2025 General Review Resource Info	Springhill Medical Center	052725

2025 General Review, Springhill Medical Center

Abuse

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

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

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

Active Shooter: Run >Hide >Fight

Active shooter = individual actively engaging in killing or attempting to kill people in a confined or populated area.
Active Shooter: (Run > Hide> Fight)

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

Call 911 when it is safe to do so.

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

Advance Directives

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

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

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

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

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

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

Withholding or Withdrawing Life-Prolonging Procedures

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

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

Age Specific

Each different age group has different expectations and communication pattern.

Neonatal/infant (Birth - 1 year old):
- Explain everything to the adults with the baby and allow the baby to stay with parent/guardian as much as possible.
- Babies may have stranger anxiety, or they may reach out to every person they meet, but they all feel safest with the parent or guardian.

Ped/Adolescent (1 year - 17 years):
- Use the child's name or nickname when talking to him/her.
- Whenever possible, allow children to make decisions about their care, food, time schedule.
- Provide for privacy at all times, knock before entering room, provide extra covering to ride in a wheelchair, in hall, or in a treatment/procedure area. Recognize patient's need to assert independence and reluctance to express anxiety.

Adult (18-65 years old):
- Recognize potential for increased stress related to dependency of others (children, elderly parents' pets).
- Recognize anxiety regarding potential changes in lifestyle (physical, economic) resulting from illness.
- Provide for privacy.

Geriatric (over 65 years of age):
- Identify increased sensitivity to climate change, ex: provide blanket(s) when moving patient to another area
- Do not call a geriatric patient by his/her first name unless patients specifically ask you to.
- Do not give too much information too rapidly; wait until the elderly person finishes processing earlier verbal or visual info.
- Speak in a NORMAL tone of voice, using a medium to low pitch. You do not need to shout. (In fact, hearing-impaired persons usually lose the ability to hear loud, high frequency sounds.)
- Always face the elderly person, so that he/she can watch what you are saying.
- May respond better to demonstration rather than verbal instructions.

Back Safety

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

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

Moving load from Cart to Table:
- Bend slightly at knees. Lift load from cart. Keep load close to body, back natural and abdominal muscles tight.
- Turn entire body to table and set load down.

Carrying an object:
-Hold close to body. Bend your knees slightly as you walk. The heavier the object, the more you should bend your knees.
-Get help with heavy or unbalanced objects.

<table><tr><td align="center">Back Safety - Office Work:</td></tr></table>

Retrieving file: Squat to retrieve file. Rest one hand on thigh when returning to standing position
Sitting at desk (ex. typing, computer work):
1. Sit close to work so you do not have to lean over desk. Keep your arms and shoulders relaxed, elbows and fingers in straight line.
2. Shift positions often or take short breaks.
Returning file folder to the file cabinet from seated position:
1. Turn your entire body keeping your hips and feet pointed in same direction. Rest one hand on thigh, if needed, for support.
2. Lean forward from waist. Use hand on thigh to push yourself up to upright position.

<table><tr><td align="center">Back Safety - Patient Transport:</td></tr></table>

Turning Patient:

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

Pulling patient up in bed: (two or more people)
1. Adjust bed height below your waist. Work from side of bed, feet pointed in direction you plan to move.
2. Reach under patient and slide, do <u>NOT</u> lift patient up. Using the draw sheet, grasp and slide the patient up - do not lift patient. If possible, ask patient to help. Keep feet wide apart, knees bent, natural back alignment.
3. If raised, lower head of bed as flat as possible.

Bed to Gurney Transfer: (two or more people)
1. <u>GET ASSISTANCE</u>. Adjust bed to level of gurney. Lock bed and lock gurney in place by bed.
2. Start with knee on gurney to move patient to edge of bed.
3. Transfer patient in two stages, grasping the edge of draw sheet; First on to edge of bed, second to middle of gurney. Keep knees bent and natural back alignment.

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

Using the HoverMatt® to assist in transferring patients with limited mobility. See policy: Hoyer Lift and HoverMatt®.
Contact PCS Supervisor for location. **Never leave patient unattended on an inflated HoverMatt® air transfer system.**

<table><tr><td align="center">Code Review - Environment of Care Standard</td></tr></table>

The EOC Standard requires that hospitals have (7) seven plans in place in the hospital. They are as follows:
1. Emergency Preparedness (Disaster **Mass Casualty Incident**)
2. Safety Management Plan
3. Life Safety Management Plan (Fire-**Fire Alarm**)
4. Hazardous Materials Management Plan (**Hazardous Material Spill**)
5. Security Management Plan   **6**. Utilities Management Plan   **7**. Equipment Management Plan
We also have a "**Bomb Threat**" Plan that addresses threat of explosion by a bomb or other device and additional codes mentioned in this packet.

<table><tr><td align="center">Security Alert-Security Assistance & Protective Services (Security)</td></tr></table>

The Protective Services Department is comprised of hospital & contracted personnel managed by the Director of Security. Any areas of concern or opportunities for improvement should be directed to the Director of Security at 410-3879.
Protection of Personnel & Hospital Property:
- Protective Services provides escort service, shuttle bus services (24) hours throughout the facility, plus utilities management reporting and emergency intervention.
- When approached by a stranger while on campus in remote areas, such as parking lots, you should respond with caution and continue to walk until you reach a safe area and notify PBX operators.

- **Security Assistance:** Used to intervene when the following occur:
1. Personal protection is needed
2. Unruly or disorderly conduct displayed
3. Theft or suspicious behavior is observed or suspected
4. Physical restraint is needed
5. Any other circumstance when additional security is needed to prevent, intervene, or control disruptive behavior
- To initiate Security Assistance, call 3333. Report your name and location, stating that Security Assistance is needed. Security, House Supervisor & Engineering needs to respond to the area called. All other staff remains in their work areas or department. Only call this code for these purposes.

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

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

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

Trips and Falls: (see more info on this topic on the section on Trips & Falls Protocol for Visitors to Campus)
- If a visitor falls in the hospital, contact Patient Care Services (PCS) or House Supervisor. If someone falls outside the hospital, contact the Security Department immediately. If a patient falls, follow the protocol outlined in the SMC policy. If an employee falls, he/she should go to his/her manager or supervisor in charge, in order to follow the required protocol.

Parking Policy – (Ticket, Boot, Tow Truck); Lots 8 & 9 are for employees, contract staff, & office Bldg. staff.
- Staff must always park in designated parking areas. Our customers, patients and visitors need ample parking. The hospital's future depends on good customer service.

- Additional information regarding the protective services is available online under policies & procedures or by calling Vince Edwards, Director of Security. **(See the complete Policy: SMC Parking Policy)**

Damages to Vehicles and Personal Property:
- Springhill Medical Center staff will provide maximum effort to protect the property of patients, visitors, and staff.
- Springhill Medical Center shall not be responsible or financially liable for:
    A. Theft of Vehicles or property. Purses or wallets that are stolen or lost.
    B. Damages to vehicles unless damages were caused by a vehicle owned by Springhill Medical Center
- Protective services will complete an incident report for internal purposes and notify the Mobile Police department when required in accordance with hospital policy.
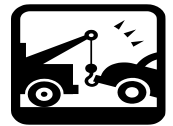
Vandalism:
   Methods to minimize thefts & vandalism:
    1. Perform daily visual inspections of doors, cabinets & lockers that are routinely locked and the condition of the locking devices and report any signs of vandalism or attempted break-in.
    2. Each staff member is to report any incident **immediately** to the Protective Services department.
    3. Report any suspicious person(s) attempting to enter unauthorized area or attempting forced entry into a vehicle, office area, or secured containers (such as safes or filing cabinets). Report any of the above incidents to the protective services department.

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

Acts of Terrorism:
Any employee witnessing or observing any person other than an identifiable hospital employee, tampering with any of the following items shall report the actions to Security by calling the PBX operators:
- Oxygen systems   • Oxygen supply tanks   • Electrical panels   • Emergency electrical supply systems (diesel generators)
- Video surveillance equipment   • Crash carts   • Juice containers   • Coffee pots throughout the hospital, etc.

Human Trafficking prevention - Medical Indicators of Human Trafficking
- Does the person have scars, burns, mutilations, or infections?

- Is the person being prevented from or limited in providing his or her medical history?
- Is the person suffering from urinary difficulties, pelvic pain, pregnancy, or rectal trauma?
- Does the person have poor eyesight or eye problems, appear malnourished or have serious dental problems?
    Source: DHS Blue Campaign resources

Security Alert -Missing Person – Missing Adult or Child

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

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

Dial 3333 and inform the Telecom/switchboard operator. The operator will announce a "Security Alert- Missing Person" x 3.

Upon hearing "Security Alert- Missing Person", all available hospital staff should respond by searching for the adult or child and monitoring exits on or near their departments.

Medical Alert -Mass Casualty Incident - Emergency Preparedness

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

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

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

Remember, if Medical Alert
Medical Alert-Mass Casualty Incident is in effect; you will need your Identification Badge to get on the hospital property.
✓Check with your manager to make sure you know your role and responsibility during Mass Casualty Incident.
In the event of a "Bioterrorism attack" a Mass Casualty Incident will be put into effect as an external disaster. Decontamination will be performed in the Emergency Room decontamination unit.

Facility Alert- Weather=Tornado Watch & Facility Alert-Weather=Tornado Warning
Shelter in place/Severe Storm/Tornado Response Procedure

Part of our Emergency Management & Preparedness

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

Facility Alert -Weather=Tornado Watch (Tornado possible in next several hours)

Facility Alert-Weather=Tornado Warning (Tornado has been spotted; take immediate safety precautions)

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

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

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

Handling the Media

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

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

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

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

Facility Alert- Hazardous Material Spill - Hazardous Materials

Facility Alert -HAZARDOUS MATERIAL SPILL is the hospital's designation for an infectious or hazardous material spill. Facility Alert-Hazardous Material Spill, once initiated, will activate the Hazardous Response Team. This team's purpose is to make sure that everything is returned to normal.

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

Hazardous and Infectious Materials are those materials which are potentially capable of causing injury or disease or even death. Listed below are the five types of hazardous materials spills.
1. Infectious or Biohazardous materials
   ⇨Isolation waste; Sharps; Culture or Etiologic agents; Blood or blood products; Pathological waste; Laboratory waste
   ⇨Contaminated food or other contaminated products
2. Chemical   ⇨Corrosives; Flammable; Combustibles; Reactive agent; Health hazards
3. Chemotherapeutic ⇨Cytotoxic or Antineoplastic
4. Gaseous ⇨Nitrous oxide; Xylene; Formaldehyde
5. Radiologic

   www.onesourcedocs.com **Username: springhill   Password: springhill*251**

The SDS sheets contain useful information about a specific chemical such as fire & explosion hazard, reactivity, and health hazard data. It also lists precautions for safe handling and use, control measures and disposal methods. Check with your manager if unsure about how to view and use the SDS sheets.

In the event of a chemical or infectious materials spill, you should:
- Call **3333 -** state your name, location and type of spill and request that "Hazardous Material Spill" be paged
- If it is a chemical spill, view the SDS on a computer using www.onesourcedocs.com
- Isolate the spill area
- Wear gloves, gowns, masks, and face shields to prevent contamination and follow proper clean-up and disposal procedures if you are spill response personnel.
- Fill out a "Hazardous Material Spill" occurrence report after the area has been completely decontaminated.

- Check with your manager to make sure you know how to view the SDS sheets in your area.

HCS Pictograms and Hazards

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 - 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)

For more information:
OSHA® Occupational Safety and Health Administration

Hazardous Medication

Hazardous medications are used at Springhill. Proper personal protection equipment (PPE) must be used while handling hazardous medication. Specific instructions on which PPE are required will be defined by the medication label and the medication order within the electronic patient record. This PPE is to ensure staff are safe while handling and administering hazardous medications.

Although PPE is required while handling hazardous mediation and thus provides safety to the healthcare worker, it is important to understand the associated risk. Hazardous medications can cause skin rashes; chronic effects, including reproductive events such as infertility, miscarriage, or birth defect; and possibly the development of cancer. All hospital staff are required to understand this risk, and the required PPE used to handle these medications.

Security Alert -Child / Infant Abduction - Infant Abduction

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

Precautions are taken to prevent infant abduction:

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

Facility Alert-Fire Alarm - Life Safety Management

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

Fire Alarm Pull Stations:
- Located at every primary exit (may be located closer to workstations to decrease travel distance)

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

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

Stryker Evacuation Chairs: located on upper floors (2200, 3200, 3300, 3500, 4200, CVL)
- Use the Stryker evacuation chairs when available for patient evacuation down stairways.
- Stryker chairs from other units may be brought to other units that have patients to evacuate.
- Locate the Stryker chair on your unit if applicable
- Refer to the resource video on the employee portal under Staff Development Resources.

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

Fire Emergency Procedure: In the event of a fire drill or actual fire, perform the *RACE procedure:*
> **R:** Rescue those in danger
> **A:** Activate the alarm (Even during a Flashy drill)
> **C:** Call 3333, report the location of the fire and confine it by closing doors to slow the spread of smoke
> **E:** Extinguish the fire with a fire extinguisher

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

Fire Extinguishers: When using a fire extinguisher, the *PASS method* must be used:
> **P:** Pull the pin with a twisting motion
> **A:** Aim the nozzle at the base of the fire
> **S:** Squeeze the handle
> **S:** Slow, steady, sweeping motion, aiming at the base of the fire

Flashy: a red box with a flashing light used to simulate a fire during a fire drill
- If "Flashy" is observed in your presence, you must initiate the RACE procedure and proceed as if it were an actual fire.
- During a "Flashy" fire drill, you should pull the fire alarm unless instructed otherwise.
- You would simulate discharging the fire extinguisher and turning off the oxygen.
- Your staff response during a fire drill is recorded, reviewed by the Environment of Care Committee, and measured as a performance improvement indicator.
- No Toasters, Toaster Ovens, or Space heaters allowed due to Safety Fire Hazards per TJC

Security Alert -Bomb Threat - Bomb, Arson or Sabotage Threats

Bomb Threat: Designation for bomb, arson, or sabotage threats

Boomer = Bomb Threat Drill

⇨Bombs can be disguised in several ways to tempt a person(s)
to make physical contact - a cellular phone, pager, package, box, etc.
None of these items should be touched. Notify the Protective Services Department by calling 3333.

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

Never touch the device   **Call 3333**   **Give the <u>specific</u> location of the bomb, pkg, item**

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

Medical Alert-Cardiac Arrest – Code called for Cardiac or Respiratory Arrest

Dial <u>3333</u> and give the <u>specific room number</u> or location to the hospital operator. (See policy: Cardiac Arrest) Also see page in this packet on Rapid Response Team. This 3333-emergency line is answered immediately and does not have caller ID.

Corporate Ethics, Compliance, & Workplace Violence (see also Workplace Violence)

- Every employee has a duty to report any known or suspected violations of law or company policy, or any other questionable conduct to his/her supervisor or to the Compliance Officer (Tim Kaufman) or to a member of the Compliance Committee.
- SMC policy prohibits any sort of disciplinary or other negative action against an employee who makes a report of illegal or questionable matters, as long as the report is made truthfully and in good faith.
- Reports of violations or questionable conduct may be made anonymously to the Compliance Officer 24 hours per day, 7 days per week, via the Compliance Hotline. The Hotline number is (251) 380-0210. You do not have to give your name.
- Check with your department manager to review the Corporate Ethics and Compliance Plan manual for more information.
- Workplace violence, bullying, or harassment in any form has no place at SMC. If you see something, say something. Notify your manager or use the compliance hotline 380-0210.   See pages 34-35 for more information on Workplace Violence prevention.

Cultural Respect, Sensitivity, & Customer Service

Springhill Medical Center is dedicated to eliminating inequities among our patients, staff, and community. SMC aims to understand the complexity of health disparities, identify opportunities for performance improvement, and align our health system strategy with the needs of our patients.

Patient Rights & Cultural Awareness
- Every patient deserves considerate and respectful care, honoring their personal values and beliefs.
- Cultural competency refers to the skills needed to effectively work with individuals from diverse backgrounds.
- Culture extends beyond ethnicity and religion to include age, race, gender, skin color, and national origin.
- Treat all individuals with respect, regardless of their cultural differences, communication styles, religious beliefs, or customs.
- Avoid stereotyping—learn about each person's unique perspective on healthcare.
- Cultural factors may influence expressions of pain, dietary preferences, and approaches to medical treatment.
- Do not assume a patient conforms to general cultural descriptions.

Culturally Sensitive Communication
- Use a calm tone of voice and open body language.
- Pay attention to body language, facial expressions, and behavioral cues.
- Speak slowly and clearly; avoid shouting.
- Keep messages short and simple; avoid yes/no questions.
- Recognize that a "yes" may mean acknowledgment rather than agreement.
- Avoid medical jargon, abbreviations, or slang.
- Utilize visual aids like pictures and drawings when appropriate.
- Adapt to the individual's preferences regarding formality, personal space, and family involvement.

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

❑ The government requires our customer service ratings to be made public so that they can be compared with other hospitals. This is referred to as HCAHPS which stands for Hospital Consumer Assessment of Healthcare Providers and Systems. This makes our Patient Satisfaction Scores & Core Measures even more important.
- Be aware of the Quality Indicators required by The Joint Commission and CMS (Centers for Medicare and Medicaid Services)
- Check with your manager to help us reach our goal to be above the Alabama State average and the National average.
Remember, it is about being chosen by our customers and their families.

❑ We are striving for 100% customer satisfaction, and customer service is our livelihood.

❑ Promote the daily habits and our **P.R.I.C.E.L.E.S.S.** core values.
- ❤ Professionalism ❤ Respect ❤ **Integrity** ❤ Caring/Compassion
- ❤ Excellence ❤ **Listening** ❤ Empathy ❤ Smile ❤ Sharing/Teamwork

❑ Make sure you allow others to enter the elevator before you enter, because you are the host.
❑ Be careful not to discuss work situations or information in front of visitors
❑ Do not carry-on conversations with co-workers when transporting a patient. The patient is our #1 priority.
❑ Please promote the Priceless person nominations. The forms are on the intranet.
❑ Demonstrate co-worker courtesy, teamwork and mutual respect consistently, because quality is important to each of us and we are family.
❑ Remember to wear your hospital nametag above your waist so others can read it. Besides getting you a discount at the cafeteria, it is important from both a safety and a customer service standpoint.
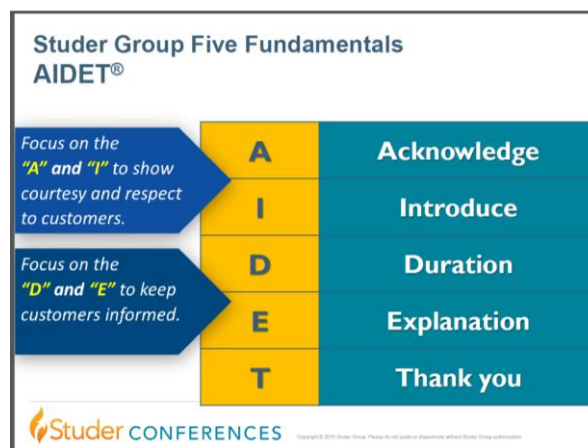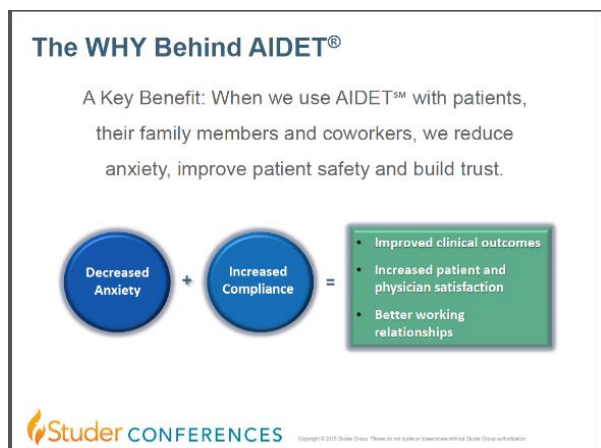
❑ *Service recovery* is important because it shows we care about and respect each person; it can improve customer loyalty and it is a strategy to help us achieve our mission and enhance patient engagement.
❑ *Tante King, RN, (340-7946) is our Patient Satisfaction Coordinator and a key resource in addition to your manager.*

Importance of Teamwork
- Collaboration is essential to achieving organizational goals.
- Eliminate fear and build confidence. Remove departmental barriers for coordinated care.
- Encourage respect, patience, and positive communication.
- Avoid defensiveness and unnecessary arguments. Foster an uplifting work environment free of negativity.

Phishing emails are designed to trick victims into clicking on a link or opening an attachment that launches malware. To safeguard against phishing scams and malware you should delete suspicious email. Suspicious emails may include typos in the links contained in the email, claims of winning a contest, sense of urgency with deadlines, or requests to confirm personal information a sender should already have. Be sure not to conduct personal business on a Springhill computer or by providing your Springhill email address.

KnowBe4 is SMC security-awareness training and simulated phishing platform.
KnowBe4 is used to raise awareness of threats to information security, and train users to protect themselves and their institutions from those threats.

KnowBe4 Cybersecurity Training;
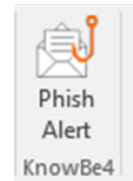* Always be alert & aware <u>even</u> if the sender is someone you know
* Do <u>not </u>click on links
* Never give your password
* Never give your social security number
* Report all suspicious emails with this "Phish Alert" button in your email
* See HealthStream Links for the KnowBe4 link

An example of some of **KnowBe4** Topics include: Security Awareness , Strong Passwords, Security Online Behavior

If you don't know how to use your Phish Alert Button (PAB), need to install it, or other issues, call the Help desk at 3425.

Phishing Emails   **Be Alert & Aware**

* Use the "Phish Alert" button to report a suspicious email

Phishing is:
A technique used to fraudulently obtain usernames, passwords, credit card numbers, and other sensitive information

Fraudulent emails typically ask you to:
• Open an attachment ***Do not open
• Click on a link which redirects you to a malicious website ***Do not click
• Prompts you to enter personal information ***Do not enter your info

Anatomy of Phishing Emails
Contains links or attachments
Poor grammar and spelling
Requests personal/sensitive information
High sense of urgency or threat
Discusses confidential subjects
Incentives through threat or reward

Dietary – Especially for You (EFU) & Nutrition Care Manual

Expressly for You (EFU) Room Service Dining is offered to patients. Meals will be served at designated times. Diet office will contact Patients to obtain their orders.
Nursing Info Line = **5264**

Patient <u>must</u> have diet order in Sunrise before receiving a meal

Sunrise Diet Entering Procedure:
- Enter prescribed diet Rx
- Enter room service participation level: Appropriate, Appropriate w/Assist, Not Appropriate
Nursing Responsibilities:
☆ Assess patient's ability to participate.   Orient patient to room service process upon admission.
☆ Coordinate insulin/hypoglycemic meds with patient meals.   If needed, reposition patient for meals.
☆ Remove patient's meal tray from their room and place in soiled utility cart located on each unit.
☆ Reassess patient's participation level for changes during stay.
☆ Update diet order changes timely by discontinuing old diet PRIOR to inputting new diet.

User name: **robin.franklin@springhill.org**   Password: **nutrition**

After-hour meals for patients can be ordered by clicking the Catertrax icon on your desktop. The Customer Login User name is your unit number. The password is the word Unit and your unit number (i.e., Unit 1100).

After hour meals can be ordered any day of the week from 6:30pm-8pm.
Select: AYR Guest Tray > Nursing Only After Hour Meals
Select: Type of Diet > Food Choices > Patient's Name, Room Number
Choose: Delivery Date and Time   Approval email: none@none.com

Discharge Planning

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

Emergency Alerts in Plain Language

The safety codes for emergencies were replaced with plain language on 9-21-22.
Benefits: Clear Communication, quicker response, reduced confusion, & Plain Language Alerts are supported by The Joint Commission (TJC) for safety purposes. This also helps employees who work at different hospitals with different code names.

Three Types of Alerts: Medical, Security, or Facility

Medical Alert: (Medical emergency requiring clinical response)
 • Cardiac Arrest (*was Dr. 999*)   • Rapid Response Team
 • Mass Casualty Incident (*was Mass Casualty Incident)*

Security Alert: (Security threat to the facility or specific location within)
• Active Shooter   • Bomb Threat
• Child / Infant Abduction   • Lockout / Lockdown
• Security Assistance (Security will respond and make the call for assistance)
• Missing Person (Give a good description of person, age, clothing, hair color, etc.& get cell # of the person reporting the missing person.

Facility Alert: (Emergency that affects all or part of the building and occupants)
 • Fire Alarm   • Hazardous Material Spill
 • Weather   • Technology Interruption
 • Utility Interruption • Command Center Activation

Calling one of 3 types of Emergency Alerts: (Facility, Security, or Medical)
- ❑ Call 3333
- ❑ Give your name and location
- ❑ State the type of Alert (Facility, Security, or Medical)
- ❑ State the type of Emergency (ex. Fire, Cardiac Arrest, Missing person, etc.

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

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

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

Why should you avoid placing liquids on top of electrical equipment?
Most liquids are conductive, putting you at risk for electrical shock if spilled and causing permanent damage to the equipment.

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

Who should you report these electrical hazards to? Biomedical Engineering at 5272 or Engineering at 5271

How can you identify an emergency power outlet?
In case of power interruption, the hospital maintains backup diesel generators. Within 10 seconds of a power failure the generators will power critical areas and equipment. <u>Emergency power outlets are identified by red outlet plates.</u> (Receptacle covers)

EMTALA, LWBS, AMA, and Elopement

EMTALA: It's the Law
The Emergency Medical Treatment and Labor Act (EMTALA) is a federal law that requires anyone coming to an emergency department to be stabilized and treated, regardless of their insurance status or ability to pay. Hospitals are required to take numerous measures to comply:
1. Ensure risks and benefits are explained to patients and/or person acting on the individual's behalf who refuse to consent to medical screening examination.
2. Document steps to secure the individual's written informed refusal.

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

LWBS: Leaving Without Being Seen (Ensure good faith effort)
If a patient leaves without being seen (LWBS), notify the nurse before they leave, or the hospital staff witnessing a patient attempting to leave after being triaged but before being placed in a room.
1. Document why patient is leaving
2. Urge the patient to stay then educate them on risks of leaving without being seen and document and notify MD reason given by patient for leaving without being seen
3. If possible, have the patient sign AMA form. If possible, provide patient with Exit Care AMA

AMA: Against Medical Advice
Patients leaving without being officially discharged by an MD. Patients discharged AMA are considered a vulnerable population and suffer increased morbidity, mortality, healthcare cost and rate of readmission.
 *Notify the physician immediately of patient expressing the intent to leave and why the patient is leaving.
 *Urge the patient to stay, then educate them on risks of leaving AMA.
 *Have the patient sign the AMA form and give Exit Care AMA papers and document if the patient or representative refuses to sign
 *Place an AMA discharge order
 *All physicians/groups need to be notified of the patient leaving AMA
 *Quality Assurance Communication (QAC) needs to be completed

Elopement -What to do when patient leaves without acknowledgement- Good Faith Effort
If unable to locate the patient/family anywhere inside or outside the facility, you must open a nurse's note and document your attempt to find the patient at the facility.

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

　*If the patient answers, then educate patient on risks of leaving without being seen and encourage them to come back to the facility and document the information from the patient.

　*If no answer, document attempts to contact the patient.

*Notify the admitting physician of the elopement.

*Obtain and enter an order for discharge via elopement. 　　*QAC needs to be completed.

Ethics

What to do if you encounter an ethical conflict with any of your patients during hospital hours & after hospital hours:
1. Notify the switchboard 　　2. Call the House Supervisor/Administration 　　3. Call Quality Assurance/Risk Management

Evidence Based Practice

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

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

Fall Prevention

- Fall Risk Assessment is done on admission, transfer, daily, status change, or if a fall occurs.
- Patients at high risk for falls are placed on Fall Prevention Guidelines.
- SMC uses the Morse Fall Risk Assessment
- Fall Precautions

  - Pay attention to where you're walking and any hazards in the way.
  - Walk, don't run.
  - Keep aisles, stairs, and walkways clear of tools, materials, cords, etc.
  - Report broken flooring, stair rails or steps, ladders and burned-out lights by putting in an engineering request.
  - Clean up leaks and spills promptly.
  - Mark spills and wet areas with warning signs.
  - Practice good housekeeping and dispose of trash promptly and properly.
  - Frequently monitor the environment for safety.
  - Keep drawers and doors closed when not in use and picking up loose items from the floor.
  - Avoid leaning back in chairs.
  - Avoid leaving boxes, files, or cords in the aisles around desk.
  - We should all do our part to promote safety in every department here at Springhill Medical Center

Help protect our Patients, Visitors, Vendors and Staff.

Fall Prevention Reminders

- **Maintain a quick response time for cleaning up spills, etc.**
- **Report wet conditions, construction hazards and uneven surfaces.**
- **The first person who sees an object where it does not belong is responsible for picking it up or moving it immediately.**
- **The first person who sees a wet or slick spot on the floor or ground is responsible for cleaning it immediately.**
- **Anyone who sees a wrinkled rug or trip hazard is responsible for fixing it or getting it fixed immediately.**
- **Anyone who sees a light bulb that isn't working is responsible for entering an engineering request as soon as possible.**
- **Cords across pathways must be removed, or the pathway must be marked and blocked while the equipment is being used.**
- **Staff should be alert for trailing electrical cords in patients' rooms.**

Help us promote our Culture of Safety!

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

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

Three Numbers
Can Save a Life
0000588**555**

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

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

Labeling Specimens Reminders:
- **Never pre-label tubes/containers prior to collecting specimen**
- **Never hand off unlabeled specimens to other personnel for labeling**
- **Never bring specimens to nurse's station to label**
- **Perform the labeling at the patient's side after proper identification of patient**
- **Never state the person's name and date of birth, because it is safer to ask the person to state their full name and date of birth.**

   ex. "For patient safety, tell me your full name & birthday"
   ex. "Because you are my partner for safety, tell me your full name & birthday"
   ex. "Because we focus on safety, tell me your full name & birthday"

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

   Our Culture of Safety Depends on You! (Every patient, every time, & every label.)
   Help us be the Safest Hospital in the Country

Helicopter Pad Safety

Helicopter Pad Safety protects patients, visitors and employees from injury on and around the landing area.
- Stay alert
- There is to be a maximum of two (2) employees to assist with "Hot-Unloads" unless flight crew requests more.
- Remove all sheets, pads and any items that could be blown away.
- Never approach aircraft until signaled to do so by the flight crew.
- All instructions will come from the flight crew. Stay away from the tail of the aircraft.
- No running or smoking within 50 feet of the aircraft. Carry all equipment from the front of the aircraft.
- Do not assist crew in opening or closing aircraft doors. (Follow directions of the flight crew.)
- Groups must be kept away from the aircraft at least 100 feet at all times.
- Limit personnel to those required to attend the patient.

Infection Prevention & Control

==Please remember to notify Employee Health and complete an Incident Report on ALL employee injuries and exposures. Timeliness of reporting is crucial and should be completed at the time of the event. Completion of this report, in the manager's portal, provides notification to HR and EH for needed UDS, exposure labs, and follow-up. After hour notifications should be called to the house supervisor.==

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

COVID-19 Safety Reminders:
- Be diligent and stay safe and healthy while keeping others healthy too.
- Perform hand hygiene before and after removing a face mask
- Wash hands frequently with soap and water for at least 20 seconds
- Avoid touching your eyes, nose, and mouth because they are entry points for germs to get into your body
- Clean and disinfect frequently touched objects and surfaces
- Be alert for symptoms of fever, cough, shortness of breath, & other symptoms

● **Hospital-Associated Infections (HAI):** caused by viral, bacterial, and fungal pathogens. Patients can be exposed to these organisms from healthcare personnel, medical equipment or devices, or hospital environment. **Up to 70 percent** of certain cases of healthcare-acquired infections **(HAIs)** may **be preventable** with current evidence-based strategy.

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

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

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

● **Ventilator Associated Pneumonia (VAP)**
- Head of the Bed 30 degrees
- Oral Care every 4 hours and PRN

- No routine lavage when suctioning
- Flush tube with sterile water only
- Peptic ulcer prophylaxis
- Sedation vacation

Hand Hygiene to Prevent the Spread of Infection – Why is handwashing important?
Handwashing is the #1 way to prevent infection. Our reimbursement is linked to Quality.
Payers will no longer reimburse us for patients who acquire an infection during the hospital stay.
So, we need your help to save lives.

Hand washing:
- Wash your hands when visibly soiled or contaminated.
- Vigorously rub hands up to wrists for 20 seconds. **(Length of singing the Happy Birthday song twice)**

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

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

Hand Decontamination with Alcohol Hand Rub

Alcohol hand rub is an acceptable means of hand hygiene if hands are not visibly contaminated with blood or body fluid. (But it is ***not*** effective against ***C. difficile*** since it has spores.)
After using the alcohol hand rub 6 times then wash hands

Please "Foam In" when entering a patient's room and "Foam Out" when leaving a patient's room.

Other Aspects of Hand Hygiene
- Nails should not be longer than ¼ inch
- Do *not* wear artificial nails or extenders when having direct patient contact.

Supplies, Equipment, & Linen
- Expired supplies are a safety violation so please check expiration dates on supplies including foam-in/foam-out containers, alcohol wipes, syringes, etc.
- EKG pads need to be placed in a ziplock bag & labeled with a 28-day expiration date from the time opened.
- Wet Contact Time for Micro-Kill Two Wipes = 2 minutes
- Wet Contact Time for Micro-Kill Bleach Wipes = 3 minutes (used for C.diff and hospital pumps)
- Wet Contact Time for Micro-Kill AF2 Wipes = 2 minutes (used for computer screens & patient bedside monitors)
- Know how equipment needs to be cleaned per manufacturer's Instructions-for-Use (IFU)
- Make sure no equipment is in the hallway for more than 30 minutes
- Make sure nothing is blocking exit doors, fire extinguishers, pull alarm stations, oxygen shut off valve, etc.

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

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

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

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

Green Bag for Torn or Rejected

Equipment Cleaning
- Always clean equipment before it touches a patient. Clear bag indicates equipment is clean.
- Close the lid for the wipes container to keep them from drying out.
- Use Gray PDI wipes for keyboards

Dirty Equipment
- Cover with a brown bag to indicate soiled equipment

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

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

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

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

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

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

Personal Protective Equipment (PPE)

PPE is a barrier and is supplied by the hospital at no cost to you.
Remove the most contaminated PPE first.
Dispose of only PPE saturated with blood in a red bag

PPE includes:
- Gloves, Gowns, Caps, Masks, Face Shields, Shoe covers
- Aprons, Ressuscitation Devices, N-95 Respirators

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

*****Without exception, gloves must be worn to draw blood or start an IV.
What do you do if you get blood on your uniform?
1. Remove the garment penetrated by blood or other infectious materials.
2. Change into clean scrubs.
3. Bag your garments.
4. Label bag with your name and department.
5. Give the bag to the EVS supervisor to send to the laundry.

DONNING PPE IN THE FOLLOWING ORDER PRIOR TO ENTERING ROOM/AREA ↓	REMOVE PPE IN THE FOLLOWING ORDER PRIOR TO LEAVING ROOM/AREA ↓
1. HAND HYGIENE Wash hands with soap and water if visibly soiled; use alcohol hand rub if not visibly soiled.	**1. REMOVE GLOVES** Grasp near wrist, peel of turning inside-out and hold on gloved hand (outside of gloves are contaminated). Slide finger under wrist of remaining glove and peel off from inside over 1st glove; discard appropriately.
2. ISOLATION GOWN Put on and fasten at the back at the neck and waist. If surgical head cover is needed; place at this time.	**2. REMOVE GOGGLE AND FACE SHIELD** Grasp ear or head pieces and lift away from face (outside is contaminated). Place in designated receptacle for disposal or decontaminate goggles for re-use.
3. MASK OR N95 RESPIRATOR (PR) Secure ties or elastic bands at the middle of the head and neck. Fit snug to face. Fit check N95.	**3. REMOVE GOWN** Unfasten ties and peel gown away from neck and shoulders. Turn contaminated outside toward the inside. Fold or roll into a bundle; discard.
4. GOGGLES OR FACE SHIELD Place over face or eyes and adjust to fit.	**4. REMOVE MASK AND HEADCOVER IF WORN** **Mask:** untie bottom tie, then top tie. Remove from face; discard **N95 (PR):** Lift bottom elastic band, then the top elastic band over head; remove and then discard.
5. GLOVES Put on gloves and pull over cuff of the gown and cover wrist.	**5. HAND HYGIENE** Wash hands with soap and water if visibly soiled; use alcohol hand rub if not visibly soiled.

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

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

 Exposure Control Plan (ECP) is found with our other Policies and Procedures located in Policy Stat. The ECP identifies specific measures SMC takes to minimize exposure to you and what to do if you are exposed.

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

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

Transmission-Based Precautions

Contact Precautions

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

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

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

MultiDrug-Resistant Organism (MDRO)
An antibiotic-resistant organism is bacteria or a germ that is not killed by the usual medicines (antibiotics). If an infection results from such an organism, a stronger drug must be used to treat it.
- MRSA - Methicillin-Resistant *Staphylococcus aureus*
- VRE – Vancomycin Resistant *Enterococcus*
- ESBL – Extended-Spectrum *Beta-Lactamase*
- Other Resistant Gram-Negative Rods

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

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

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

Steps to Stop the Spread of Multidrug-Resistant Organisms
● Hand Hygiene   ● Screening & Decolonization of Patients   ● Make Sure the Infection is documented
● See that Other Units and Facilities are Notified   ● Wear Personal Protective Equipment   ● Use Good Housekeeping

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

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

Influenza/Flu:
Influenza Symptoms:

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

●Fever* or feeling feverish/chills   ●Cough   ●Sore throat   ●Runny or stuffy nose   ●Muscle or body aches   ●Headaches

●Fatigue (tiredness) ●Some people may have vomiting and diarrhea, though this is more common in children than adults.
It's important to note that not everyone with flu will have a fever.

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

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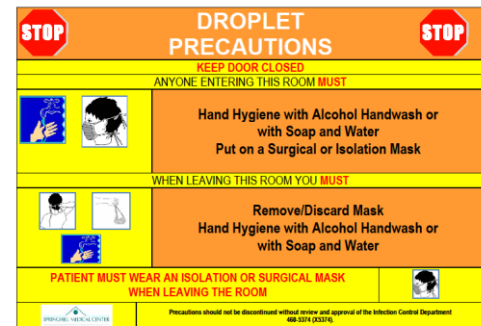
Airborne Precautions

➢ Airborne precautions are used in addition to standard precautions for patients who have respiratory symptoms and are suspected of having diseases that can be spread by smaller particles that remain suspended in the air for sufficient time that individuals in the area can inhale them

➢ A negative pressure room is required for a patient on Airborne Precautions. The negative pressure rooms at SMC are: 1005, 1311 through 1322, 2108, 2411, PACU, 3211, 3313, 4201, ED Peds.

➢ Negative pressure rooms for Airborne Precautions must be documented daily if in use.

➢ Healthcare workers should wear N95 respirators when entering the room

➢ Healthcare workers must be face fitted to wear the N95 respirator

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

Pressure Ball System illustrates positive or negative pressure

Physical Environment

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

❖ Cleanliness

    Minor cleaning is the responsibility of all staff members

    When you see trash on the floor or ground, discard it and immediately wash your hands

    Report overflowing trash containers to the Environmental Services department

    Use enhanced cleaning for all Isolation Rooms

❖ Function

    Malfunctions pose a hazard to all patients, visitors, and staff

    All malfunctions should be reported to the appropriate party as soon as they are discovered

Patient-care equipment

❖ Should be maintained in a clean and serviceable state at all times

❖ Cleanliness is the responsibility of all staff members

❖ All malfunctions should be reported to the appropriate authority as soon as they are discovered

Food and Drink

❖ Storage in designated areas is mandatory

❖ Appropriate areas for consumption are designated lounges and cafeterias only

❖ Eating or drinking at the Nursing stations and other patient care locations is prohibited because food & drinks can become contaminated.

Refrigerators

❖ Storage of food & medications

❖ Maximum storage time for opened, labeled and dated foods is 3 days (72 hours)

❖ Foods must be maintained at designated temperatures at all times

❖ Never place employee food, etc. in patient refrigerators

❖ Temperature logs maintained daily for patient refrigerators

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

Biohazard

Warns personnel that a container's contents are potentially infectious.

Labels containing the biohazard symbol are required for:

    a. Refrigerators that contain potentially infectious material

    b. Regulated medical waste

    c. Contaminated equipment

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

What is OneSource?
- **OneSource** is a web-based solution allowing all healthcare departments and staff easy access to Instructions For Use (IFUs), cleaning protocols, & service manuals & for Safety Data Sheets (SDS)
- OneSource gives you quick and reliable access to this information, 24 hours a day.
- Compliance with these directives is critical to patient health and facilities accreditation.

The World's most complete Library for
- **Surgical Instruments & Equipment-** IFUs for reusable surgical instruments, Devices and equipment
- Specialists maintain the documents on a daily basis

- www.onesourcedocs.com   Username: springhill   Password: springhill*251

Opioid Stewardship - because we care about every Patient.

Hard Dose Caps placed on IV Opiate Doses-Max Doses

	Dose Limit	Frequency Limit	Max 24 hr Dose	One Time Dose
Hydromorphone IV	1 mg	Q3H	8 mg	2 mg
Morphine IV	10 mg	Q6H	60 mg	10 mg
Meperidine IV	75 mg	Q4H	450 mg	150. mg

- ☐ Exceptions
  - i. Required entry order – "Opiate High Dose Approved – End Life Care"
  - ii. Ventilated Patients
- ☐ All other request
  - i. require a pharmacy order entry, a phone call with the physician, and required education prior to approval.
  - ii. IV narcotic orders over the dose cap are reviewed in the medical executive committee
- ☐ Only one scheduled narcotic order allowed

2. IV narcotic orders over dose cap are reviewed committee
3. Only one scheduled narcotic order allowed
4. IV Narcotic De-escalation
   * When IV and PO PRN narcotics are available AND
   * Patient has not received dose of IV in 36 hours AND
   * Patient is not end of life care
   * Then the IV narcotic will be discontinued as a guideline order

POSS Sedation Scale

Sedation Level 0 - Asleep and easy to arouse
Sedation Level 1 - Awake and alert
Sedation Level 2 - Slightly drowsy, easily aroused
Sedation Level 3 —Frequently drowsy, arousable, drifts off to sleep during conversation
Sedation Level 4—Somnolent, minimal or no response to physical stimulation

Wait 2 hours before administering escalating doses of medication

Work toward oral pain control at least once each shift

Organ and Tissue Donation

By law, every death should be reported to the Alabama Organ Center (AOC). This should be documented on the AOC form; this form is available on each nursing unit. See your charge nurse or the house supervisor for contact information.
* Notify Alabama Organ Center (AOC) before talking with patient family regarding organ donation. Only a designated requestor can approach the family about organ donation.

Oxygen Cylinder Safety

Oxygen cylinders must be <u>secured</u> when in use. Stretchers and wheelchairs have special cylinder holders. <mark>Cylinder carriers with wheels or hooks that can hang on the headboards or footboards of beds are available from the Emergency department.</mark> **<u>Cylinders should never be standing or lying unsecured</u>**. Cylinders for patient transport should be <u>secured</u> or placed in a rack for "Full" or a rack for "Empty" tanks. Cylinders should be returned to the O2 storage room directly across from the Emergency Department break room. Only designated units should have O2 cylinders. Other cylinders must be returned.

Pastoral Care

Pastoral Care is available through Wiley Christian at ext. 1923 or by hospital operator. In addition, a chapel is located on the first floor of the hospital for all families and visitors. A Catholic Priest, Father Marcin Dudziak, is available to patients who do not have a Priest. His number is 251-599-5636.

Patient Confidentiality/HIPAA

We owe it to our patients: Keeping patient information confidential is the responsibility of <u>every</u> employee, volunteer, physician, and each member of our Health Care Team. A breach, compliance or confidentiality issue can be reported to the hotline at 380-0210 anonymously or to the HIPAA Privacy Officer, Candace Matheny.

Patient's Chart / Medical Record is a Legal Document of Information, whether paper or electronic. The information is protected by Alabama State and Federal Laws (HIPAA).   The document is the business record of the facility/hospital.

What is HIPAA? The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that protects patient health information from unauthorized access and disclosure. Physicians and other healthcare providers must comply with HIPAA regulations to ensure patient privacy and data security.

Key Components of HIPAA:
1. **Privacy Rule**
   o Governs the use and disclosure of Protected Health Information (PHI).
   o Grants patients' rights to access their health information.
   o Defines permissible uses and disclosures of PHI without patient authorization.
2. **Security Rule**
   o Requires administrative, physical, and technical safeguards to protect PHI.
   o Ensures that electronic PHI (ePHI) is secure and accessible only to authorized personnel.
3. **Breach Notification Rule**
   o Requires covered entities to notify affected individuals, the Department of Health and Human Services (HHS), and sometimes the media in the event of a data breach.

HIPAA Compliance in Daily Work
- Ask the patient if it's permissible to discuss his/her care with a family member or other requestor before sharing any medical information. Document the patient's wishes. If speaking with someone over the phone, verify caller's identity & appropriateness by asking for the patient's unique 4-digit privacy code.
- Patient's healthcare information should be accessible only to those who have a "<u>need to know</u>" to deliver care to that patient. Any other request should have a Release of Information form approved/executed by the patient prior to release.
- For security purposes, our computer system <mark>tracks each time you access patient information.</mark>
- <u>DO NOT</u> access information unless you have a business need or are participating in the care of the patient. ***Protected Health Information*** (PHI) that is not in use should never be left unattended to ensure patient privacy and compliance with HIPAA regulations. PHI should always be properly secured, whether in electronic or paper form, to

prevent unauthorized access. Confidential information <u>should not</u> be left in public places, thrown in the regular garbage, etc.

Best practices include:
- Logging out of systems when not in use
- Avoiding leaving PHI on computers, desks or printers unattended
- PHI no longer in use should be securely shredded
- Patient stickers commonly found on IV bags or pharmacy labels should be securely shredded are never placed in trash
- Labels containing patient information should be removed from items and rendered <u>unreadable</u> before discarding in the regular trash.

<u>Confidential Documents</u>

Discharge instructions and paperwork containing PHI should be carefully reviewed **page by page** to ensure accuracy and completeness before being given to the patient. This process helps prevent a reportable breach when accidental inclusion of another patient's information occurs.

Page-by-Page Best practices include:
- **Incorrect Patient Information**: Verifying that the paperwork belongs to the correct patient.
- **Avoid Mixed Paperwork**: Final-check every page so that no other patient's documents are included.
- Unauthorized access or disclosure of protected health information can result in monetary fines, for employees as well as the hospital, or the covered entity. If you disclose patient information by accident, you are still responsible and must report the accidental disclosure to the Privacy Officer. The HIPAA Privacy Rule protects most individually identifiable health information. Protected Health Information (PHI) includes information that can be used to identify the individual and relates to the health of the individual: ☑ Patient Name ☑ Social Security Numbers ☑ Date of Birth ☑ Telephone & Fax Numbers ☐ Reproductive Health ☑ Medical Records & Account Numbers ☑ Relatives' Names ☑ Treatment Information ☑ **Geographic subdivisions smaller than a state** (e.g., street address, city, county, zip code) ☑ Codes ☑ Photos ☑ Employers ☑ Occupation ☑ Email Addresses ☑ Payment Information ☑ Health Plan Beneficiary Numbers ☑ Certificate/License Numbers ☑ Device identifiers and serial numbers
- For the patient's security, as well as yours, you should <u>NEVER share your password with others</u>. Access to confidential information is audited and your password/login determines the appropriateness of the access. Also, NEVER let anyone use your password to access or document information.
- Always sign off the systems you are using before you leave your work area or workstation on wheels (WOW).
- Patients who decide to opt out of the directory are considered "Confidential." In Sunrise a confidential flag is displayed. Do not inform anyone of the patient's presence in the hospital if this flag is present.
- Know the **Red Flag Rules** to help detect, prevent and mitigate identity theft. Red Flag means a pattern, practice, or specific activity that indicates the possible existence of Identity Theft and can be discrepancies in medical records (e.g., conflicting medical history) and the use of suspicious Personal Identifying Information.
- Core privacy principles such as not discussing information about patients outside of SMC remain unchanged regardless of technologies or trends. Employees should never post patient related information on social media outlets such as Facebook or Twitter or "X", as the potential for violating privacy laws increase when healthcare professionals engage in the use of social media.
- If your job requires you to correspond with contacts outside of the organization, and the communication involves the use of protected health information or sensitive company information, Springhill's Data Loss Prevention policy requires encryption of emails and data prior to sending. To encrypt an email, type **encrypt** in the subject line of the email or in the body of the email, or select "send securely" when sending.

"Bee Alert" -- Use this "buzz phrase" to remind coworkers to keep patient information confidential

and not discuss patient information in inappropriate places (cafeteria, elevators, hallways, stairways, etc.)

Vendor Credentialing Springhill partners with the Reptrax (Intellicentrics) Company to carry out our vendor credentialing process. Please make sure any agency/vendor that shows up on your unit has signed into the system and has a badge. If they do not have a badge, you must send them back to the designated Reptrax sign in area to obtain one before they can see or participate in the care of the patient. Please notify Sharon Barnicle or Candace Matheny if you have someone this occurs with so we can address with that agency/vendor. In addition, they are not allowed to solicit business. They cannot sit and visit in the nurses' station as this is inappropriate access to a location that contains PHI and compromises the security of our physical workstations and information as related to the minimum necessary rule. (See additional info in this packet for Cybersecurity information.)

Medication Management: Herbal and Alternative Medications

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

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

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

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

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

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

Medication Occurrences

Medication Occurrences:

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

When a medication occurrence has occurred, a Quality Assurance Communication (QAC) is to be completed immediately online. It must be reported immediately to the Nurse Manager or, in their absence, the Assistant Nurse Manager, the Charge Nurse or Nursing Supervisor.

The patient is to be evaluated and the physician notified. Orders received will be instituted as soon as possible.

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

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

2025 Hospital National Patient Safety Goals

Identify patients correctly

NPSG.01.01.01

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

Improve staff communication

NPSG.02.03.01

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

Use medicines safely

NPSG.03.04.01

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

NPSG.03.05.01

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

NPSG.03.06.01

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

Use alarms safely

NPSG.06.01.01

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

Prevent infection

NPSG.07.01.01

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

Identify patient safety risks

NPSG.15.01.01

Reduce the risk for suicide.

Improve health care equity

NPSG.16.01.01

Improving health care equity is a quality and patient safety priority. For example, health care disparities in the patient population are identified and a written plan describes ways to improve health care equity.

Prevent mistakes in surgery

UP.01.01.01

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

UP.01.02.01

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

UP.01.03.01

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

Patient Rights

Patient Rights Address: • DNR •Advanced Directives •Research Projects ●Withdrawing life-sustaining treatments
• Informed Consent •Care at the end of life •Pastoral Care •Resolution of Complaints •Phone, visits, & visiting times
• Each patient receives written statement of rights •Organ Donation •Code of Ethical behavior (marketing, billing, etc.)
• Patient Visitation Rights

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

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

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

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

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

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

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

A person with a disability cannot be asked to remove his service animal from the premises unless:
(1) The animal is out of control and the animal's owner does not take effective action to control it (for example, a dog that barks repeatedly during a movie) (2) The animal poses a direct threat to the health or safety of others.

Pain Management

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

Policy and Procedures

To access a policy:
1. Go to the Chrome icon.
2. If the Springhill Medical Center website does not pop up, type in **www.springhillmedicalcenter.com** in the website address bar at the top of the screen.
3. Click on "Employee Portal" on the bottom of homepage of the SMC website.
4. Log into the employee portal with your assigned user name and password. New employees who need assistance, can contact Marian Faulk in Marketing at x4230. If you have never logged in before or are a new employee, please contact your manager to see if a System Access Request has been submitted for you to gain access to the Intranet.
5. Click on "Policies and Procedures" on the left side of page under Quick Links.
6. Select the tab "Area." Select the department. Click "Search Policies" and scroll down to see policies. Select the title of the policy you want to view.
7. Don't know the department? Type in a keyword, click on Search, and policies will appear.

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

No Blanket Orders

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

Quality Assurance and Performance Improvement

The Organizational Quality Assurance and Performance Improvement (QAPI) Plan at Springhill Medical Center (SMC) ensures that the Governing Body, Medical Staff and professional service staff demonstrate a consistent endeavor to deliver care that is optimal in an environment of minimal risk. The QAPI Plan is established by Administration and the Medical Staff, with support and approval from the Governing Body, to maintain an organization-wide program of continuous measurement, analysis and improvement of the care and services provided to patients. The key initiatives in the PI Plan align with the hospital's mission to be the best health care provider in Mobile where patients, physicians and payers can rely on our outstanding staff to efficiently provide health care that is unmatched in quality, convenience, and benefit of use in a courteous and family-oriented manner. The QAPI plan is also referred to as the PI Plan.

The primary goal of the Organizational QAPI Plan is to continually and systematically plan, design, measure, assess and improve performance of hospital-wide key functions and processes relative to patient care. Some examples of QAPI focuses at SMC include: Sepsis, Perinatal Care, Stroke, Venous Thromboembolism, and Outpatient Measures. The QAPI program also monitors regulatory compliance in the organization.

Some examples of a QAPI focus at SMC include: Sepsis, Perinatal Care, Stroke, Venous Thromboembolism, and Outpatient Measures. The QAPI program also monitors regulatory compliance in the organization.

Event Reporting using the Quality Assurance Communication (QAC) System

Guiding Principles: **Patient Safety is Everyone's Responsibility**

Springhill Medical Center supports a Just Culture, learns from error and near miss analysis, and implements evidence-based best practices.

Just Culture:
- Unsafe conditions and hazards are readily and proactively identified
- Medical or patient care errors and near misses are reported and analyzed
- Mistakes are openly discussed and suggestions for process improvements are welcomed

Why do errors occur?
- Human Error – you will make and witness mistakes
- Process/System Failures – inadequate training, processes reliant on memory, known failure points or workarounds, lack of clear policies or procedures, or lack of checks

Reporting Safety Events—What should be reported?
- **Incidents** – Any patient safety event that <u>reaches the patient</u>, regardless of whether the patient was harmed
- **Near Misses** – Any patient safety event that <u>did NOT reach the patient</u>
- **Unsafe Conditions** – Any circumstance that increases the probability of a safety event; also use for events involving Employees, Visitors, and Volunteers

Reporting Non-Patient Events
Any event involving an Employee, Visitor, or Volunteer should be reported as an Unsafe Condition.

Event Reporting Examples
When reporting, choose the event type that best fits the description of the event (such as Blood or Blood Product, Fall, Medication or Other Substance, Surgery or Anesthesia, etc.). Use "Other" only when the event does not fit neatly into any of the defined types and select from available Other Subcategory options (such as Abduction, Environmental, Alleged Patient Abuse, Clinical Alarms, Code/Emergency, etc.).

Who should use the system?
- **Frontline Staff** – No User ID/Password required to report
- **Management** – User ID/Password required to review safety reports in assigned departments or event types
- **Quality/Safety Professionals** – User ID/Password required to monitor and track events, ensure appropriate follow up, and identify priorities for improvement activities

Note: Event reports are automatically routed to Managers!

QAC Link Locations:
- Sunrise EHR (Under Hospital Documentation tab)
- SMC Intranet/Employee Portal (Under Quick Links)
- Desktop Icon
- HealthStream (Under Connections → QAC reporting link)

Tips for Reporting
- Report Near Misses to identify error-prone processes BEFORE they reach or harm patients.
- Submit Employee, Visitor and Volunteer events as Unsafe Conditions.
- Encourage staff to identify themselves when reporting—please add your name so we can reach you for questions!
- If interrupted, use the "Save As Incomplete" link.
  - Note: If the reporter has identified themselves while reporting (Name and Email Address), they will receive an Event ID in an email.
- If idle for 15 minutes, users will be exited from the system but all progress is automatically saved.

For more information and visual instruction on how to import demographic data from EHR, please review the HealthStream module.

For questions regarding the QAC Event Reporting System, contact: Quality Assurance/Risk Management, call 251-461-2096 (or if from a hospital line 2096)

Tools for Improved Communication, Teamwork, & Quality Performance Improvement:
Dig-it Root Cause Analysis
D = Describe what happened; Define the Problem (Concise Problem Statement)
I = Investigate/Excavate (Facts & Findings Summary)
- Opportunities for Improvement/Process Breakdowns
- Potential Process Breakdowns; Contributing factors/issues
G = Get to the Root Cause
I = Initiate a Plan (Plan, Do Check, Act = PDCA)
- Action Plans for Improvement; Select measurable Action Plan items to implement
- Set dates & key reporting person (Plan, Do Check, Act = PDCA)
T = Track your Results (Plan, Do Check, Act = PDCA)

Ask "Why?" five times in a Root Cause analysis, instead of asking "Who?"

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

Quality Control (QC) Testing

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

Rapid Response Team

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

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

- Acute change in heart rate less than 40, greater than140
- Acute changes in systolic blood pressure less than 80, greater than 180 despite treatment
- Acute changes in respiratory rate less than 10, or greater than 28
- Acute increase in oxygen requirements/deterioration in oxygen saturation
- New Onset Sepsis Score > 8
- Acute change in level of conscious: altered, difficulty speaking, weakness,
    - New onset or prolonged seizure
    - New, sudden pain
    - Significant acute bleeding
    - Or staff worried about patient
    - Failure to respond to treatment of vital signs outside of above parameters
    - Any acute changes in patient condition despite treatment
- ■ Dial extension 3333 & state: Medical Alert; Rapid Response Team & Give the patient's room number and then enter an RRT evaluation order in Sunrise
- ■ The operator will overhead page the Rapid Response Team
- ■ A patient or family member can call if they notice a medical change or feel that no one has responded to their concern. The call is initiated by dialing "0" for the hospital operator and stating they need help and the operator will overhead page the Rapid Response Team

Reporting to Regulatory Agencies

No disciplinary action for reporting safety or quality concerns.
The Joint Commission (**www.jointcommission.org**)   1-800-994-6610
AABB **(accreditation@aabb.org)** 1-301-215-6492
DHR (**www.dhr.state.al.us/index.asp**)   1-800-458-7214
CMS (**www.cms.gov**)   1-877-267-2323
CAP (www.cap.org)   1-866-236-7212

Resource Reference Items:	Location:
Braille Patient Rights	Patient Care Services Office (PCS)
Hearing impaired telephone device	Telecom/Switchboard
Nurse call device for handicapped patients	Contact PCS; return device to Central Sterile
HealthStream	Help desk x3425
Nursing Policies & Procedures	Clinical procedures refer to Lippincott manual of Nursing on each unit. All other policies are online at **www.springhillmedicalcenter.com** from any in-house computer. You are responsible to stay current.
Patient Rights	Patient Handbook
Lab manuals and Radiology manuals	Available online
Exposure Control Plan, TB Plan & Infection Control Policies	Available online
Joint Commission	Internet Access
Threatening telephone call checklist	Available online
Notice of Privacy Practices	Admissions
Abbreviation Manual	Available Online and PCS
Stratus real-time Audio/Video Language Interpreting	Interpreter Machine in PCS (Supervisor's office)
Interpreter **must** be certified interpreter (We cannot utilize an employee as an interpreter of medical information unless he or she is certified as an interpreter.)	

Sentinel Events

A Sentinel Event is an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, "or the risk thereof" includes any process variation for which a reoccurrence would carry a significant chance of a serious adverse outcome.

A Sentinel event signals the need for investigation and response

An unanticipated adverse outcome may be considered a Sentinel Event and is reviewed when one of the following occurs (for complete list with details, see the sentinel event policy):

- Suicide
- Unanticipated death of a full-term infant.
- Discharge of an infant to the wrong family.
- Homicide of any patient or staff
- Abduction of any patient receiving care, treatment, or services.
- Any elopement leading to death, permanent harm, or severe harm to the patient.
- Administration of blood or blood products having unintended ABO and non-ABO incompatibilities, hemolytic transfusion reactions, or transfusions resulting in death, permanent harm, or severe harm.
- Sexual abuse/assault of any patient receiving care or staff member
- Physical assault (leading to death, permanent harm, or severe harm) of any patient or staff member
- Surgery/ Invasive procedure performed at the wrong site, on the wrong patient, or that is the wrong (unintended) procedure
- Unintended retention of a foreign object in a patient after an invasive procedure
- Severe neonatal hyperbilirubinemia (bilirubin > 30 milligrams/deciliter).
- Fluoroscopy resulting in permanent tissue injury when clinical and technical optimization were not implemented and/or recognized practice parameters were not followed.
- Any delivery of radiotherapy to the wrong patient, wrong body region, unintended procedure, or >25% above the planned radiotherapy dose
- Fire, flame, or unanticipated smoke, heat, or flashes occurring during direct patient care caused by equipment operated and used by the organization.
- Fall resulting in any of the following: Any fracture, surgery, casting, or traction, required consult/management or comfort care for a neurological or internal injury, a patient with coagulopathy who receives blood products as a result of the fall, death or permanent harm as a result of injuries sustained from the fall.
- Any intrapartum maternal death
- Severe maternal morbidity **(leading to permanent harm or severe harm)** is defined as a patient safety event that occurs from the intrapartum through the immediate postpartum period (24 hours), requiring the transfusion of 4 or more units of packed red blood cells (PRBC) and/or admission to the intensive care unit (ICU).

The Hospital recognizes that the best way to prevent the occurrence of sentinel events is to continuously educate and encourage participation of hospital employees. **If a sentinel event occurs, notify**:
- **Administration at 460-5220**
- **Director of Quality Assurance/Risk Management**
- **House Supervisor in absence of above**

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

Suicide Prevention

Suicide Prevention includes:
Warning Signs
Talk;
    If a person talks about: Being a burden to others, feeling trapped and experiencing unbearable pain, having no reason to live, killing themselves, feeling tired & ready to end it all.
Behavior;

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

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

Sleep Disturbance-**I**solation-**G**iving away possessions-**N**o interest in anything –**S**eeing no future

Documentation for Suicide Prevention

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

SMC Suicide Policy: available in Policy and Procedures

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

SMDA (Safe Medical Device Act)

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

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

What is the purpose of this law?
The overall goal of the law is to help assure that: ⇨Devices entering the market are safe and effective.
⇨FDA learns quickly about serious device problems. ⇨Defective devices are removed from the market in a timely manner.

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

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

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

Trips & Falls Protocol for Non-Patients

If someone trips or falls out of the hospital:

♦ Call PBX operator immediately (dial 0) to contact Security.
Security will send the Security Supervisor over to fill out a report
♦ Ask: "Would you like to go to the Emergency dept?"
♦ **If the person says**: "Well, then who is going to pay?"   **Your response**: "I'm sure they'll be glad to file it on your insurance."
♦ Security arrives, fills out the form and takes the person to the Emergency dept by wheelchair or shuttle van; but if the person has visible injuries, EMS should be called to transport.
♦ If the person refuses to go to the Emergency dept then it must be documented.

What NOT to do:
♦ Never make stipulations about whose responsibility it's going to be.
  ex. Do not say: "We'll handle the bill."   ex. Do not say: "We'll take care of this for you."
♦ Do <u>not</u> convince the person that if they go to the Emergency Dept that the hospital will be responsible for the bill.
♦ Do <u>NOT</u> discuss the situation in the presence of the person.
  ex. Do not call and discuss the situation where the person can hear what is said.
♦ Instead: Call from another phone away from where the person is sitting.

If someone trips or falls <u>inside the hospital</u> (non-patients):

♦ **Notify House Supervisor**   ♦ **Nursing Supervisor will complete proper paperwork**

Utilities Management

The Utilities Management Program is administered by the Facilities Management Department. The program includes all essential utilities and services to support the environment of care. **The Utilities Management Program includes, but is not limited to, the following systems:**
Electrical Power, Critical Air Conditioning, Emergency Power, Water, Medical Surgical Vacuum, Elevators, Fire Alarm & Warning Systems, Fire Protection Water, Natural Gas, Communications, Medical Gases, Steam Boilers, Sanitary Sewer

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

Workplace Violence Prevention & De-escalation Reminders

Springhill Memorial Hospital strives to promote well-being of patients, communities and staff. Essential to well-being is physical and psychological safety. The purpose of the Workplace Violence Prevention policy is to reinforce Springhill Memorial's expectations of respect and professionalism, along with reporting, training, and other prevention initiatives against workplace violence.

Workplace violence is defined as an act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors. This is an organization-wide policy, applying to the hospital, Springhill Memorial, and any areas of Springhill Medical Center. This pertains to all staff (including employees, physicians/providers, volunteers, contracted services), patients and visitors.

The Workplace Violence Committee consists of representatives from Human Resources, Employee Health, Safety, Security, Risk Management and Administration. The Security Department will ensure robust security systems including door locks, cameras, and physical barriers. This also includes effective systems to warn others of a security danger or to summon assistance (i.e., panic buttons, emergency hotline "3333", and call boxes in parking lots).

All staff shall report immediately any acts or threats of violence occurring on system premises. If immediate attention is needed, please utilize panic buttons, emergency hotline "3333" and call boxes in parking lot. Reports should be made through the Quality Assurance Communication (QAC) and choose *workplace violence*,

and staff should notify their supervisor/manager, the Security Department, the Human Resources Department, or Quality Assurance department, as applicable.

<mark>**Workplace Violence Threat (WPVT) Door Magnet indicates patients who may pose a risk of harm to staff members (used in combination with Electronic Health Record (EHR header notifications).**</mark>

When you see the WPVT (Workplace Violence Threat) Magnet on the Door:
Be Aware, Alert, Cautious, & Respectful
Always Leave the Door Open in case you need to call for help.
Always let someone else know you are going into the room.
Take someone into the room with you if possible or have them at the doorway.
Acknowledge the Patient and Visitors when you enter the room.
Don't let the patient get between you and the door.
Be clear to the Patient as to why you are coming into the room (ex. I'm here to deliver your meal).
EVS: Never leave your mop handle unattended.
EVS: Never leave your chemical bottle in the room or leave it unattended.
Avoid making the Patient irritated or defensive.
Dietary: avoid touching patient's bed or medical equipment.
Dietary: place the bedside table where the patient can reach their food.

<mark>If a Patient or Visitor asks what the WPVT Magnet means:</mark>
<mark>Security has advised us to be truthful and let them know that we've had previous issues of violent or confrontational interactions with this patient and this magnet is placed here for the safety of our staff.</mark>

Please see the Workplace Violence Prevention Policy on Policy Stat for more information.

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

Tips for Defusing Anger:
⇨ Words to show their concern is important to you: "Let us talk about it. We will work it out. We are here to help you."
⇨ Words to Avoid: "Calm Down" (this is like throwing gasoline on a fire), "You had better…", "Because I said so"
⇨Listen respectfully-- Let them vent their feelings.
⇨Show, by words & body language, that what is being said is important.
⇨Address the person by name.
⇨Use non-judgmental or empathetic words as you remain calm and respectful.
⇨Do not walk out on the person unless they become abusive.

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

4 Guiding MindSet De-escalation Principles
P = Promote Choice and Trust
A = Avoid Power Struggles
S = Seek Pro-Action vs. Re-Action
S = Set-up Everyone For Success

Demonstrate & Promote our Priceless Value of Respect

See additional information on HealthStream and inservices like:
- AC=ES=Advanced Communication = Excellent Service
- Empathy, Compassion, Sensitivity, & Respect
- MindSet De-escalation
- HIPAA
- EOC Safeties

Wheelchair Transfer Steps & Transporter Professional Etiquette

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

PRIVACY
DIGNITY
RESPECT

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

Safety Reminders: Remember, always clean your hands before touching your patients.

- **Avoid leaving boxes on floors & make sure Linen is covered and no linen on floors**
- **No Food/drinks at the nurse's station or on computer carts**
- **Wash hands before and after patient contact**
- **Doors must not be propped open**
- **Return medications of discharged patients to Pharmacy**
- **Multidose medication *needs to be* dated**
- **Keep temperature log *current* for refrigerators that hold medication and patient food**
- **Be able to locate policies on the computer website**
- **Be able to know location of fire extinguishers and eye wash stations**
- **Open wire storage racks & carts need a solid bottom to prevent soiling or contamination from the floor**
- **Yellow disposable isolation gowns need to go into a clear trash bag**
- **If the Isolation gowns are saturated with blood, then place it in a red bag**

- **Place an engineering request for any stained ceiling tiles**
- **Make sure oxygen cylinders, etc. are secure to prevent them from becoming missiles**
- **Remember, <u>Safety Data Sheet (SDS)</u> is the new name that replaced Material Safety Data Sheets**
- **<u>Never</u> put any linen in a red bag; always use a blue bag because it goes through a sterilizing process**
- **You are responsible to help make sure that nothing is blocking a fire extinguisher, fire pull alarm, exit door, oxygen shut off valve, or elevator door. If you see a computer cart or crash cart, or something else blocking any of these be sure to move the item because this is a Life-Safety issue.**

- For Patient Safety, check <u>Two</u> Patient identifiers <u>each</u> time you provide care, treatment, & services:
  - Patient's name & Birth date on armband (Administering blood - Medical Record number)
  - Do <u>not</u> state the person's name and date of birth. Instead, <u>ask them</u> for their full name and date of birth.
  - For example: <u>Do **not** say</u>: "Is your name, John Doe?" (Because a yes or no question is not as safe)
  - Instead Say: "**For Patient Safety**, please tell me your full name and birth date" (because this explains to them why you are asking & gets them involved in their Care)

  - **Final Check** prevents mislabeling – Make sure to Stay at the <u>Patient's side</u>: Confirm full name, birthday, collect blood specimen, verify last 3 digits of Medical Record #, say them Out Loud! Conduct a Final Check every time for every label with every patient!

We need your Help to protect <u>You</u> & <u>Others</u>.

Help Prevent <u>Needle sticks</u>, <u>Back Injuries</u>, & <u>Expired Supplies.</u>
Be aware & look for any sharps on bedside table, bed, equipment, etc.
Be careful to not stick yourself when disposing of a needle
Be careful when disconnecting IV tubing to make sure fluid does not splash
Be careful of sharp objects on equipment and report them
Be careful of a patient moving & causing a needle stick
**Do not recap a needle**
Never throw needles or sharps in trash bags because someone else could get stuck by it
Discard needles & sharps in sharps containers
Please protect the one back you have, because back safety is vital to your health.
Expired supplies are a safety violation so please check the expiration date.
Make sure you ask your manager, supervisor, or instructor about questions you have.
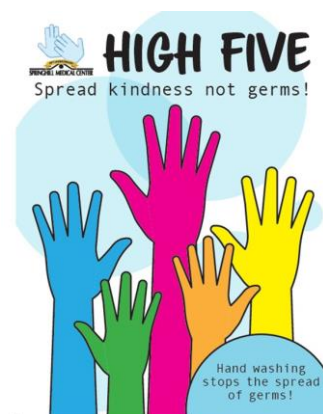
Be aware of what you throw away:

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

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

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

Important:
- ◼ It is dangerous to dispose <u>Red Bag</u> waste in regular trash.
- ◼ <u>Red Bags</u> are more expensive.
- ◼ Soiled linen ALWAYS goes into soiled <u>Blue Linen Bags</u>.
- ◼ The linen company treats all linen as contaminated!

- Do not put linen into <u>Red Bags</u>.
- All chemotherapy items go into the <u>Yellow Chemo Box</u>!
- <u>Green Bags</u> are for torn or worn-out linen because it gets exchanged.

Know Your Bag Color

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

Twist and Tape Red Bags
Tightly Secure All Other Bags

Help Improve Call-Light Response Time

- Notice the call-light on & stop to check on the Patient.
- Say: "I see your call-light is on, may I help you?"
- If it something that requires a nurse or aide, tell the Patient: "Ok, my name is _____ from _____department. Let me get someone to help you." (Tell nurse or aide what the Patient needs.)

- If it is something you can help with, please do, (ex. blanket, ice, turn air up/down, etc.)
- Please help patient if you can because this increases trust and reliability.

Clinicians:
- Work as a team and respond to call lights of unavailable staff members
- Unit Secretary/Monitor Tech will alert available staff to active call-lights
- Say "Remember our NO PASS ZONE" to staff who walk past active call-lights

Help keep Patient areas Quiet so they can Rest & Recover (Quietness is an HCAHPS question)

HIGH FIVE
Spread kindness not germs!

Hand washing stops the spread of germs!

AC=ES
Advanced
Communication
=
Excellent Service