Orientation to Cleveland Clinic Union Hospital
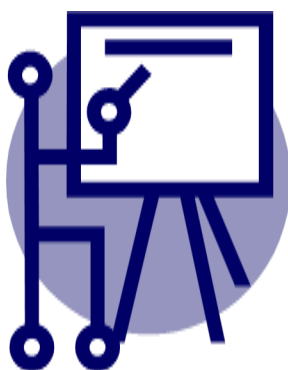
To complete this orientation program:

- Read all information
- Print and complete the following forms
    1. Post-test—page 44
    2. Certification of completion— page 45
    3. Confidentiality statement—page 46
- Return all forms to your Instructor/Educational Services

Hospital Mission Statement

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

If you have questions or concerns about any information included in this packet, please contact M. Crites, BSN, RN at 330.343.3311 ext. 2517 or email megc@unionhospital.org

HIPAA

No matter what department you work in, it is very important to understand what privacy and confidentiality mean. Whenever those two words are mentioned, many healthcare workers think of "HIPAA". The Health Insurance Portability & Accountability Act (HIPAA) is a law that deals with many issues. HIPAA's main focus is on patient privacy and confidentiality. According to this law, it is illegal to release health information to inappropriate parties and/or fail to adequately protect health information from being released.

HIPAA Rules/Standards:

- Gives patients the right to have their information kept private and secure
- Gives patients the right to access their medical records and to know who else has accessed them
- Restricts most releases of health information to the minimum necessary for intended reason
- Establishes criminal and civil sanctions for improper use/ disclosure and new requirements for accessing records by researchers and others

The HIPAA Privacy Rule provides federal protections for individually identifiable health information held by covered entities (health plans, healthcare clearinghouses and provider organizations such as hospitals, nursing homes, and home health care agencies) and their business associates and gives patients some rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of health information *needed for patient care and other important purposes*.

Keeping Patient Information Private and Confidential

When patients come to our Hospital, they expect privacy and trust that only people involved in their healthcare see their confidential patient information (referred to as "protected health information" or PHI). Some examples of protected health information include: patient identity, Social Security number, address, age, personal information they are asked to provide, reason for hospitalization, treatments, medications, and past health conditions.

Patients have a right to know how healthcare providers use and disclose their information. To comply with HIPAA rules and regulations, we post privacy notices throughout the Hospital and provide a copy of the privacy notice to patients.

When a patient is admitted to the Hospital, he or she is asked if they would like to be listed in the Hospital Directory (also known as our Facility Directory). If a patient opts out and wishes to be anonymous, all phone calls and requests about that patient must be answered with something to the effect of "I'm sorry, but I don't have any information on a patient by that name." You MUST check the Directory each time someone requests information on a patient because a patient has a right to 'opt-out' at any time during their hospital stay.

All members of the workforce contribute to the quality of care provided for our patients. However, that does not mean that every employee has the *need to know* health information about patients. Accordingly, *need to know* is a very important phrase to remember! If you do have the *need to know* certain confidential patient information, ONLY share it with other healthcare team members who have the *need to know*. Remember, if a patient speaks to you about their condition or illness while you are at work doing your job, they trust you to keep that information

confidential—do not pass it on to others. In the case that you <u>do not</u> have a need to know patient information to do your job, you will not have access to it and you should not be looking at medical records, on paper or in the computer!

According to policy, the following types of uses, disclosures, or requests are not subject to the minimum necessary requirements:

- Disclosures or requests to a health care provider for treatment;
- Uses to prepare information for and disclosures made to a patient or a patient's representative;
- Uses, requests, or disclosures made pursuant to an authorization signed by a patient or a patient's representative;
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services for compliance and enforcement of the privacy regulations
- Uses to prepare information for and disclosures that are required by law.

In order to share protected health information with a patient's family, friends, or others involved in the patient's care, it is necessary to obtain permission from the patient. According to policy, the patient's approval of this practice must be obtained unless one of the exceptions below applies.

1. Patient is present, otherwise available, prior to a disclosure of information, and is capable of making decisions.

√ Obtain the patient's agreement; or

√ Provide the patient with the opportunity to object to the disclosure; or

√ Reasonably infer from the circumstances that the patient does not object to the disclosure. (Such as when a patient asks to have their spouse or a friend present in the examination room.)

2. Patient is not present, or is deceased,

HIPAA cont'd

or the opportunity to agree or object to a use or disclosure cannot practically be provided due to the patient's incapacity or emergency circumstance.

The **Security Rule** specifies a series of administrative, physical, and technical safeguards for covered entities and their business associates to use to assure the confidentiality, integrity, and availability of electronic protected health information. There are extensive security protections in place to comply with the HIPAA Security Rule. For example, policy HIPAA 12 "Information Systems Facility/Access Control" states there are physical controls in place to safeguard the facility's computer hardware and software from theft, tampering or unauthorized physical access. Another example of security protection is the required use of unique user ID and passwords so computer systems track activity back to users.

Some HIPPA Do's and Don'ts:

DO
- keep computer screens from public view
- log off the computer when leaving the computer area or when not in use
- only give PHI that is needed for your job
- shred written patient information for disposal
- use correct tone of voice when giving confidential information to a patient in a semi-private room
- close doors for patient privacy
- keep posted/written patient information in work areas away and covered from public view

DON'T
- share PHI you aren't authorized to disclose or with people who don't have the *need to know*
- leave patient medical records unattended or where others can see them
- talk about patients in hallways, elevators, cafeteria, or at home
- leave passwords written down and unsecured
- give visitors a patient's location without checking the facility patient directory first
- share information you overheard or see with anyone that does not need to know the information to do his/her job
- share patient information over the room intercom or paging system
- share your computer passwords with anyone else

 In summary…one of your jobs is to help provide privacy for patients as they receive care and to protect the confidential patient information they provide to their caregivers. Remember, you should NOT seek out information about patients unless it is job-related. If you do see or hear patient information while doing your job, that information is confidential and you are NOT to repeat it or share it with others—even when you no longer provide care at this organization. Breaking HIPAA's privacy/security rules can mean either a civil or criminal penalty which could be costly to you and/or the Hospital

HIPAA questions and concerns can be referred to the Hospital's Privacy Officer : Gene Thorn, Vice President of Finance.

Online Variance (Incident) Reporting

Incident reporting can be done on the computer.

A variance is:

- Any occurrence that is unusual or not consistent with the routine care of a patient

- An event that causes, or has the potential to cause injury to a person or damage to property

A variance might involve a patient, hospital staff, a visitor or a volunteer. Anyone who is involved, observes or discovers a variance is responsible for initiating a variance report prior to the end of his/her scheduled shift. Variance report forms are located on the desktop of all computers through an icon labeled "Midas Live Risk Entry". Notify your supervisor/instructor immediately of any variance occurrence in order to receive assistance in using the Midas reporting system.

We are a Safe Haven!

Newborn safe haven laws were written to prevent the tragedy of birth parents abandoning a newborn in the trash or other unsafe location. If a birth parent voluntarily delivers an infant not more than 30 days old to a hospital or other safe haven (such as a fire department), they are immune from prosecution for child abandonment or endangerment under Ohio law.

Cleveland Clinic Union Hospital will provide a safe, accepting place for infants delivered to the hospital by a parent who has no intent to return for the child. The child will receive care until appropriate custody and foster placement can be arranged through the appropriate county of residence children's services. The Emergency Department is recognized as our Emergency Safe Care Haven.

The following are the steps are to be taken if a parent voluntarily delivers an infant to an employee without expressing intent to return for the child:

1. Take possession of the infant

2. Do not question the individual leaving the infant regarding intent or identity.

3. Do not pursue the person leaving the infant unless the infant appears to have suffered physical or mental harm or appears to have been abused or neglected.

4. When possible, encourage the individual to complete the "Voluntary Medical History" form and provide them with the "Safe Haven for Newborn Babies" information sheet (all available at the Information Desk in the Main Lobby). Please note that the individual may refuse to complete the form or accept information on the Safe Haven program.

5. Contact the Emergency Department charge nurse to arrange for the infant to be taken to the Emergency Safe Haven.

If an infant is found anywhere on Hospital property, take possession of the infant and contact the Emergency Department charge nurse to arrange for the infant to be taken to the Emergency Care Safe Haven as well as security who will notify Dover Police Department.

Take note...**ALL** details of the situation must be held in strictest confidence. Media requests are to be directed to the Director of Community Relations as available, or a member of nursing management.

Patient Education Resources

TeleHealth—a closed circuit television system is available to provide health information to our patients at anytime of the day or night. To access TeleHealth follow the step by step instructions found in every patient room.

In-Room Symphony—found on channel 84, provides restful, relaxing music and beautiful nature scenes anytime of the day. Patients find the this channel to be a helpful aid when trying to sleep, as an adjunct therapy for pain relief or when needing a change of pace from usual television programming.

Micromedex—can provide electronic and printed information from a number of databases not only for the healthcare provider but for the patient as well. If you find you need a resource for drug or disease information or need a teaching handout for your patient, contact a nurse or Educational Services for assistance in using the Micromedex program.

Form Fast - contains specific patient education materials like "Living with MRSA"
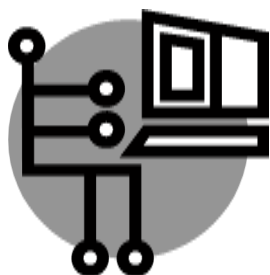
Micromedex can be found on most computers in the nursing stations.

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

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- 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

What is Lockout/Tagout?

"Lockout/tagout is a safety procedure used to ensure that dangerous machines or equipment are properly shut off and not started up again prior to the completion of maintenance or servicing work". (Wikipedia)

The Occupational Safety and Health Administration (OSHA) – as part of their mission – have issued lockout/tag out standards which help safeguard employees from hazardous energy (includes electrical, mechanical, pneumatic, thermal, chemical, and hydraulic sources) while they are performing service or maintenance on machines and equipment. The standards identify the practices and procedures necessary to shut down and lockout or tagout machines and equipment, requires that employees receive training in their role in the lockout/tagout program and mandates that periodic inspections be conducted to maintain or enhance the energy control program.

While employees of the Hospital's Facilities Department follow established lockout/tagout procedures to disable machines or equipment, *everyone* must be knowledgeable of the fact that if a lock or tag is found attached to equipment or machinery, it is **NOT** to be used. Only the person who locked or tagged the equipment/machinery can re-energize the device and remove the lock or tag.

Examples of lockout and tagout devices used by our Hospital are pictured at right….
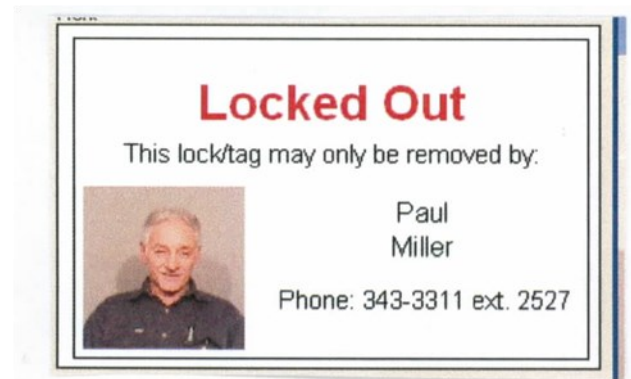
- Do not use equipment or machinery with affixed locks or tags!!

What if you become ill or injured?

If you should become ill or injured while at Cleveland Clinic Union Hospital, inform your instructor/employer immediately so that you can receive   follow-up care/treatment according to your school/employer's policy. In addition, if you have been injured, contact the nursing shift supervisor (dial "0" and ask the switchboard operator to have the supervisor paged for your extension) for assistance in completing an incident report. If the injury involves a needle stick or other exposure to blood or body fluids, be sure to provide first aid to the site immediately (wash punctures thoroughly with soap and running water; if exposure involves a splash to eyes, nose or mouth, flush the area well using running water).

If a patient or visitor should approach you about an unusual event, however minor it may appear, be sure to report this immediately to your instructor and /or staff person so documentation of the event can be completed on a variance report.

Exposure to Hazardous Materials: inform your supervisor/instructor immediately for further directions.

Dress Code

In order to project a positive business like and professional image, everyone working at UH must present a neat, clean and well-groomed appearance. Some items prohibited by the dress code include:

- Open toed shoes/sandals
- Bare legs
- Denim attire of any color
- Gaudy or excessive jewelry
- Visible body piercing or tattoos
- Dark or brightly colored nail polish
- Strong smelling perfume, cologne or after-shave
- Artificial nails (if working in patient care areas) or finger nails longer that 1/4 inch from finger tips
- Unconventional haircuts or hair colors

Preventing Patient Falls

All patients (both outpatient and inpatient) are evaluated at the time of initial contact and on an ongoing basis in order to identify existing or potential risk for falls. Patients who are identified as fall risks will have a yellow fall risk band applied to their wrist.
See Hospital Policy F1 for additional details regarding fall reduction and prevention.

Wristband colors standardized in Ohio by the Ohio Patient Safety Institute will be used throughout the Hospital. The following chart presents the meaning of each color-coded band:

Band Color	Communicates
White	Patient Identification
Red	Allergies
Yellow	Fall Risk
Green	Blood Bank

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.

The 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.
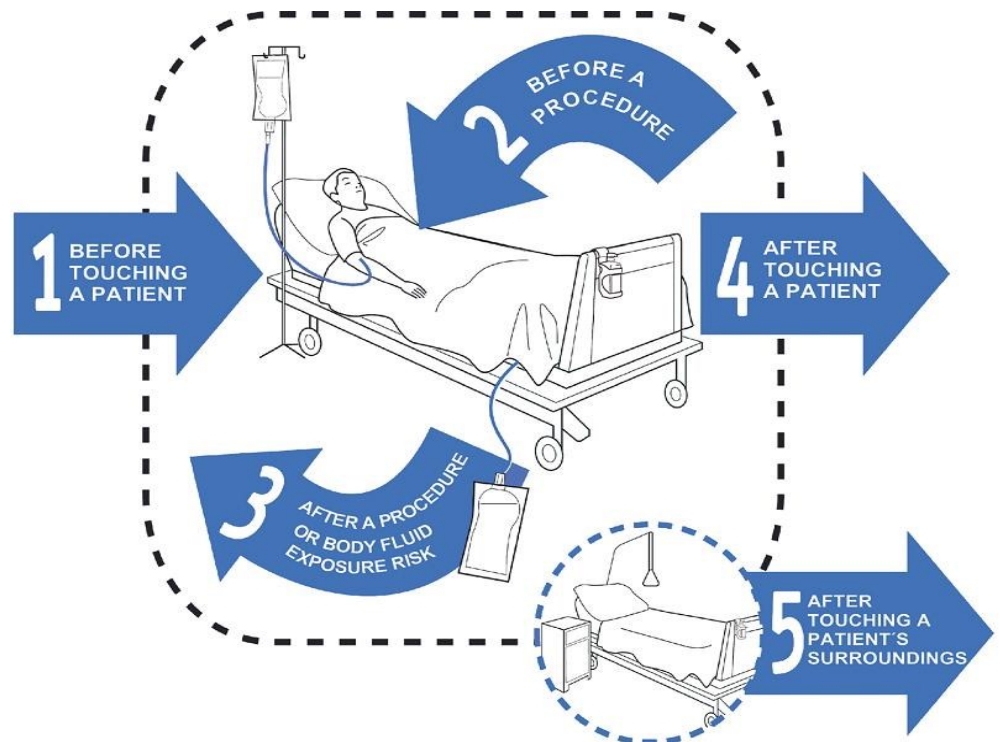
Personal Protective Equipment (PPE) - prevents the spread of infection if it is worn appropriately. The use of appropriate PPE is required whenever there is a reasonable anticipation of exposure to blood, body fluids, mucous membranes, or non-intact skin. PPE provides protection for clothing, skin, eyes, 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
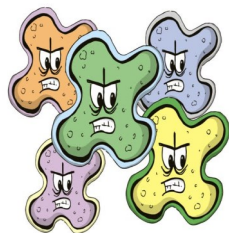
Airborne

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

> 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)

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.

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.
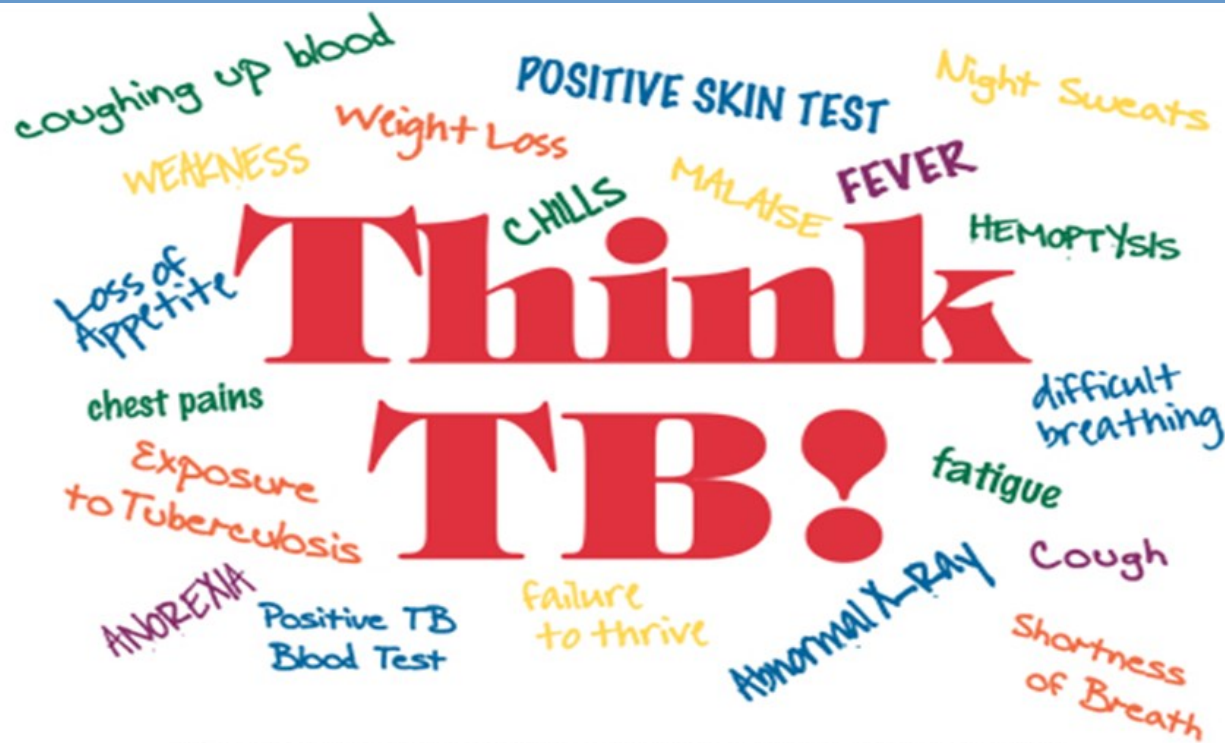
Recognize possible signs and symptoms of Tuberculosis. Early diagnosis and treatment reduces spread. Contact your Health Department or physician for more information.

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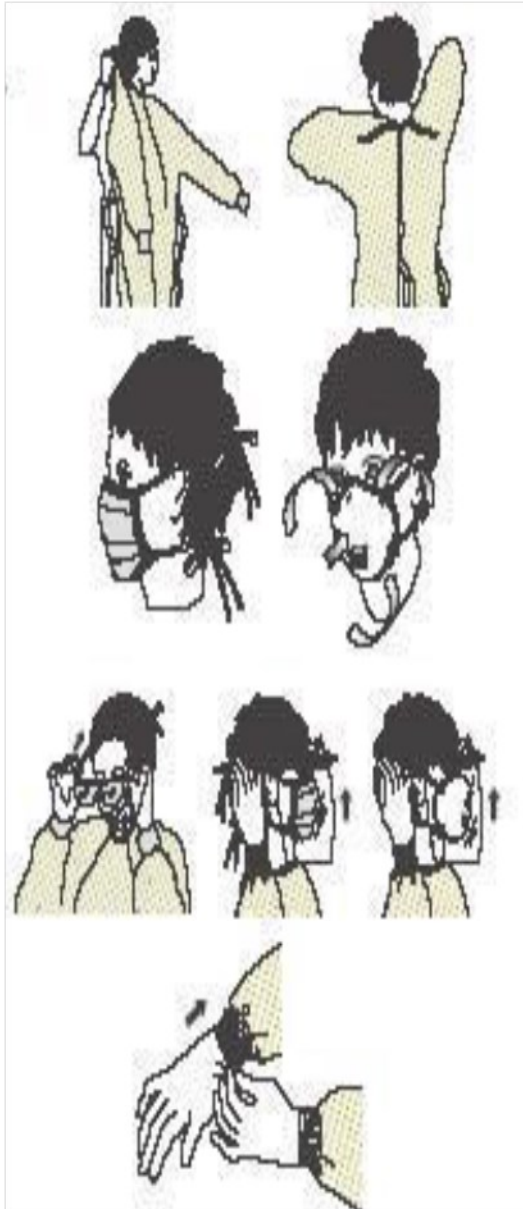
1. **GOWN**
   - Fully cover torso from neck to knees, arms to end of wrist, and wrap around the back
   - Fasten in back at neck and waist

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
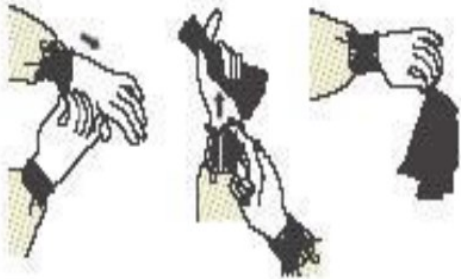   - Fit-check respirator

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
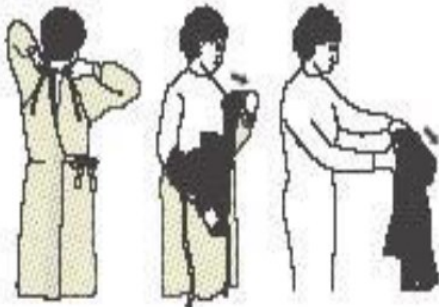
3. GOWN

■ 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.
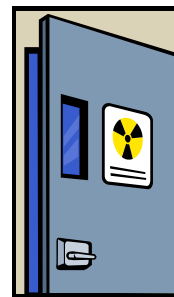
Safety Pointers cont'd

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 or 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

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.
- 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

- 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 Cleveland Clinic 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 Cleveland Clinic 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 (CO2) - 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 Cleveland Clinic 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.
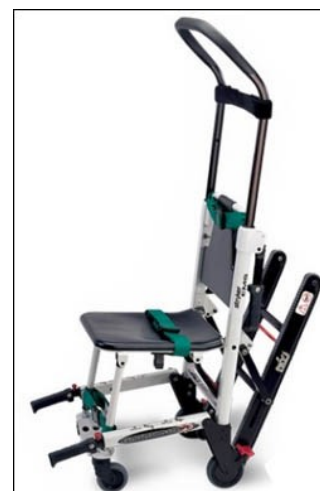
*To report any code: **Dial** 5555 and tell the operator your name, type of code, Room Number and unit. Note: Departments that are **not** in the hospital building itself (i.e. Home Health, Patient Financial Services, Healthplex, etc.) should dial 911 in an emergency.*

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.

Medical Gas Safety

If you find an oxygen tank that is not secured in a stand, cart, or appropriate transportation device, return it to the proper location or contact Respiratory Therapy or the staff person in charge of that area.

Medical grade gases – i.e. oxygen, nitrous oxide, nitrogen, carbon dioxide and medical air - are considered prescription drugs. Medical gases used at Cleveland Clinic Union Hospital are piped through walls and supplied in cylinders (tanks). The Hospital maintains a safe bulk storage area for medical gas cylinders located off the loading dock which complies with the guidelines set forth by current Department of Transportation, Compressed Gas Association, and National Fire Protection Association regulations. Compressed gas cylinders store at very high pressures. If a cylinder or cylinder valve is damaged by falling, the cylinder could act like a projectile and fly through the air or spin in circles with great force until the pressure is exhausted. For this reason all cylinders must be stored in approved racks, transport carts, and/or cylinder base. Cylinders should never be left standing without a retaining chain or without being in a cylinder stand or cart. Never leave a medical gas cylinder standing free or unsecured on a patient bed or cart.

Another issue of concern related to medical gas safety is medical gas mix-up. The FDA has issued a public health advisory alerting hospitals and other health care facilities about the hazards of medical gas mix-up. In the advisory the FDA detailed numerous reports of patients who were thought to be receiving medical grade oxygen but were actually receiving a different gas – such as nitrogen – that had been mistakenly connected to the oxygen supply system. Tragically many of these patients were seriously injured and in some cases patients died because of the mix-up. To prevent such errors, healthcare employees must carefully read all identification labels on the cylinder before making the medical gas available for patient use. In addition, cylinder valves – which are unique to the particular type of gas in the cylinder - must never be altered in any way using adaptors or by changing the fittings.

For more information about medical gas safety....refer to Hospital P/P O4 and O5.

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 the 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

Health Hazard	**Flame**	**Exclamation Mark**
• Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity	• Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides	• Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non Mandatory)
Gas Cylinder	**Corrosion**	**Exploding Bomb**
• Gases under Pressure	• Skin Corrosion/ burns • Eye Damage • Corrosive to Metals	• Explosives • Self-Reactives • Organic Peroxides
Flame over Circle	**Environment** ***(Non Mandatory)***	**Skull and Crossbones**
• Oxidizers	• Aquatic Toxicity	• Acute Toxicity (fatal or toxic)

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 Cleveland Clinic 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*

Cleveland Clinic 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 Cleveland Clinic 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

Caring for Victims of Violence, Neglect and Exploitation

In the state of Ohio, all healthcare professionals working within the scope of his/her professional capacity must report suspected cases of abuse, neglect, or exploitation of children under 18 (or under 21 if the victim is mentally or physically handicapped) or over 60. Failing to report known or suspected abuse is a crime.

Definitions:

Abuse – the infliction upon an individual by himself or others of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish.

Neglect – the failure of an adult to provide for himself the goods or services necessary to avoid physical harm, mental anguish, or mental illness or failure of a caretaker to provide such goods or services.

Sexual Assault – any sexual penetration, however slight, using force or coercion against the person's will. This term encompasses rape and sexual battery.

Exploitation – the unlawful or improper act of a caretaker using an adult or his/her resources for monetary or personal benefit, profit or gain.

Indicators for Identifying Possible Victims of…

Physical Abuse – Unexplained, chronic or repeated bruising, choke marks on neck, grab marks on upper arm, bites, burns, skeletal injuries. Missing or loose teeth, tearing of gum tissue, lips, tongue, or skin around mouth. Behavioral extremes (withdrawal, aggression, regression), mental health problems (anxiety, depression, panic, suicidal ideation/attempts).

Sexual Abuse – Bruises or bleeding from external genitalia, vagina or anal region. Frequent unexplained sore throats, yeast or urinary infections. Regressive behavior in a child or other sudden changes in behavior.

Emotional Maltreatment – Eating disorders (obesity or anorexia), speech disorders, behavioral extremes, substance abuse, nervous disorders, developmental delays in children.

Neglect – Poor hygiene, failure to thrive in infants, dull apathetic appearance, unsuitable clothing, untreated illness or injury, chronic hunger, tiredness, or lethargy.

See P/P V3 in the Hospital P/P manual for additional details on recognizing and reporting cases of violence, neglect, or exploitation.

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 Cleveland Clinic Union Hospital and is posted in all outpatient departments. (Refer to Hospital P/P P4 for more detailed information.)

Diversity

You don't have to like or agree with everyone, but you do need to follow our Hospital policies and ICARE Standards of Behavior; treating each person with respect and equality

Workplace diversity refers to the mixture of differences and similarities among people in an organization. This includes individual and organizational characteristics, values, beliefs, experiences, backgrounds, preferences and behaviors.

People are similar or different to varying degrees across all dimensions of diversity. Some of the dimensions of diversity include:

- Age
- Race
- Geographic location
- Marital/Family status
- Gender
- Language
- Education
- Life/work experiences
- Ethnicity/National origin
- Religion, belief and spirituality
- Physical characteristics
- Organizational role/level

Diversity is not only how you see yourself, but how you see others.   The first step in developing the ability to interact effectively with diverse groups is to reflect on your own deeply felt beliefs. People tend to have the most difficulty in accepting groups who are perceived to be different from him/herself due to choices such as sexual orientation or religion. Providing kind and compassionate care to diverse patients does NOT require you to abandon your own beliefs or even to approve of all lifestyle choices, but it does require you to be, non-judgmental and treat each person as they desire to be treated.

UH is a diverse workplace, and you must treat all people with respect regardless of how you feel about your differences.

Watch your words since a common cause of misunderstandings and hurt feelings is overhearing others making inappropriate comments or jokes.
Think before you speak and let kindness guide you.
Workforce diversity leads to organizational success by allowing each of us to believe in ourselves and to contribute the best we have to offer. All of us at UH share a common mission—providing excellent quality health care. In order to work together as a team, we must focus on our similarities while respecting our differences.

Population and Age Specific Care

Population specific competencies help us meet our patient's needs by understanding how a person's age, gender, culture, religion, education and economic background play a role in his/her care…care that is patient centered, safe, respectful and individualized.

Age-Specific Care
Every patient is an individual with their own likes and dislikes, feelings, thoughts, beliefs, limitations, abilities and life experiences. Yet, everyone grows and develops in a similar way sharing certain qualities at each stage of life.   As you review the information for each life stage, keep in mind that everyone develops at his or her own rate. The information listed for each age group is just some of the many attributes for each stage of life.

	Growth & Development	Interventions
Infancy Birth—1yr	*Gain weight/height rapidly *Is nose breather *Responds to light & sound *Limited ability to communicate need or problems *Learns by limitation *Significant persons are the parents or primary caregivers *Fears unfamiliar situations; separation from primary caregiver *Unable to distinguish danger	*Involve parents in procedures *Keep parent in infant's line of vision *Limit the number of strangers caring for the infant *Give familiar objects to the infant *Use distraction (pacifier, bottle, etc.) *Keep crib side rails up at all times *Make sure toys do not have removable parts and check for safety approval

Population and Age Specific Care cont'd

	Growth & Development	Interventions
Toddler 1—3yr	*Learning bladder and bowel control *Seasonal growth spurts may increase hunger *Feeds self; walks independently *Constructs 3—4 word sentences *Plays simple games *Low tolerance for frustration or pain *Short attention span *Curious and energetic; loves to experiment *Limited ability to think and reason *Sees things from only own point of view *Fears loss of control; separation from parents *Significant persons are parents *Home rituals and habits important *Asserts independence; has temper tantrums	*Use firm, direct approach *Use distraction techniques *Give one direction at a time *Prepare child shortly before procedure *Allow choices when possible *Follow home routines if possible *Give permission to express feelings
Pre-School 3—5yr	*High activity level requires snacks to supplement meals *Becomes thinner and taller * Dresses/undresses independently * Constructs sentences, questions things (why?) *Major cognitive skill is conversation *Self-centered however learning to play in groups *Likes to pretend *significant persons are parents, siblings, peers *Increasing independence and beginning to assert self *Fears the unknown, the dark, being left alone	*Explain procedures, unfamiliar objects *Demonstrate use of equipment *Encourage child to verbalize *Use doll/puppets for explanations when performing procedures *Involve the child whenever possible
School Age **6—11yr**	*Permanent teeth erupt *Starts pubescent changes *Growth is slow and regular *Starts to think abstractly and to reason *May be reluctant to ask questions or admit doesn't understand *Significant persons are peers, family, teachers *Prefers friends to family	*Explain procedures in advance using correct terminology *Explain equipment *Allow child to have some control *Provide privacy *Promote independence
Adolescence **12—18yr**	*Growing rapidly *Maturation of the reproductive system; development of primary and secondary sexual characteristics *Easily fatigued *Increased ability to use abstract thought and logic *Behavior may be inconsistent, moody, and unpredictable *May be self-conscious with body changes and appearance *Learning to relate to opposite sex *"Chum" and belonging to peer group are important and valued; may criticize parents *Fears loss of control and separation from peers	*Supplement explanations with rationale *Encourage questions regarding fears *Provide privacy *Involve in planning and decision-making *Allow adolescent to maintain control

Population and Age Specific Care cont'd

	Growth & Development	Interventions
Early Adulthood 19—45yr	*Growth of skeletal system continues until age 30 *Skin begins to lose moisture *Muscular efficiency is at its peak between 20-30 years *Forms own opinion; makes own decisions *Searching for and finding a place for self in society *Initiating career, finding a mate, developing loving relationships, marriage, establishing family *Significant persons are spouse, children, friends and co-workers *Fears loss or separation form meaningful work or social relationships	*Involve individual/significant other in plan of care *Explore impact of hospitalization/illness to work/job, family, children *Watch for body language as a cue for feelings
Middle Adult 46—60yr	* Bone mass begins to decrease *Muscle strength begins to diminish *Vision and hearing acuity decreases *Slowing of reflexes *Decreased balance & coordination *Future-oriented *Adjustment to changes in body image *Adjustment to possibility of retirement and life style modifications *Fears dependency; death of spouse	*Allow choices if possible *Explore relation of illness/disease to body image and career *Provide decision-making opportunities related to care *Encourage as much self-care as possible
Late Adult 61—79yr	*Skin more fragile; bruise more easily *Decreased tolerance to heat/cold *Declining cardiac/renal function *Decreased response to stress and sensory stimuli *Loss of teeth leading to changes in food intake *Decrease in memory, slowing of mental functions *Retirement *Death of spouse and friends; acceptance of death *Adapting to change of social role; shares wisdom with others *Fears loss of independence; social isolation; death of spouse	*Explore individual's support system *Involve family with care *Keep environment safe, e.g. side rails up, bed down, wheels locked *Assess skin integrity frequently *Monitor for bowel elimination every 24 hours
Late, Late Adult 80+	*Decreased oil in skin; decreased perspiration *Thinning of hair *Increased susceptibility to infection and high BP *Decreased mobility *Decreased sense of balance, depth perception, sensitivity to light, touch, and vibration *Less deep sleep, easily aroused *Slower in learning *Drop in performance *Acceptance of death *Decreased authority and mobility *Fears dependency	*Provide a safe environment *Provide adequate fluids *May need to divide sleep periods between day and night *Assess skin integrity frequently *Use tape sparingly on fragile skin *Handle body more with palms of your hands rather than with fingers *Assess resources for discharge

Population and Age Specific Care cont'd

When you provide population specific care, you play an important role in helping Cleveland Clinic Union Hospital meet every patient's needs, and respect every patient's values !

<u>Spirituality and Religion</u> beliefs can affect many areas of care provided to patients. Some examples include:

*Birth and Death Practices – certain family members or others may play a special role at these times

*Food Practices – ask about any foods the person prefers or must avoid due to religious beliefs

*Prayer or Meditation Practices – some patients may pray or meditate at certain times

You can help learn about each patient's spiritual and religious needs by:

> √ Asking questions
>
> √ Observing
>
> √ Avoid stereotyping

> **Providing population specific care benefits the organization by ensuring quality care, improving job performance and satisfaction, and meeting accreditation standards**

Cultural Competency: A person's culture influences many areas within healthcare. For example:

*Response to Pain – while some cultures value bearing pain silently, others expect pain to be expressed

*Nutrition and Food Choices – a person may eat or avoid certain foods at certain times or not eat some foods at all

*Views on Illness and Healthcare – in some cultures, people may treat themselves or be treated by a family member or healer first. Some may view illness as having a physical cause while others believe illness is caused by emotions or is a punishment

*Communication Styles – You may value making eye contact or touching a patient while other cultures view this as rude

Some ways to provide culturally competent care include:

√ Learn about your patient's views on health – don't stereotype based on race or religion. Ask questions to gain clarity about a particular patient's views.

√ Understand relationships – this might include family members, community members, and healers. In some cases these people need to be included in the patient's care.

√ Be aware of language and communication issues – know what language the patient uses and use trained interpreters when necessary.

Physical Disabilities: It is often challenging for patients with physical disabilities to access high quality health care. One way to ensure competent care for these patients is by making accommodations for the disability.   For example, provide necessary mobility and/or communication aids like wheelchairs and hearing aids for these patients.

Developmental Disabilities

➢ Ask about both the patient's disability and his abilities.

➢ Encourage routine health care as many people with disabilities do not receive routine check-ups and screenings.

➢ Gain an understanding of the patient's life situation by asking if the patient lives with family or in a group home setting and does he go to school or have a job. Be sure to involve the patient's caregiver in his/her care.

➢ Communicate clearly as patients with a developmental disability may have difficulty understanding and/or following instructions, solving problems and communicating. Take your time when communicating with these patients. Use simple terms and visual aids as needed.

Income Level: Patients who have low income or who are homeless may have special health care needs. They may be in generally poor health, not receive regular medical care, have nutritional deficiencies, have trouble paying for health care and need discharge support.

Population and Age Specific Care cont'd

Low Literacy: When caring for patients with low literacy skills:

➢ Assess the patient's understanding or ability to read written materials. Out of feelings of shame, they may have learned to hide their difficulties with reading.
   ◊ Possible signs of low literacy include poor compliance with written instructions, watching and mimicking others, not knowing the names of regularly used medications, making excuses for not reading such as "I forgot my glasses", bringing someone with them who can read, and confusion or frustration when attempting to read

➢ Provide support – be sensitive and respectful—literacy level does not indicate intelligence.

➢ Communicate clearly to help ensure patient safety. Ensure understanding by using words that are easy to understand, avoid medical jargon, use visual aids and demonstration when possible.

Obesity: Consider the following when caring for patients who are obese:

➢ These patients may avoid seeking health care due to feelings of embarrassment and possibly due to bad experiences with health care providers in the past.

➢ May have limited mobility and transportation options and/or worries about not having privacy in the healthcare setting.

➢ Be alert for unique health problems of obese patients such as high BP, heart disease, respiratory problems, sleep apnea, skin problems and diabetes.

➢ Adjust medical/nursing care as necessary and obtain equipment and assistance as needed to handle the patient safely.

Gender-Specific Care: Awareness of gender and sexual identity issues can improve the delivery of health care to men and women. Consider the following:

➢ Women often experience a great deal of stress from juggling multiple roles. This can result in a number of physical and mental health problems including anxiety, depression and alcohol abuse.

➢ Men are less likely than women to seek routine healthcare. They tend to ignore symptoms until there is a crisis. As a result, men may have undiagnosed conditions such as diabetes.

➢ Patients with same-sex partners often face prejudice. They may delay seeking health care or keep silent about certain health problems. Foster an open and inclusive environment to make all patients comfortable.

In conclusion, treat every patient as an individual by adjusting your care to the unique needs of each patient. Care for every patient with dignity and respect and always remember – it is our responsibility to make necessary accommodations so that every patient can exercise their patient rights.

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.

Corporate Compliance: Promoting the "I" in ICARE

Cleveland Clinic Union Hospital has a Corporate Compliance Program in place that demonstrates the organization's commitment to following standards of conduct and policies and procedures to ensure compliance with applicable federal, state and local laws/regulations.

What Do I Need to Know about the Corporate Compliance Program?
◊   Required by the federal government
◊   Helps employees perform their jobs according to the law
◊   Demonstrates commitment to honest, ethical business practices
◊   Led by a committee of the Board
◊   Includes appointment of Corporate Compliance Officer
◊   Strong staff involvement
◊   Keep records, work in confidential manner
◊   Policies/ and audits in place
◊   Duty to comply with laws, report violations

Compliance is a team effort and affects everyone! You are expected to:
1.   perform your job according to the law.
2.   report any compliance concerns to a member of management.
By doing these two things you demonstrate integrity both on a personal and organizational level.

Violating the rules – despite good intentions or bad advice – can be devastating and the consequences of non-compliance can be severe, including: civil penalties, criminal charges, fines to both you and the Hospital, loss of license or registration, and exclusion from federal health programs.

 What Behaviors & Activities Are Against the Law?
Many compliance issues deal with billing and documentation. Here are some examples:

➢   Submitting an invalid claim to Medicare or Medicaid

➢   Failure to observe all laws, rules, and regulations

➢   Becoming involved with financial, business, or other relationships that would create a conflict of interest

➢   Contracting or employing any individual who is excluded from participation in the Medicare or Medicaid programs

➢   Giving or offering to give gifts to federal, state, or local employees

➢   Seeking or accepting payment or gifts from any subcontractor, vendor, or supplier

Why Do We Have a Compliance Program?

There are benefits to a compliance program. They include: improved compliance with payment policies, & coding rules, better record documentation, reductions in claim denials, improved communication & education, streamlined operations, and reduced exposure to penalties and liability.

The policies that govern our compliance program help employees perform their job according to the law. Compliance policies are located in the Corporate Compliance Policy Manual found on the Hospital's intranet (U-Connect). It is the duty of anyone with a compliance concern to report that concern to his or her supervisor/instructor. Concerns also may be reported using the Compliance Information Line. You do not have to furnish your name to make a report (just enough information to conduct an investigation) and you need not fear retribution for making a report. Information left in a message is confidential.

The number of the Compliance Information Line is:

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.

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, Cleveland Clinic Union Hospital will comply according to Ohio law and the patient's wishes concerning future medical treatment will be honored. Cleveland Clinic Union Hospital respects the right of every competent adult patient to make an informed decision to accept or refuse medical/ surgical treatment. The 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 the Hospital or Hospital's 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. Cleveland Clinic 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.

Use of Restraints...

\What Is Considered A Restraint?

A restraint is anything that limits a person's ability to move around or reach a part of his/her body. Restraints may be:

Physical – such as wrist/ankle ties or vests secured to a bed or chair

Chemical – such as tranquilizers or sedatives used to slow down a person's movement and which are not required to treat a medical problem

Why Use Restraints?

Restraints can be useful when other methods of care don't work. For example, restraints can:

- Allow staff to examine a confused or combative patient

- Prevent confused patients from pulling out lifesaving IV's and other medically necessary devices

- Keep violent patients from harming themselves or others

Overusing restraints or using them carelessly can result in:

- Mental distress

- Physical problems such as loss of muscle/bone strength, pressure ulcers, torn skin, constipation, incontinence and joint problems

- Injury – restrained patients may struggle to get free which can cause falls, broken bones, even strangulation and death

Using Restraints Properly Means Using Them As Little As Possible

The first step in limiting the use of restraints is assessing the patient thoroughly. Factors to look at include the patients:

Diagnosis – Does the patient have an illness or injury that might cause confusion or disruptive behavior?

Symptoms – Is the patient confused, nervous, agitated, dizzy or unsteady?

Treatment Plan – Does the plan call for the use of tubing or other devices that the patient may pull out?

History – Has the patient had problems with medical treatments or health care settings in the past?

Assessment also involves discovering the root cause of undesirable behavior. Possible causes of confusion, wandering, falling, agitation or combativeness include:

◊ Not understanding what is happening (ex. language or cultural differences or just being in an unfamiliar place)

◊ Medication side effects

◊ Pain or other discomfort; needing to use the toilet

◊ Fear, worry or loneliness

◊ Talking to the patient and/or his family

◊ Reviewing the patients medical record

◊ Finding out about the patient's interests, worries, past/present home or work routines

◊ Noticing what time of day the problems tend to occur

Restraint Alternatives

Once a patient is identified as possibly needing restraints, alternatives to restraint usage must be considered. Alternatives that should be considered include:

- Alternative activities
- Ambulate/exercise the patient
- Appropriate lighting
- Bed safety alarms
- Family/sitter at bedside
- Diversion techniques
- Patient education
- Offer food/fluids
- Repositioning
- Reduce noise levels
- Reality orientation
- Relief of pain
- Relaxation techniques
- Toileting
- Verbal contact
- Bed assignment close to nurses station

Did You Know…

Some people in healthcare think that patients are more likely to fall if you replace restraints with alternatives. However, studies show that restraints do not prevent falls. In fact, restrained patients are more likely than unrestrained patients to have serious injuries if they do fall.

Did You Also Know…

Some people in healthcare think that alternatives take more staff time. The fact is that restrained patients need close monitoring and more help with daily living activities than unrestrained patients. It takes more time to care for restrained patients properly than unrestrained patients.

So When Are Restraints Appropriate?

In general, restraints are appropriate as a last resort when alternatives have failed or when there is immediate danger of injury to self or others, risk of committing suicide or when lifesaving treatment depends on it.

It is **NEVER** appropriate to use restraints:

* For convenience of staff

* To punish the patient

* Just because the patient has a history of restraint use (use of restraints must be based on current need)

*Just because the patient has a history of falling, wandering, violence or other disruptive behavior (there must be a clear danger of these problems <u>now</u>)

Patient & Family Education A Must

When restraints become necessary, explain why the restraint is needed, the possible benefits and risks of restraints and the available alternatives.

Proper Authorization for Restraint Use

The following are important UH policy points regarding physician orders for restraints:

◊ A time limited order including the date and time of order, type of restraint, and reason for restraint from a physician is required for the use of restraints. A PRN order for restraints is NEVER acceptable and must be clarified with the physician.

◊ Only in emergency situations, in the absence of a physician, can restraints be applied without an order. An actual order must be obtained from the physician as soon as possible.

Refer to Hospital policy R4 for detailed information related to physician order & assessment and nursing documentation.

Applying Restraints Safely

Soft Wrist/Ankle Restraints: 1. Wrap cuff around patient's wrist or ankle so that the end with Velcro strips overlaps the end without the buckle. Secure position with Velcro strip. To reduce chafing, massage skin lotion into the area of the wrist or ankle that will be covered by the cuff. 2. Connect plastic buckle together so webbing circles wrist or ankle. Adjust the size by tightening the webbing at the buckle area. **CAUTION:** Do not over tighten as you may impair circulation to the patient's hands or feet. 3. Secure long straps underneath the bed, out of patients reach using a quick release knot. Be certain to tie the long straps only to the part of the bed that moves when the bed is raised or lowered. Never secure straps to a nonmoving part of the bed or to bed rails. Raise and lock bed rails when leaving the patient.

Poncho Type Vest (i.e. Posey Jacket): 1. Put the jacket on over the head with the poncho bib in front and the long straps at the patient's back. Bring the straps on each side from the back up toward the front and through the slots. 2. Cross the straps IN FRONT of the patient and bring the strap without the slot through the strap with the vertical slot. 3. Secure the straps, making sure they are not too tight to be uncomfortable, or too loose to allow the patient to partially slide out.

Bed Application: Secure the straps to the moveable part of the bed frame, not side rails, at waist level. Tie a quick release knot out of patient's reach.

Chair Application: Secure the straps underneath the chair, out of the patient's reach. The straps should be at a 45 degree angle.

Leather Restraints: 1. Apply cuffs to extremities (either 4 point or opposites). 2. Insert straps through metal slots and attach to frame of bed. Be sure to attach the straps to a part of the bed that moves when the bed is raised or lowered.   3. To lock, depress button on locking mechanism. 4. To unlock, insert key on locking mechanism and turn. Release key. NOTE: The key to unlock leather restraints must always be available in case emergency release is necessary. If the patient travels from a Nursing Unit to Radiology, for example, the key must be available in the Radiology Dept. while the patient is there.

Patient Dignity, Safety and Comfort Are Top Concerns During Restraint Use

Careful monitoring and regular reassessment of the patient is required and must be documented in the medical record. To ensure that problems are not developing as a result of restraint, an RN must regularly assess restrained patients skin/circulation, the patient's response to restraint, and the effectiveness of the restraint. In addition, basic needs such as position changes, ROM, food/fluid, toileting, warmth, etc. must be met on an ongoing basis. Specific time intervals for completing assessment and patient care while restrained are specified on the Restraint Assessment form.

See hospital P/P R4 for more info.

Restraint related emergencies include but are not limited to: impaired limb circulation; lacerations, abrasions and/or skin tears; head or joint injuries or fractures; suffocation, strangulation and asphyxiation.

Some actions to take :

➢ Call for help

➢ Remove patient from restraints if necessary to begin CPR

➢ Control bleeding with direct pressure or limb elevation

➢ Notify physician

➢ Call **Code Green** (if in a non-critical care area)

➢ Document completely

➢ File variance report

➢ Follow all applicable policies & procedures

➢ Contact supervisor with questions & for guidance

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 the 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 Cleveland Clinic 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   **I**ntroduce   **D**uration   **E**xplanation   **T**hank You
****

Example How to use AIDET:

1. <u>Acknowledge</u> your customer by making eye contact, smiling and calling them by name.
2. <u>Introduce</u> 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. <u>Duration</u> (timeframe, waiting period) of testing/procedure and expected timeframe for results of a test communicated.
4. <u>Explanation</u> 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. <u>Thank you </u>is final step. Let your customer know you have enjoyed working with them. Thank them for choosing our hospital.

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What are the benefits of using AIDET?

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

Reference: Studer Group Participant Guide 2005

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!

Workplace Violence

Workplace violence can be defined as *violent acts directed toward persons at work or while on duty.* These violent acts may include murders; beatings, stabbings, and shootings; robbery; use of weapons such as firearms, bombs, knives etc. Workplace violence can also be in the form of threats expressed verbally, in writing, or through actions.

According to the Ohio Safety and Health Administration (OSHA), more acts of workplace violence occur in the health care setting than any other industry. The following factors contribute to this increased risk:

- Acutely disturbed and violent people seeking healthcare

- Upset and agitated family and/or visitors

- Long waits for treatment or other services

- Being restrained or isolated

- Disoriented due to stress, drugs, alcohol, and/or psychiatric illness

- Faced with highly emotional situations.

- Pharmacy service (drugs are target for robberies)

- Poor lighting in hallways, rooms, and parking lots

CAN YOU RECOGNIZE THE WARNING SIGNS? Violent behavior can't always be predicted, but there are some warning signs. Look for these characteristics:

*Disorientation

* Confrontational or defensive behavior

* Obsessive behavior

* Angry outbursts

*Impulsive behavior

*Verbal threats or abusive language

ARE YOU AT RISK?

Work place violence is on the rise. Work place violence has been frequently associated with postal workers and brought about the phrase "don't go postal." Now two thirds of all work place violence episodes involve health care workers and social service workers.

If you work directly or indirectly with patients in the health care setting, you may be at risk.

HOW CAN YOU STAY SAFE?

Recognize the warning signs of violence

Familiarize yourself with the hospital's policies and procedures concerning work place violence

Learn ways to handle volatile situations and hostile people

Report any incidents or "near misses" to your supervisor/instructor

Workplace Violence

- BEWARE OF THESE SITUATIONS IN WHICH VIOLENCE IS MORE LIKE TO OCCUR:
- Availability of money or drugs
- Long waits or delays
- Working alone or in remote areas
- Conflict with a supervisor or coworker
- Employee or coworker who has received disciplinary action, negative performance review, demotion or had employment terminated
- Low staffing levels at times of increased activity
- Leaving the building alone or late at night
- Poor lighting in parking areas

How you can reduce violence in the workplace

DO'S	DON'TS
Take all threats seriously	Get angry or raise your voice
Follow your hospital policies	Respond to threats with threats
Remain calm and courteous	Do anything that increases anger or tension
Actively seek solutions and ways to ease tension	Stay in an area where you feel unsafe
Treat everyone respectfully	
Empathize with the angry or violent individual	
Seek help	
Report all treats or violent acts - Call a Code Violet	

If you see or are confronted by a violent/combative person in the hospital, dial 5555 and report a CODE VIOLET. If the person is armed, dial 5555 and report a CODE SILVER.

When dealing with persons showing signs of agitation or aggressive behavior you can help keep yourself and others safe by:

- √ standing away from the person so they cannot kick or hit you—stay close to door so you do not become trapped in room
- √ being aware of your surroundings and items that could be used as weapons—move away objects such as phones, vases, belts, letter openers, etc.
- √ keeping your hands free
- √ staying calm—talk in a calm manner
- √ being aware of your body language—do not point fingers, put hands on hips or glare at the person
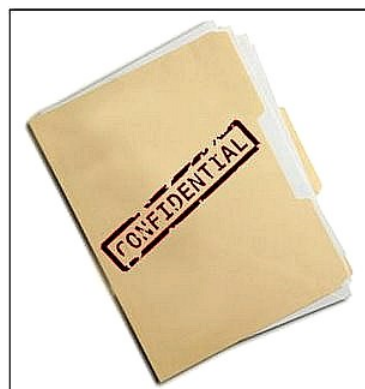
Keep It Confidential!

"CONFIDENTIALITY: Cleveland Clinic 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.

Name: _____

Date: _____

1. Describe one way you will be able to contribute to the mission of Cleveland Clinic Union Hospital.

   _____
   _____
   _____

2. Breaching patient confidentiality may be grounds for disciplinary actions up to and including discharge.　　True　　False

3. A patient is asking for help to make a local call. To reach an outside line you must first dial _____.

4. The Hospital's ICARE Standards of Behavior are:

   _____

   _____

   _____

   _____

   _____

   _____

5. Identify one age specific consideration you should remember when caring for a patient who is 78 yrs. old
   _____

6. List one patient education resource available at the Hospital
   _____

7. A parent voluntarily delivering an infant not more than 30 days old to our Hospital or other "Safe Haven" must first complete the "Voluntary Medical History" form.　　True　　False

8. Smoking is permitted in the Hospital parking lots.
   　　True　　False

9. If you suspect that your patient has been subjected to abuse, neglect or exploitation, you must report this immediately to:

   A. Instructor/Supervisor

   B. Police

   C. Hospital Administrator

10. Which color wrist band is indicated for each below:

    Fall _____

    Blood _____

    Allergies _____

11. Variance Reporting is done via:

    A. Paper incident report form

    B. On-line

    C. Phone call to Risk Management

12. Finger nails must be no longer than _____ from fingertips

    A. 1 inch

    B. 1/2 inch

    C. 1/4 inch

13. The phone extension number to call when reporting an emergency is: _____

14. Workplace violence rarely occurs in the healthcare setting
    　　True　　False

15. Name one manner in which you could report a compliance concern _____

16. Sexual harassment must immediately be reported to
    _____

17. The single most important means of preventing the spread of infection is _____

18. PPE should be worn:

    A. Every time you enter a patient room

    B. Only if there is an isolation sign on the door

    C. When potential contact with blood, body fluids, mucous membranes or non-intact skin may occur

19. It is always a good idea to break needles before placing them in the sharps container　　True　　False

20. _____　_____ are used when handling ANY patients blood or body fluids

21. If you experience an exposure to blood or body fluid, your first action is

    _____

22. List one safety pointer for each category listed below:

    Slips, trips, falls _____

    Back safety _____

    Hazardous chemicals_____

    Elevator safety_____

    Electrical safety _____

    Radiation safety _____

    Personal security _____

    Office safety _____

    Theft protection _____

23. To report any emergency code situation, dial 5555 and tell the operator your name, type of code, Room Number and unit. Departments that are **not** in the hospital building itself dial 911 in an emergency.
    　　True　　False

Orientation to Cleveland Clinic 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 my Instructor for further clarification.

Name: _____

Signature: _____

Date: _____

School Affiliation/Agency/Other: _____

Instructor's Name: _____

UH
UNION
HOSPITAL

UNION HOSPITAL POLICY

CONFIDENTIALITY CODE OF ETHICS ON RELEASE OF PATIENT,

HOSPITAL AND EMPLOYEE INFORMATION

Effective Date: April 1991

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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_____