown on the form; answers to questions are to be documented on the form
- Keep the caller talking, noting background noises and details about callers voice (tone, speech impediment, etc.)
  - ◊ Link to form and policy located on Hospital Intranet Home Page under HIGHLIGHTS and QUICKLINKS section
- Dial 5555 and report a Code Black
- Off site UH locations call 911
- Switchboard will notify security, nursing shift supervisor or a member of nursing management and administrator on-call
- Nursing shift supervisor will establish the Incident Command Center and take charge until relieved by administrator on-call or designee
- At the direction of the administrator on-call, the switchboard operator announces Code Black and the location of the Command Center; 911 will be called to request law enforcement
  - Off-site locations are notified through phone and e-mail message
- Upon direction from administration, management will organize bomb search procedure instructing available staff to obtain departmental "Emergency Preparedness Kit" containing floor plans, flashlight, yellow tape, writing utensils
  - When searching for a bomb look for objects you cannot identify or account for, or one which looks suspicious
  - Personnel within department search all areas (refer to Code Black Bomb Search Guide located on U-Connect – House-wide Policy Manual E14a)
  - Search public areas first; divide the area into 4 parts
    - Level 1: floor to hip
    - Level 2: hip to chin
    - Level 3: chin to ceiling
    - Level 4: ceiling
  - Walk around room searching lowest level first— look inside boxes & trash containers...
  - Repeat search for remaining levels
    - \*When searching level 4 look for disturbances in ceiling tiles

## Emergency Codes cont'd

- If a suspicious and/or identifiable object is located DO NOT TOUCH IT!
    - Make note of object with description and continue search as more than one object could have been placed-notify Incident Commander
    - DPD will notify appropriate authorities (Bomb Squad)
  - If no object located during search, use yellow tape to place "X" on door of area to denote it has been searched
  - After all areas of a department have been searched, management in charge to notify Incident Command Center
  - No evacuation will be made without order from Incident Commander or DPD
  - The "ALL CLEAR" announcement will be upon authorization by DPD supervisor in charge
- See UH policy E14 and E14a for more detailed information

### Code Yellow-General Disaster Emergency Plan

- The purpose of the Code Yellow policy is to assist staff in responding to any disaster that overwhelms usual hospital resources
- A Disaster is an incident or series of events of such a severe nature that a large number of patients suddenly present for emergency treatment faster than normal staffing can handle
- Types of disasters:
  - Internal Disasters are emergency situations occurring within the confines of Union Hospital. Examples of internal disasters are fire, explosion, smoke, or fumes.
  - External Disasters are emergency situations affecting the surrounding community that can be overwhelming to the Hospital's resources and ability to handle the influx of patients. Examples are: fire, tornado, explosion, or vehicle accident (plane, train, bus).

#### Code Yellow: Appendix A: Initial Responses

- Emergency Department will obtain necessary information:
  - Name of caller
  - Nature of disaster
  - Location of disaster
  - Estimated number of casualties and types of injuries
  - Estimated time of arrival (ETA)
- ED physician and charge nurse, indicate to caller number of victims hospital can accept based on number of casualties, injury types, and bed census
- Emergency Department will immediately notify director, manager or shift supervisor of call and relay information received
- Decision will be made to handle patients as regular ED patients or activate the Disaster Plan by the director, manager or shift supervisor, ED physician and ED director/charge nurse
- Once the decision is made to activate Code Yellow, the director, manager or shift supervisor will:
  - Initiate HICS and serve as Incident Commander until relieved by member of senior management
  - Instruct switchboard to announce "Code Yellow"
  - Set up Incident Command Center in Room 1032 or other location with phone and computer access and retrieve appropriate Incident Response Guide and Incident Command Kits needed
  - Assign immediate HICS positions depending on nature/scope of incident & number/type of staff available and manage disaster plan from the Incident Command Center until relieved by Administration

Refer to Code Yellow policy E11 for more detailed information



# Fire Safety

## PREVENTION

Most hospital fires begin with faulty equipment (such as an uninspected or dangerous electrical device brought from home), smoking, or use of flammable decorations. It is important to inspect all electrical equipment before it is used. Please refer to UH P/P D20 before putting up seasonal decorations!

RACE and PASS are acronyms that help you remember how to respond to a fire emergency.

## RACE

**R**- rescue anyone in danger (do not put yourself in harm's way)

- Rescue person while someone else sounds the alarm
- If alone, rescue person first, then sound alarm

**A**- alarm (call 5555 to report a Code Red, off site locations dial 911, use pull stations)

**C**- contain (close doors, turn off fans/air conditions, avoid unnecessary movement within the hospital, do not use elevators)

**E**- extinguish if able

## HOSPITAL FIRE FIGHTING EQUIPMENT includes:

1. Carbon Dioxide Extinguishers (CO<sub>2</sub>) - painted all red, have black plastic horn, and are located strategically on the walls of the Hospital building. Used on electrical fires, burning chemicals and flammable liquid fires.
2. ABC Dry Extinguishers - a red cylinder equipped with a short rubber hose and located on the walls of the Hospital building. Used for all types of fires.



## PASS

**P**- pull the pin

**A**- aim at the base of the fire

**S**- squeeze the trigger

**S**- sweep from side to side

When dealing with fires it is also important to remember the following:

- Never move a bed on fire-pull victim off and smother fire with blankets
- Do not walk through fire doors or use elevators until hearing the "ALL CLEAR"
- Keep fire extinguishers and pull stations clear at all times

## Code Red-Fire Emergency Plan

- Initiate a Code Red alarm if any of the following signs of a real or suspected fire is observed
  - Seeing smoke or a fire
  - Smelling smoke or other burning material
  - Feeling unusual heat on a wall, door or other surface
 \*activate alarm then call Code Red by dialing 5555\*
- If fire is discovered in a patient room or patient care area where oxygen is in use, close the oxygen shut-off valve for that location
  - Oxygen shut-off for patient rooms are the responsibility of the nurse in charge (or designee) of area in which

valves are located

- Oxygen shut-off for other patient care areas are the responsibility of staff person in charge of areas in which valves are located
  - If fire discovered at any Union Hospital affiliated off-site location, 911 should be called
  - When the Code Red is announced, all employees report to pre-designated areas for instructions from supervisor
  - Visitors in patient care areas should follow these directions:
    - Visitors in patient rooms remain in room and stay out of corridor
    - Visitors in corridors and non-patient care areas routed to nearest assembly area and remain there until instructed otherwise
    - Visitors in Main Lobby stay in that area and controlled by employee of the Corner Shop until relieved by member of management
  - Some special assignments for certain persons or groups who function in vital capacity during Code Red
    - Hospital President or VP on call in charge at Incident Command Center (location to be announced)
    - Director of Facilities directs Maintenance personnel in performance of fire brigade and other responsibilities, such as closing doors, turning off ventilating equipment, etc.
    - Medical Staff standby for emergency assignments as determined and issued through Incident Command Center
    - Volunteers should remain at Information Desk or assigned areas unless notified to evacuate
- Refer to UH P/P E10 for more detailed information

## HOSPITAL EVACUATION

- Hospital will evacuate patients only if needed and only if authorized by Administration or Dover Fire Department
- REMAIN CALM-panic is contagious
- Evacuate ambulatory patients first
- Types of evacuations
  - Horizontal-same floor, past fire door
  - Vertical-down a floor
  - Complete-move to outside-last resort

Refer to UH Policy E26 Evacuation Plan for more detailed information

## Fire Safety cont'd

# Ways to Evacuate:

**Sheet Slide:** Wrap the patient in a sheet or blanket, dangle the patient's legs over the side of the bed and slide the patient to the floor using your upper leg to break their fall. Pull the patient to safety while protecting his head.



**2 Person Carry:** Taller person should be at the patient's head and both caregivers should face the same direction.

**Stair Chair:** Located in Hospital stairwells— demonstration available on TeleHealth or by contacting your manager or Educational Services.



## SMOKING



Tobacco use in any form by any person is not permitted on hospital grounds or property, including parking facilities; in buildings, including medical office buildings and/or in or on any leased space. This includes but is not limited to Monroe Center, Tuscarawas Ambulatory Surgery Center, HealthPlex, FirstCare, Mammography Center, and physician offices.

**NOTE:** Use of electronic cigarettes are not permitted on hospital ground or property

Violation of policy may result in termination.

To report any code: **Dial 5555** and tell the operator your name, type of code, Room Number and unit. Note: Departments that are **not** in the hospital building itself (i.e. Home Health, Patient Financial Services, Healthplex, etc.) should dial 911 in an emergency.

Code Name	Event
Code Red	Fire
Code Yellow	Disaster
Code Grey	Severe Weather
Code Black	Bomb Threat
Code Blue	Adult Cardio/Pulm Arrest
Code Pink	Child Cardio/Pulm Arrest
Code Violet	Violent/Combative Person
Code Orange	Hazardous Material Spill
Code Silver	Armed Assailant/Hostage
Code Brown	Missing Adult Patient
Code Adam	Missing Infant or Child
Code Purple	STAT Surgery
Code Green	Rapid Response Team

**Medical Assistance:** Someone in a non-patient care area needing medical attention

**During any code remain where you are and continue with duties until instructed otherwise by hospital personnel.**



## Use of Phone/Pagers

- To call a number outside the Hospital—dial 9, then the number you are calling
- To call the Hospital operator—dial 0
- To reach an outside operator—dial 9 then 0
- To call a department within the Hospital—utilize the Hospital Telephone Directory
- To place a call on hold—press the HOLD button; to retrieve the call press the extension button
- To page an employee or physician—press the “Sys Speed” button then dial the pager number. System speed numbers can be found in the Hospital Telephone Directory
- When answering the phone, remember to tell the caller your name, title, unit or dept. and ask how you may help them

## Hazard Communication

Hazard Communication is a way for you to get information about the chemical hazards you may encounter in your workplace. You can access and review Union Hospital’s written Hazard Communications Program on U-Connect (in Hospital Plans manual under Policy & Procedures tab).

Labeling is an important part of Hazard Communication. If a chemical is in an unlabeled container or even a mislabeled one, it can become a big safety hazard to you and every one in your area. Many chemicals interact with others and can create a dangerous situation (example: the vapors produced by mixing bleach and ammonia). OSHA requires specific information to be placed on the label. The best and easiest way to comply is to simply use the label provided by the chemical manufacturer. NEVER transfer a chemical into another container without ensuring it is appropriately labeled and everyone in the work area understands what is in it. The name of the chemical on the label must be linked to an MSDS.

The Material Safety Data Sheet (MSDS) is a document provided by the manufacturer or distributor of a chemical. The sheet follows a standard format—headings include things such as physical data (boiling point, appearance and odor, etc.), health hazard data, reactivity data (what chemicals it may interact with and what happens), first aid information and spill or leak procedures. This sheet is very valuable in an emergency spill! Take the time before an emergency to locate the MSDS for a hazardous chemical in your area and review the information. Such exercises will improve your ability to respond safely during a crisis.

MSDS’s are available online. You can access this site from the Hospital intranet.

Effective June 1, 2015 all hazardous chemicals will be identified using Hazard Communication Standard Pictograms. These labels will provide a quick visual to the user and alert them to the hazardous chemical’s dangers. Safety Data Sheets (SDSs) must also accompany the chemical to provide more complete information regarding the chemical and its hazards. The label requirements for a hazardous chemical include the following:

- Name, Address and Telephone Number of the chemical manufacturer or party responsible for the chemical.
- Product Identifier which includes the chemical name, code number or batch number.
- Signal Words which identify the severity of the chemical’s hazard. The word “danger” is used for more severe hazards while the word “warning” is used for less severe hazards.
- Hazard Statements describe the nature of the hazard when the chemical is used as well as the degree of hazard. An example is

## Hazard Communications cont'd

“Causes damage to the kidneys through prolonged or repeated exposure when absorbed through the skin.”

- **Precautionary Statements** outline the actions that must be taken to minimize or prevent adverse effects from an exposure to a hazardous chemical. The four types of precautionary statements include prevention, response, storage and disposal.
- **Pictograms(s)** are graphic symbols that relate the specific information on the hazards of the chemical. Pictograms are a red square frame set at a point with a black hazard symbol on a white background, sufficiently wide to be clearly visible. Although the Globally Harmonized System of Classification and Labeling of Chemicals (GHS) uses nine (9) pictograms, OSHA only requires eight (8). The environmental pictogram is not mandatory but can provide additional information as needed.

The OSHA pictograms do not replace the diamond-shaped labels that the US Department of Transportation requires for chemical drums, chemical totes, tanks or other containers carrying chemicals.

The pictograms labels are to be maintained on every hazardous chemical container and are to be legible and not defaced. Any label that is defaced or illegible must be replaced with a new label. Workplace labeling of hazardous chemicals give employers the option of creating their own workplace label including all of the information from the chemical manufacturer or, the product identifier and words, pictures, symbols or a combination to inform employees of the hazards of the chemical.

Some examples of the pictograms required by GHS

<p><b>Health Hazard</b></p>  <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>	<p><b>Flame</b></p>  <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>	<p><b>Exclamation Mark</b></p>  <ul style="list-style-type: none"> <li>• Irritant (skin and eye)</li> <li>• Skin Sensitizer</li> <li>• Acute Toxicity (harmful)</li> <li>• Narcotic Effects</li> <li>• Respiratory Tract Irritant</li> <li>• Hazardous to Ozone Layer (Non Mandatory)</li> </ul>
<p><b>Gas Cylinder</b></p>  <ul style="list-style-type: none"> <li>• Gases under Pressure</li> </ul>	<p><b>Corrosion</b></p>  <ul style="list-style-type: none"> <li>• Skin Corrosion/ burns</li> <li>• Eye Damage</li> <li>• Corrosive to Metals</li> </ul>	<p><b>Exploding Bomb</b></p>  <ul style="list-style-type: none"> <li>• Explosives</li> <li>• Self-Reactives</li> <li>• Organic Peroxides</li> </ul>
<p><b>Flame over Circle</b></p>  <ul style="list-style-type: none"> <li>• Oxidizers</li> </ul>	<p><b>Environment</b> *(Non Mandatory)</p>  <ul style="list-style-type: none"> <li>• Aquatic Toxicity</li> </ul>	<p><b>Skull and Crossbones</b></p>  <ul style="list-style-type: none"> <li>• Acute Toxicity (fatal or toxic)</li> </ul>

## *Hazard Communications cont'd*

Healthcare workers in areas using hazardous chemicals are educated by their Department Director /Supervisor about these chemicals, how to protect themselves when using them and how to clean up a spill by following established procedures developed by Union Hospital.

### Detecting Chemical Spills

Do you even know how to detect a spill? Not every chemical has an odor...know the chemicals in your area and be able to explain how you would identify an accidental release. Ask your supervisor if you are unsure.

So, what can I do to keep myself safe?

Safety Tips:

- ◇ Know your hazards (do you work with chemicals that are carcinogenic or cancer-causing?)
- ◇ Follow safe work practices such as using the chemical for its intended purpose
- ◇ Check reactivity guides
- ◇ Follow safe storage guidelines for the specific chemical
- ◇ Use the appropriate personal protective equipment (PPE) and
- ◇ Know and follow the emergency procedures for accidental spills

Please contact your supervisor/instructor if you are unsure about health hazards, spill responses and other information on the chemicals in your work area.

## ***INFORMATION SYSTEMS (IS): Computer Access, Confidentiality and Security***

Healthcare workers who will have access to the Hospital's computer systems are required to sign the Information Systems Computer Access/Confidentiality/Security form. By signing this form, you acknowledge understanding of the confidentiality and security regulations pertaining to usage of these computer systems. Completed forms are kept on file indefinitely.

Access/Confidentiality/Security form also includes the following guidelines related to usage of the hospital's computer systems:

- ⇒ User shall not disclose login, ID's, usernames, passwords, or other access codes used to access patient information
- ⇒ Confidential information is accessed/used only as needed to perform duties of job
- ⇒ Report to supervisor/instructor activities by any individual or entity that you suspect may have compromised confidential information
  - *Reports made in good faith about suspicious activities will be held in strictest confidence to the extent that is permitted by law, including the name of the individual reporting activities*

Union Hospital requires password deployment on networks, applications, and other computer related systems for security purposes. Passwords SHOULD NOT be shared and/or posted in locations that others can access.



*Confidentiality of patient information is the responsibility of the user and should be protected in accordance with policy and procedures.*

## Workplace Harassment

It is the policy of Union Hospital that it will provide an environment free of discrimination, and free of any form of harassment, based on race, color, religion, age, gender, pregnancy, national origin, disability, or other protected status. Any offensive physical, written or spoken conduct, including conduct of a sexual nature, is prohibited in any location of the Hospital. It is a violation of this policy (as well as many state and federal laws) for any employee, supervisor, or manager, male or female, to engage in the acts or behavior which may provide for a hostile or harassing workplace environment.

The Hospital recognizes the following as types of harassment.....

**Discrimination** – It is a violation of Hospital policy to discriminate in the provision of employment opportunities, benefits, or privileges, to create discriminatory work conditions, or to use discriminatory evaluative standards in employment if the basis of the discriminatory treatment is the person’s race, color, national origin, age, religion, disability status, gender, sexual orientation, or marital status.

**Harassment** – The definition of harassment is: verbal or physical conduct designed to threaten, intimidate or coerce. Also, verbal taunting (including racial and ethnic slurs) which impairs his or her ability to perform his or her job.

Examples of harassment are:

Verbal: Comments which are not flattering regarding a person’s nationality, origin, race, color, religion, gender, age, body disability, or appearance, epithets, slurs, or negative stereotyping.

Nonverbal: Distribution, display or discussion of any written or graphic material that ridicules, denigrates, insults, belittles, or show hostility or aversion toward an individual, or group because of national origin, race, color, religion, age, gender, pregnancy, appearance, disability or other protected status.

Hospital policy prohibits harassment of any kind, and the Hospital will take appropriate action swiftly to address any violations.

**Sexual Harassment** – According to the Equal Employment Opportunity Commission, sexual harassment is defined as “unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature...when...submission to or rejection of such conduct is used as the basis for employment decisions...or such conduct has the purpose or effect of ...creating an intimidating, hostile, or offensive working environment.

Examples of conduct that may constitute sexual harassment are:

Verbal: Sexual innuendoes, suggestive comments, jokes of a sexual nature, sexual propositions, lewd remarks, threats. Requests for any type of sexual favor (including repeated, unwelcome requests for dates). Verbal abuse or “kidding” which is oriented towards a prohibitive form of harassment, including that which is sex oriented and considered unwelcome.

Nonverbal: The distribution, display, or discussion of any written or graphic material, including calendars, posters, and cartoons that are sexually suggestive, or shows hostility toward an individual or group because of sex. Suggestive or insulting sounds, leering, staring, whistling, obscene gestures, content in letters and notes, FAX, e-mail, that is sexual in nature.

Physical: Unwelcome, unwanted physical contact, including but not limited to touching, tickling, pinching, patting, brushing up against, hugging, cornering, kissing, fondling, forced sexual intercourse or assault.

**If you believe that the actions or words of an employee or guest constitute unwelcome harassment...**

Report your concerns as soon as possible to the appropriate supervisor or to the Vice President of Human Resources if the complaint involves the supervisor.

All complaints of harassment must be investigated in a timely, impartial and confidential manner.

Intimidation, coercion, threats, retaliation or discrimination against anyone for complaining about harassment or assisting in an investigation is prohibited.

See HR P/P III H for complete details



## Patient Rights and Responsibility



**Did you know that patients have the right to deny or withdraw visitors at any time? Hospital policy V10 “Visitors and Visiting Hours” is in place to facilitate appropriate visitation without discrimination based on race or/and ethnicity, religion, sexual orientation or handicap, while assuring the safety of our patients and staff. It also serves as a means of providing a quiet, restful, healing environment. Patients can refuse visitors and/or ask them to leave. Read on to learn more about patient rights and responsibilities.**

Hospital policy states that patients will be treated in a courteous, friendly, considerate manner that ensures dignity and respect for each individual's rights. See below for a review of patient rights and responsibilities.

### Patient Rights

Patients are provided access to care available or medically indicated, regardless of age, race, national origin, religion, culture, language, sex, gender, socioeconomic status and physical/mental disability. In addition, patients also have the right to:

- a safe and secure environment
- protected services
- care that's free from abuse, neglect, and exploitation
- be free from restraints and seclusion that are used for coercion, discipline, convenience, or retaliation
- have their pain assessed and appropriately managed
- informed consent
- formulate advance directives
- pastoral/spiritual care
- have their own physician and family members notified of admission to hospital

- actively participate in decisions about care, treatment and services
- refuse treatment and not prolong the dying process
- be involved in resolving dilemmas about care decisions
- be informed of the process of reviewing or resolving patient complaints
- expect all care and communication and records pertaining to that care be treated as private and confidential
- access information in his/her clinical record
- receive appropriate information about Hospital staff responsible for their care, treatment and services

Patients (and when appropriate, family or legal representatives) have the right to be informed of their health status, outcomes of care, treatment, and services, including unanticipated outcomes. Each patient also has the right to effective communication including hearing, speech impaired, or non-English speaking patients. (For more information about providing effective communication, refer to Hospital policy C15, Communication.)

Patients requested to participate in a research project will be provided with a description of the expected benefits, potential discomforts and risks, as well as alternative services that may prove advantageous to them. Patients may refuse to participate in a research project. Refusal to participate in such will not compromise their access to services.

### Patient Responsibilities

The patient, family and legal representative are responsible for:

- ⇒ being considerate of the rights of other patients and hospital personnel
- ⇒ assisting in the control of noise, and number of visitors

In addition, the patient is also responsible for being respectful of the property of others and of the Hospital.

Below is a list of some patient responsibilities

- provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to current health
- report unexpected changes in condition to the responsible practitioner
- communicate understanding
- participate in planning and directing care
- following recommended treatment plan
- keeping appointments and, when unable to do so, notify practitioner or Hospital

In conclusion, remember that all patients have the right to considerate, respectful care that contributes to a positive self-image with recognition of personal dignity and privacy. A copy of patient's rights and responsibilities is provided upon admission to Union Hospital and is posted in all outpatient departments. (Refer to Hospital P/P P4 for more detailed information.)

## Advance Directives...End of Life Choices



Today, advances in medicine and medical technology save many lives that only 60 years ago might have been lost. Unfortunately, this same technology may also artificially prolong life for people who have no reasonable hope of recovery.

In 1991, the state of Ohio recognized a person's right to have a Living Will as well as a Health Care Power of Attorney. In 1998, Ohio recognized another tool to help them with effective health care planning called a DNR (Do Not Resuscitate) Order.

### What is a Living Will?

A **Living Will** is a written document that allows you to specify, in advance, the type of medical care you wish to receive if you were to:

- become permanently unconscious or;
- become terminally ill and unable to tell your physician or family what kind of life-sustaining treatments you want to receive

Ohio law requires that any Living Will created after 12/15/04 include a person's preferences about anatomical gifts. This is an advance directive choice for anyone who wishes to donate organs and/or tissues after death. By making this decision known with family ahead of time, the person's wishes may be carried out immediately and relieves loved ones of the burden of making this decision.

### What is a Health Care Power of Attorney?

A **Health Care Power of Attorney** is a written document that allows you to name a person to act on your behalf to make health care decisions for you if you become unable to make them yourself. The person named in this document becomes an "attorney-in-fact". Your "attorney-in-fact" has the power to authorize and refuse medical treatment for you. This differs from the Living Will because the attorney-in-fact is authorized to make medical decisions in any situation where the person is unable to communicate their own wishes. It is not limited to the event of becoming permanently unconscious or terminally ill and unable to communicate.

### What is Ohio's DNR Law?

**Ohio's Do-Not-Resuscitate Program** – allows a person the option of not being resuscitated in the event of a cardiac or respiratory arrest. By enrolling in this program, a person has a choice to die without heroic measures, and health care providers are provided with legal means to respect those wishes. It is necessary to be enrolled in this program by a physician and have acceptable forms of DNR identification which could include a completed DNR Comfort Care Order form, a DNRCC wallet card, necklace or bracelet bearing the DNRCC official logo. There are 2 DNR options patients can choose from. They are:

1. **DNR Comfort Care (DNRCC)** – this patient **does not** want to be placed on a ventilator or monitor. They **do not** want CPR or life-saving medications. They will be provided with comfort medications and services only.
2. **DNR Comfort Care-Arrest (DNRCC-Arrest)** – this patient wants all care up to the time they experience a cardiac or respiratory arrest. They can be intubated if it becomes necessary **BEFORE** the arrest. The DNRCC-Arrest protocol is activated only when the patient experiences a cardiac or a respiratory arrest. After that time they wish to receive only comfort medications and services.

Per policy, If a patient has a valid Living Will or Durable Power of Attorney for Healthcare, Union Hospital will comply according to Ohio law and the patient's wishes concerning future medical treatment will be honored. Union Hospital respects the right of every competent adult patient to make an informed decision to accept or refuse medical/surgical treatment. Union Hospital does not require patients to have an Advance Directive and the lack of an Advance Directive will not hamper access to care.

All competent adult patients will be questioned at the time of admission and or registration to Union Hospital or Union Hospital Home Health program, whether or not they have an Advance Directive and/or whether or not they want further information regarding such Advance Directives. Patients who do not have an Advance Directive will be informed of their right to make an Advance Directive. Union Hospital will provide Living Will and Healthcare Power of Attorney forms for patients requesting such document(s).

For more information refer to P/P A6.

## *Service Excellence: Connecting the Dots of Customer Service*

Service Excellence is “customer service” at its best. It is demonstrating support of our ICARE Standards of Behavior on a daily basis. It is using AIDET & Key Words at Key Times (KWKT). It is a result of a team effort from ALL staff aimed at providing the customer with what they need when they need it.

Let’s explore the journey towards service excellence...

At the starting point of the journey we have our ICARE Standards of Behavior. When Union Hospital published these standards, the organization was saying “This is what we are all about...this is what we stand for.” You are expected to act in a manner consistent with them. This means it is up to you to make sure our ICARE Standards of behavior are not just words on a poster—you must own them and practice them. Below is a summary statement for each standard:

**Integrity means I will behave in an honest, responsible and ethical manner at all times.**

**Caring means I will exhibit kindness and compassion in each and every interaction.**

**Accountability means I will take ownership of my performance, interactions, decisions and appearance.**

**Respect means I will treat everyone with the utmost regard and courtesy.**

**Excellence means I will strive to exceed customer expectations.**

Anything a customer can see, hear, touch, smell, feel or even sense, affects their perception of care and satisfaction. Whether it is with a co-worker, physician, patient, family member or volunteer, remember that your facial expressions, written words,

phone manners, and the way you communicate and anticipate your customer’s needs are all part of how you deliver service excellence. Everyone is our customer!

Here are some examples of how you can demonstrate ICARE:

### **Face to face**

- \* Smile and greet customers by name
- \* Follow Dress & Appearance policy
- \* Watch your body language
- \* Use appropriate eye contact and give your customer your full attention
- \* Pay attention to what you say and how you say it
- \* Assure customers of your knowledge and ability to be trusted
- \* Be a good listener
- \* Don’t be afraid to say “I’m sorry” when appropriate or seek helpful resources to solve a problem before things get too intense
- \* Show gratitude by saying “please”, “thank-you”, “you’re welcome” and “I have the time”

### **Telephone**

- \* Try to answer calls by third ring
- \* Greet every phone call in a professional manner with your name, title, location
- \* Ask how you may help them
- \* Listen attentively
- \* Smile—yes, customers can “hear” a smile over the phone
- \* Avoid using “hold”—if customer must be put on hold, explain reason and give estimated length of hold

### **Voice Mail**

- \* Keep message short and simple
- \* Reply as soon as possible

### **E-mail**

- \* Use subject line so receiver knows what message is about
- \* Keep it short and to the point—summarize long discussions

- \* Don’t use it to avoid face-to-face meeting
- \* Use sentence case—USING ALL CAPTIAL LETTERS LOOKS AS IF YOU ARE SHOUTING
- \* Keep in mind that your tone can’t be heard

Remember, no matter how great our reputation for clinical care, our words and actions form our patient’s, employees’ and other customer’s perceptions of our quality and that becomes reality! Below are just a few more examples how you show that you follow ICARE:

- √ Make honesty a priority
- √ Keep conversations professional at all times by never gossiping or using offensive language
- √ Help maintain a quiet, calming and professional environment, especially at night
- √ Escort anyone who is lost or find someone who can assist
- √ Understand that no one is an interruption, rather our reason for being at Union Hospital
- √ Complete mandatory education promptly
- √ Welcome constructive feedback and refrain from making excuses or blaming
- √ Speak respectfully and positively of leadership, peers and physicians
- √ Treat everyone fairly regardless of race, gender, income level, religion or age
- √ Work collaboratively with a positive attitude
- √ Seek to continually improve work skills and knowledge

As we continue the journey to service excellence, two important hospital wide initiatives play a critical role. These initiatives are AIDET and KWKT. Please read on for a review of what each is and how to use them.

# Building a Culture of Service Excellence at UH Using AIDET



**AIDET**...is a word used to describe a powerful way to communicate with our customers. It is a framework for customer communication and includes five behaviors to use in every encounter to anticipate, meet, and exceed the expectations of the customer and reduce anxiety of the patient.

**Acknowledge    Introduce    Duration    Explanation    Thank You**  
 \*\*\*\*\*

**Example How to use AIDET:**

1. Acknowledge your customer by making eye contact, smiling and calling them by name.
2. Introduce yourself and/or others. Use “managing up” to take the “I” (introduction) to the next level. This form of communication aligns your skills and those of your co-workers, other departments and physicians to the goals of our organization. Managing up is positioning others or yourself in a positive light. You can put the customer at ease by telling them your job title, years of experience, certification or licensure, and special training you have completed or the number of procedures you have completed.
  - ◇ “Good morning Mrs. Jones. My name is Mary. I am a Radiology Tech here and will be overseeing your chest x-ray today. I have been a Radiology Tech for 20 years and go back for re-certification and training every year. I have performed thousands of chest x-rays a year. My goal is for you to be very satisfied with your care...”
  - ◇ “Hello Mrs. Jones. My shift is getting ready to end so I will be going home to my family now. Susie is taking my place. She is a wonderful person and very qualified to care for you. I have worked with her the past six years and hear nice compliments from her patients...”
3. Duration (timeframe, waiting period) of testing/procedure and expected timeframe for results of a test communicated.
4. Explanation of what you will be doing and why provided to your customer. Include instructions, what they should expect and any plans for the future.
5. Thank you is final step. Let your customer know you have enjoyed working with them. Thank them for choosing our hospital.

\*\*\*\*\*

**What are the benefits of using AIDET?**

- Reduced patient anxiety
- Increased patient compliance
- Improved clinical outcomes



Reference: Studer Group Participant Guide 2005

**330-602-0711**

**The important thing to remember**...if you are uncomfortable with a behavior, activity or business activity that you are asked to participate in, ask about it from a compliance point of view or contact your Corporate Compliance Officer, Darwin Smith, VP of Human Resources.

## *Building a Culture of Service Excellence at UH using Key Words at Key Times (KWKT)*



**Key Words at Key Times...**are things said and done to “connect the dots” and help customers better understand what we are doing. They align our words with our actions to give a consistent message.

### **What are the benefits of using KWKT?**

Using key words at key times not only provides a consistent experience to customers, builds relationships and helps customers better understand their care, this effective means of communication also results in:

- Increased customer satisfaction
- Increased employee satisfaction and ownership
- Increased physician satisfaction
- Improved staff productivity



**When talking with customers it is important to refrain from using negatives such as:** “can’t”, “but”, “not our policy”, “we’re short staffed”, “I can’t believe they kept you waiting that long”



**Use phrases such as:** “Thank you so much for telling me”, “I apologize for the inconvenience”, “I promise I’ll do my best to resolve the situation as soon as possible”, “I can help you better if...”

### **EXAMPLES OF KWKT:**

1. “Can I do anything else for you while I’m here? I have the time.”
2. “Let me explain the reason why we...”
3. “I’m closing the curtain for your privacy.”
4. “We are committed to managing your pain, how are you feeling?”
5. “This is your plan of care for today. Do you have any questions or concerns? I want to be sure you are included in your plan/treatments.” “Mr./Mrs./Ms.....I see that you are being transferred to the ...unit. You will be taken care of well. This unit has a great team to assist in your recovery.”

While the words used are very important, the actions accompanying them are just as significant. Positive body language, maintaining eye contact, smiling, and giving customers your full attention is necessary. Your attitude and the nature of your voice when speaking key words at key times are critical!

So, in conclusion, if everyone puts all the steps together (ICARE, AIDET and KWKT), we are well on the way to Service Excellence! When staff work together to serve the customer and each other, EVERYONE wins!

*Use of effective communication that includes key words at key times is a powerful tool and has the potential to turn complaints into compliments!*



## Keep It Confidential!

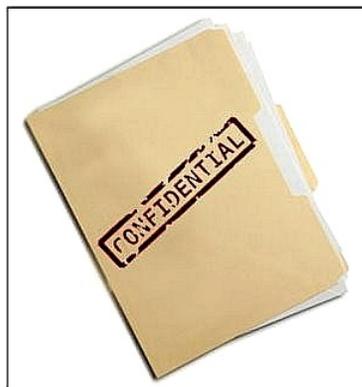
“CONFIDENTIALITY: Union Hospital requires its Board of Trustees, all staff members, and others involved with direct patient care (students, etc.) to complete a confidentiality statement annually which defines the expectation that all information is considered confidential with regard to patients, their family, their physician, and/or the hospital. As a condition of employment, personnel are cautioned not to discuss any such information with others. Casual comments with fellow coworkers in the hallways, lobby/waiting areas, or cafeteria may be overheard and violate the trust others have placed in our personnel. In addition, one’s personal life and problems should not be discussed with patients, their visitors or the medical staff. Personnel are asked to conduct themselves with professional poise and dignity.”

Per “UNION HOSPITAL POLICY CONFIDENTIALITY CODE OF ETHICS ON RELEASE OF PATIENT, HOSPITAL AND EMPLOYEE INFORMATION” form:

**GENERAL:** The medical profession has a strict code of ethics with regard to patient information. As an employee or volunteer in the health care industry, you are responsible for adhering to this code. Moreover, all patient, hospital and employee records and information are considered extremely confidential. The communication and release of this sensitive material and information must be closely guarded. NO ONE is to read or discuss patient, hospital or employee records and information except as required by their job content and only then when there is a legitimate reason for communication. This subject includes each individual’s right to privacy in all its aspects. There are several legal implications.

**WE MUST NOT CONFUSE THE DESIRE TO KNOW AND SHARE INFORMATION WITH THE LEGITIMATE NEED TO KNOW - REGARDLESS OF HOW WELL-INTENTIONED!** Remember, you may be held legally responsible for what you communicate.

**PATIENT INFORMATION:** There are definite rules regarding the release of patient information. Except as required by job content and legitimate business related reasons, the signed permission of the patient must be obtained before patient information can be released. No information should be given over the telephone, except as normally required by job content and established departmental policies and procedures; if you are in doubt, refer requests to your supervisor or department head.





# Medical Staff Orientation to Union Hospital Certification of Completion

*I certify that I have read and understand the information presented in this orientation packet. If I have questions regarding any information, I am to contact the Medical Staff Office for further clarification.*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



UNION HOSPITAL POLICY

CONFIDENTIALITY CODE OF ETHICS ON RELEASE OF PATIENT,  
HOSPITAL AND EMPLOYEE INFORMATION

Effective Date: April 1991

**GENERAL**

The medical profession has a strict code of ethics with regard to patient information. As an employee or volunteer in the health care industry, you are responsible for adhering to this code. Moreover, all patient, hospital and employee records and information are considered extremely confidential. The communication and release of this sensitive material and information must be closely guarded. NO ONE is to read or discuss patient, hospital or employee records and information except as required by their job content and only then when there is a legitimate business related reason for communication. This subject includes each individual's right to privacy in all its facets. There are several legal implications.

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It is not always prudent for a patient to see his/her results or medical records without appropriate medical interpretation. Accordingly, if a patient (including staff members and volunteers) requests to review his/her results or records in the course of receiving care, politely advise him/her to direct the request to the attending physician. Moreover, if a patient's relative (other than a legal guardian or parent of a minor) requests to see the patient's records, it is then required that the patient provide a signed authorization to the hospital. This latter requirement would also apply to any relationship between staff member or volunteer and patient.

**CORRECTIVE ACTION**

We are entrusted with the confidential information and records of thousands of patients and staff of the hospital. The betrayal of this trust will be regarded as a breach of confidence and/or privacy and may constitute grounds for disciplinary action up to and including discharge.

All employees and volunteers of the hospital are retained only upon the assurance that they understand and practice the ethics set forth herein.

**ACKNOWLEDGMENT**

This is to acknowledge that I have read Union Hospital's Code of Ethics on the release of confidential information and understand its content.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_