Black River
MEMORIAL HOSPITAL

Alternative Orientation Handbook

A handbook for clinical students, trainees, vendors, contracted, agency and other personnel.

The Alternative Orientation Handbook is provided by the Organizational Development Department to facilitate orientation of new employees, students, contract workers, vendors and other non-categorized workers who are not able to partake in the preferred face-to-face orientation process. This handbook provides a general, standardized introduction of core materials based upon requirements of regulatory bodies including, but not limited to: a) The Joint Commission (TJC), b) Occupational Safety and Health Administration (OSHA), c) Centers for Medicare and Medicaid Services (CMS), d) National Patient Safety Goals (NPSG), etc. Department-specific systems may have additional training requirements which will occur within the scheduled department.

** Disclaimer: The goal of the Alternative Orientation Handbook is to provide an overview of core content related to the on-boarding of the new employee/worker/personnel/student/etc. Some topics in this overview may not necessarily pertain to the readers' direct job duties while other job duties will have a direct correlation. Information included in this handbook is therefore recognized as not all-inclusive. Whenever additional information is needed for greater understanding, the participant is directed to a specific policy/procedure to assist with understanding. It is the direct responsibility of the participant/reader to pursue additional information as directed. Directions for accessing BRMH's policies and procedures have been included.

BRMH Intranet: B-Net

- Location of the BRMH intranet:
    - Opens with log-in to the BRMH network and using the Internet Explorer icon
    - Not available off site – only when logged into the BRMH network
    - Review of B-Net home page:

Quick Links – Common items you will open:
Event Reporting
Emergency Plans
SDS (Safety Data Sheets – Hazardous Chemicals)
Clinical Procedures

Main Page Links – Common items you will open: Directories, Employee Pictures, additional Medical Resources, Dashboard, Policies

- Black River Memorial Hospital (BRMH) is located in Black River Falls, Wisconsin, a rural community located in Jackson County.

- **BRMH is:**
  - A community-owned, independent hospital.
  - Represented by a Board of Directors made up by community members – leaders of businesses, other healthcare facilities or agencies, governmental agencies, and city or county representatives.
  - A critical access hospital with a wide-range of exceptional services.

- **BRMH provides:**
  - Acute care and outpatient ancillary services
  - A community healthcare hub by operating a home-health agency, hospice, and durable medical equipment covering a 35-mile radius

- **BRMH patient populations:**
  - Elderly with multiple chronic diseases
  - Incomes below poverty level
  - Medicare and Medicaid are the top payer sources for reimbursement - currently equal to 50.6% of the total payer mix revenue (not including homecare, hospice or DME)

- **BRMH Patient service departments include:**

Emergency Department & Urgent Care	Obstetrics Unit	Medical-Surgical Unit
Ambulatory Surgery	Rehabilitation (Including Physical & Occupational therapy as well as Speech and Language Pathology)	Diagnostic Imaging (Including MRI, Ultrasound, & other Radiology Services)
Laboratory	Respiratory Therapy (Including sleep lab)	Home Health & Hospice
Pharmacy	Nutrition Services	Patient & Family Services

Performance Expectations

The priority performance expectation for each and every hospital employee, regardless of job description or assigned department is: providing exceptional customer service according to the standards set forth in BRMH's Mission, Vision and Values.

MISSION	VISION	VALUES	STRATEGY	GOALS
Serving you with excellence.	To be the best community hospital in the nation.	Excellence Progressive Integrity Collaboration Compassion	How we will do this. How we achieve the vision.	How we gauge our success.

BRMH Service Principle = Excellence Always

Employees are responsible for:

- Participating in departmental and hospital-wide performance activities
- Identifying and suggesting issues for review and consideration
- Assisting in the implementation and evaluation phases of current projects
- Providing input for new or established improvement activities
- Collaborating with the other hospital staff to ensure the success of each activity

Customer Service

A.I.D.E.T. framework to apply Key Words at Key Times

The expectation is staff uses these five simple steps to make a "positive first impression" and to ensure continuous, positive interaction throughout our customers' and patients' experience.

A.I.D.E.T. is the acronym representing the following:

- **A**cknowledge: the first step in forming a relationship. Be attentive; greet with a smile; be positive and friendly
- **I**ntroduce Upon introduction, give your name and the purpose for the encounter
- **D**uration: manage expectations by education about the length of time a particular procedure or request will take.
- **E**xplanation: Make sure the customer/patient is knowledgeable & involved in the conversation and their treatments. Use easily understood terms when providing information. Ask if there are any questions
- **T**hank You: "Thank you for waiting…providing information… choosing Black River Memorial Hospital

The advantages of using A.I.D.E.T. include decreasing anxiety, increasing compliance, improving clinical outcomes, and increasing patient and physician satisfaction.

"Ten-Five (10-5) Rule"

- When within 10 feet of another person (staff, visitor, customer, etc.) staff acknowledges others with
  - eye contact
  - a smile and/or
  - nodding of the head
- When within 5 feet of another person
  - staff provide a verbal greeting to another.

Customer Service Recovery

- A planned systematic process employees take to resolve customers' issues/concerns/complaints.
- Immediately, upon receipt of a complaint or concern enact the service recovery process (**HEART**):

- **H**ear the patient
- **E**mpathize
- **A**pologize
- **R**espond to the problem
- **T**hank the patient/customer/family member for sharing their concerns and **T**ake time to document in Event Reporting located via the BRMH intranet site: B-Net

Standards of Conduct

Black River Memorial Hospital's Standards of Conduct define customers as patients, families, visitors, staff, physicians, students and volunteers. BRMH's standards are represented within our five values.

EXCELLENCE

A journey of continual learning and improvement to deliver the best available care and service.
I understand following the hospital's Standards of conduct is the foundation of Excellent Customer Service and I will:

- Stay current with BRMH communications
- Remember that customers are not an interruption of may work, they are the reason I am here
- Respect a customer's time taking appropriate action on concerns, complaints, requests, and questions: finding someone else to meet the request if I am unable to do so
- Focus on anticipating customers' needs
- Take initiative to maintain facility cleanliness and safety, which signifies I care for my equipment and my environment
- Recognize "busy" and "short-staffed" are not words to use with customers as these words may cause doubt and anxiety about our ability to care for our patients
- Use proper hand hygiene
- Recognize that we each have an area of expertise that has brought us together to serve our customers, regardless of job, role or title
- Remain calm when confronted with or responding to pressure situations
- Be prepared for all emergencies and know the correct actions to take for all emergency codes
- Strive to do the job right the first time
- Perform my work with excellence

PROGRESSIVE

Exploring and trying new things that would deliver increased value.
I understand following the hospital's Standards of Conduct is the foundation of Excellent Customer Service and I will:

- Find solutions to problems, rather than complaining or blaming someone for them, and will ask you to do the same
- Encourage positive behaviors, reward and recognize and thank someone
- Understand job descriptions are guidelines for duties, but the purpose of the hospital is to "meet patients' needs" and "exceed their expectations"
- Seek out learning opportunities to enhance my skills and abilities to serve
- Recognize that change for improvement is necessary; flexibility is important

INTEGRITY

A commitment to doing the right thing first and foremost, even when it might be difficult or when no one is watching.
I understand following the hospital's Standards of Conduct is the foundation of Excellent Customer Service and I will:

- Knock prior to entering a room, identify myself and ask permission to enter
- Couch in private, commend in public
- Hold others accountable for meeting our standards of conduct
- Report to work on time and as scheduled
- Be honest in dealing with all individuals
- Be a positive member of my team
- Take responsibility for my work by being productive and following through with all tasks
- Maintain hospital and patient integrity by not discussing patient care or hospital business in public areas
- Convey an image of professionalism, understanding that my appearance reflects respect and willingness to serve out patient and other customers
- Use discretion in discussing private/personal matters in the workplace
- Not be rude or use offensive language as it will not be tolerated
- My actions will comply with all standards of conduct, compliance and legal expectations

COLLABORATION

Working with community members, groups, staff and care providers to ensure that BRMH serves as a vital connector to community services and resources. Doing so in a manner that is cooperative and mutually beneficial.

I understand following the hospital's Standards of Conduct is the foundation of Excellent Customer Service and I will:

- Not complain about another team member, and will ask you not to as well. If I hear you doing so, I will ask you to speak directly with the person(s) involved
- Do my part to ensure that this facility is a warm, supportive and enjoyable environment in which to work
- Offer assistance to co-workers and other departments
- Collaborate with people from my department and other departments to arrive at the best solutions for problems
- Notify the appropriate person or department as soon as I am aware that equipment need maintenance, regardless of my job role
- Share my knowledge with others

COMPASSION

Ensuring services are delivered in a caring, professional and personal manner. Committing to devoting resources to key areas of community need, as identified.

I understand following the hospital's Standards of Conduct is the foundation of Excellent Customer Service and I will:

- Be courteous on the phone and introduce myself and my role. Ask for permission before placing a caller on hold or using a speaker phone and wait for an answer. Thank the caller when I return to him or her, and use a tone of voice that is alert, pleasant, distinct, and expressive. I will never let my final response be "I don't know"
- Ensure my messages to customers are delivered with courtesy and clarity
- Smile, make eye contact, and speak in ways that are easily understood, recognizing that my body language and tone of voice convey more of my message than my actual words
- Treat customers with dignity, respect and compassion; and value and respect differences in background, experience, culture, religion and ethnicity
- Take action when I recognize the customer's expectations have not been met. I will apologize for any delay and make customers comfortable and informed as they wait
- Bring positive energy by acknowledging the customer, introducing myself, providing explanations, setting expectations and thanking them, in very interaction.

- Give a friendly and respectful greeting to all customers promoting a positive BRMH experience
- Help people find their way by escorting them to where they need to go whenever possible
- Utilize doors, curtains, blankets, as appropriate, to ensure privacy and explain to the patient why I am doing this. I will ask permission prior to removing garments/blankets
- Ask "Is there anything else I can do/get for you? I have the time"

Dress Code Guidelines
- Dress in a manner that enhances the hospital's public image as a responsible healthcare worker and presents a professional image.
- Hospital issued name badge must be displayed above the waist at all times.
- Clothing must be neat, wrinkle free, clean, in good condition, and properly fitting. Pants should not be tight or dragging on the floor. Pants should cover any undergarments (no underwear showing).
- No blue jean denim – except on Fridays – in good condition.
- Clothing cannot have holes or rips in them.
- Wear your BRMH logoed shirt and dress pants with nice shoes.
- Open toe shoes are prohibited in patient care areas,
- Hair/facial hair must be clean, neat and trimmed. Natural shades or subtle undertones are preferred; trendy hair color is acceptable as long as it is subtle and does not cover the entire head.
- Must be free from the smell of smoke.
- No perfumes, after shave colognes or lotion fragrances should be worn.
- Nails should be clean, neat, and not have chipped nail polish.
- Visible body/facial piercings (other than in the ears or small nose stud) are prohibited. Gauges are acceptable as long as they are no bigger than a dime.
- Visible tattoos are acceptable as long as they are not offensive to anyone.

Cell Phone Guidelines
- Should not be used during the shadow experience.
- At no time should these devices be used in patient areas.
- Use of these devices should only be used during break times and outside the view of the patients and visitors.
- All devices need to be silenced (ringer and vibrations) when in the hospital.

National Patient Safety Goals
- The purpose of the National Patient Safety Goals is to improve patient safety.
- The goals focus on problems in health care safety and how to solve them.
- The most recent topics of the NPSG include the following:

Anticoagulation Therapy	Central Line-associated bloodstream infections (CLABSI)
Critical tests, results and values	Surveillance Requirements for catheter-associated urinary tract infections (CAUTI)
Hand Hygiene	Transfusion Administration Safety
Clinical Alarm Systems	Multiple Drug Resistant Organisms (MDRO)
Medication Reconciliation	Two Patient Identifiers
Labeling of Medications	Surgical Site Infections
Universal Protocol for surgeries	

- Specific information pertaining to the NPSGs is included within the Alternative Orientation Manual and is easily identified with blue highlights: `NPSG`

Anti-coagulation Therapy `NPSG`

- Anticoagulation therapy can be used as therapeutic treatment for a number of conditions, the most common of which are atrial fibrillation, deep vein thrombosis, pulmonary embolism, and mechanical heart valve implant.
- Anticoagulation medications are more likely than others to cause harm due to complex dosing, insufficient monitoring, and inconsistent patient compliance.
- Patient education is a vital component of an anticoagulation therapy program
- Effective anticoagulation patient education includes face-to-face interaction with a trained professional who works closely with patients to be sure that they understand the risks involved with anticoagulation therapy, the precautions they need to take, and the need for regular International Normalized Ratio (INR) monitoring.
- The use of standardized practices for anticoagulation therapy will include patient involvement
- Before starting a patient on warfarin, a baseline coagulation status will be completed
- For all patients receiving warfarin therapy, the baseline status and current INR are documented in the
  Medical record.
- The current INR must be reviewed prior to warfarin medication administration
- To establish consistent and appropriate monitoring, assessment education and management for all patients on anticoagulation therapy, the BRMH policy "Anticoagulation" outlines medication-specific criteria. This policy is available via the BRMH intranet site: B-Net.

Reporting Critical Tests, Values/Results `NPSG`

- All critical tests and critical results will be reported to the appropriate practitioner in the time frame established by each department.
- Review of all value/test results is the responsibility of the attending practitioner
- Definitions:
  - **Critical Test:** A test always requiring rapid communication of results to the practitioner, even if normal
  - **Critical Value:** any acute finding or major change from a previous interpretation that will require clinical intervention by the attending practitioner to maintain life, avoid serious complication, or deterioration of the patient's health status.
- Notification of practitioner:
  A. Ancillary departments will report results to: the RN in charge of the patient, the RN on call for the department or, in some cases, directly to the MD. Reports going to outside agencies (ex: Krohn Clinic) are verbally given to the MD, or designee.
  B. The RN/MD or MD's designee receiving the results will follow the read-back policy.
  C. The RN receiving the results will complete verbal contact with either the assigned practitioner or the on-call practitioner within a maximum of 1 hour from the time the report was issued by the ancillary department (See department-specific exceptions).
  D. It is **not acceptable** to only leave a message via Voicemail/email/ or hard-copy.
  E. Practitioner notification will be documented in the patient's chart along with treatment plan specified by practitioner.
  F. A practitioner may write treatment orders or have a protocol in place that handles anticipated critical results. These results do not need to be called to the practitioner unless the results fall outside the practitioner's treatment parameters.
  Example: Subsequent critical values that are either showing improvement or are being monitored by a protocol do not require practitioner contact.

- To outline staff, manager, Quality & Risk Manager, and Critical Value Work Team responsibilities for reporting critical tests and critical results to practitioners, the BRMH policy "Reporting Critical Test Values/Results" outlines test-specific criteria. This policy is available via the BRMH intranet site: B-Net.

Transfusion Administration   NPSG
- Before initiating a blood or blood component transfusion:
  - Match the blood or blood component to the order.
  - Match the patient to the blood or blood component.
  - Use a two-person verification process
- When using the two-person verification process, one individual conducting the identification verification is the qualified transfusionist who will administer the blood or blood component to the patient
- The BRMH policy "Releasing Units For and Transfusion of Blood and Blood Products" outlines specific criteria related to transfusion of blood and blood products This policy is available via the BRMH intranet site: B-Net.

Clinical Alarm Systems   NPSG
- Clinical alarm systems are intended to alert caregivers of potential patient problems, but if they are not properly managed, they can compromise patient safety.
- Many patient care areas have numerous alarm signals and the resulting noise and displayed information tends to desensitize staff and cause them to miss or ignore alarm signals or even disable them.
- Other issues associated with effective clinical alarm system management include too many devices with alarms, default settings that are not at an actionable level, and alarm limits that are too narrow
- Managing clinical alarm systems that have the most direct relationship to patient safety is our priority – for example, recognizing when the default setting does not match the patient's needs or the patient's parameters and setting the alarm to be patient specific
- Training on how to use specific alarm systems will be provided on an as needed basis at the department level

Compliance

Confidentiality, HIPAA Privacy & Information Security
The standard of practice referred to in this section is required for compliance with both federal mandates (Health Insurance Portability & Accountability Act or HIPAA) and state statutes regarding confidentiality and privacy practices in the healthcare industry. Failure to follow these mandates may result in termination of your time at BRMH.
- Important terms to help understand the privacy rule.
  - **Protected Health Information (PHI)**- any information that applies to a health condition now, in the past or in the future.
  - **Disclosure**-means to give out PHI
  - **Minimum Necessary Information**– is the least amount of information you need to do your job. Remember to:
    1. Access only the information you need
    2. Use this information only to do your job
    3. Limit the information you share with a another person to what they need to know to do their job
  - **Reasonable Safe Guards**– the steps you and the hospital take to make sure PHI remains private

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- Communication of patient information whether it is verbal conversation, handwritten notes, computer, pager, FAX, or phone...YOU are responsible for protecting that information.
- As a healthcare worker you are obligated both ethically and legally to protect the privacy of ANY and ALL personal information you SEE or HEAR while on the job as it relates to the patient. Any aspect of a patient's private medical record must not be the subject of casual conversation or unprotected correspondence within or outside the hospital.
- A breach of confidentiality or privacy could mean a lawsuit to the facility. Additionally, when patient confidentiality is breached, our patients lose trust in our ability to care for their health needs and may be hesitant to seek care or may not offer information about them that is needed to provide proper care.
- Conversations can be overheard; private conversations should be held in private places.
- The only time a patient's medical record is accessed is during direct involvement in the patient's care *and* when there is "need-to-know" specific patient information to deliver the care required for the patient's needs and your assigned job role. Only the specific information needed is accessed and/or shared (not necessarily the entire patient chart/record) – this is referred to as the "minimum necessary" standard.
- Put yourself in the patient's place. Would you come here if you knew anyone could or would know all of the details regarding your Protected Health Information (PHI)?
- When asked about a patient, just say "That information is confidential and is used or disclosed only on a need-to-know basis" as allowed by law or authorized by the patient.
- When accessing patient information, be aware of your surrounding and who can see the computer screen. Lock the computer whenever it is out of your line of vision to ensure no one can access patient information in your absence while using your name. You are responsible for what happens when you are logged-in.

How can you protect PHI?

When necessary to FAX confidential information, call ahead to the recipient so only the intended party has access to the information	Do not let someone borrow your password or sign-in using your password	Passwords must be kept confidential and may not be written down
Use a private space to discuss patient information and any other PHI	When disclosing PHI assure it isshredded or in a locked location	Don't leave printed PHI unattended or in plain site of public
Don't share PHI with people who don't need to know	Don't share PHI you aren't authorized to disclose	Speak quietly when talking with patients
Don't leave messages regarding patient conditions or test results on answering machines	Avoid paging patients using names of information that could reveal their health issues	Keep computer screens turned away from public view and log off the computer when away

- Password basics:
    - must be at least eight characters long
    - should not contain the user's ID
    - should include at least one character from three of the following four categories:
        1. English upper case   2. English lower case
        3. Use base-10 digits (0-9)   4. Use one non-alphanumeric (e.g., !,$,#,%).
- Remember: a) do not access information you do not need to do your job; b) do not share information unless another person needs it to do their job; c) if unsure, do not disclose information until you have talked to the department director.
- *HIPAA questions and concerns can be referred to BRMH's Privacy Officer: Gina LaFaunge @ 1375*

Patient Rights and Ethics

- Black River Memorial Hospital strives to ensure that patients who select our hospital for health care have their expectations met.
- Patient care is designed to meet the basic rights of: nondiscrimination, respect, privacy, information, safety and participation in care.
- Patients may voice grievance and recommend changes in policies and services to hospital staff and/or outside representatives of their choice and be free from restraint, interference, coercion, discrimination of reprisal or unreasonable interruption of care.
- When patients have an immediate problem or concern they may:
  - Notify any staff member of a grievance or complaint
  - Notify Patient & Family Services to assist with the grievance
  - Ask to speak to a department manager
  - Ask to speak to Vice President of Patient Care Services
  - Billing complaints should be referred to Patient Financial Counselors
  - Contact The Joint Commission, Metastar, or the Bureau of Quality Assurance
- Patient Ethics
  - based around choices specific to the patient regarding their care
  - may be medical care decisions or personal care decisions
  - Simplest definition: a set of moral principles, beliefs, and values that guide us in making choices about medical care
  - At the core of health care ethics is our sense of right and wrong and our beliefs about rights we possess and duties we owe others.
  - Thinking carefully about the ethical aspects of health care decisions helps us make choices that are right, good, fair and just.
  - Ethical responsibilities in a given situation depend in part on the nature of the decision and in part on the roles we play. For example, a patient and his or her family play different roles and owe different ethical obligations to each other than a patient and his or her physician. In the US, four main principles define the ethical duties that health care professionals owe to patients. They are:
    - *Autonomy*: to honor the patient's right to make their own decision
    - *Beneficence*: to help the patient advance his/her own good
    - *Non-maleficence*: to do no harm
    - *Justice*: to be fair and treat like cases alike
  - All 4 principles are considered to be in effect at all times. In theory, each is of equal weight or importance. In practice, however, at least in the US, respect for patient autonomy often takes priority over the others.

Corporate Compliance

- The government and Medicare require that all healthcare providers have a Corporate Compliance Program.
- A Compliance policy is an organizational plan that helps employees perform their job according to the law.
- The plan also demonstrates the Hospital's commitment to honest, ethical and professional conduct.
- The compliance plan states that the hospital and its employees/other representatives (students, contract workers, etc.) must perform their job according to the law.
- Examples of behavior/activities that directly impact compliance include:
  - No employee will submit a claim to Medicare or Medicaid that is invalid
  - Acquisition of services must be done in observance of all laws, rules, and regulations

- Employees must avoid financial, business, or other relationships that would create a conflict of interest
- The Hospital must not contract or employ any individual who is excluded from participation in the Medicare or Medicaid programs
- Employees may not give or offer to give gifts to federal, state, or local employees
- Employees must not seek or accept payment or gifts from any subcontractor, vendor, or supplier
- It is the duty of anyone with a compliance concern to report that concern to their supervisor.
- Concerns also may be reported using the Compliance Information Line. You do not have to furnish your name to make a report and you need not fear retribution for making a report.
- The BRMH Compliance Officer is Holly Winn, Chief Operating Officer
- The number of the Compliance Information Line is: 1354 (If out of building call: 715-284-1364)

EMTALA

The **E**mergency **M**edical **T**reatment and **A**ctive **L**abo**r A**ct was created in 1985 to ensure patients received treatment to stabilize medical emergencies and have access to all of the hospital resources. There are 3 Requirements of EMTALA.

1. All patients who present must receive an appropriate Medical Screening Exam (MSE). The exam must be the same for all patients with similar signs and symptoms. Hospitals cannot delay the MSE to ask about method of payment or insurance coverage. The physician cannot pick and choose what tests are performed based on ability to pay. All employees, regardless of medical training, are responsible to identify persons in our facility or anywhere on our campus who may need assistance.
2. Hospitals are required to provide exam and treatments to stabilize all emergency medical conditions.   A woman in labor is generally considered unstable and falls under this requirement. If the facility is not able to provide the level of care the patient needs, arrangements must be made to transfer to a facility that can.
3. Patients must be stabilized prior to transfer to another facility. The purpose of this requirement is to protect indigent patients from dangerous transfers and ensure patients are stabilized prior to transferring.

Abuse, Neglect & Reporting

- In the state of Wisconsin, all healthcare professionals working within the scope of his/her professional capacity must report suspected cases of abuse, neglect, and exploitation for vulnerable populations
- **Abuse** is mental, emotional, physical, or sexual injury to a child or person 65 years or older or an adult with disabilities or failure to prevent such injury.
- **Neglect of a child** includes failure to provide a child with food, clothing, shelter and/or medical care; and/or leaving a child in a situation where the child is at risk of harm.
- **Neglect of a person 65** years or older or an adult with disabilities that results in starvation, dehydration, over- or under-medication, unsanitary living conditions, and lack of heat, running water, electricity, medical care, and personal hygiene.
- **Exploitation** is misusing the resources of a person 65 years or older or an adult with disabilities for personal or monetary benefit. This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property and other resources
- If you suspect abuse, neglect or exploitation notify your supervisor/instructor to assist with reporting responsibilities. You may also contact the Patient & Family Services department who will also assist you.
- Failure to report known or suspected abuse is a crime

Safe Place (Safe Haven) For Newborns

- Every state has a "safe haven" law (safe haven and safe place are used interchangeably)
- Newborn safe-haven/safe-place laws were written to prevent the tragedy of birth parents abandoning a newborn in the trash or other unsafe locations.
- If a parent(s) of a newborn voluntarily brings an infant not more than 3 days old to a hospital or other safe-haven (such as the police department, fire department, etc.) the parent(s) are immune from prosecution for child abandonment or endangerment.
- The following steps should be taken if you should receive a newborn from a parent or find an infant on hospital property:
  1. Ask "Are you planning on keeping this baby?
  2. Request the parent(s) come with and the infant to the Emergency Department to answer a few questions for the baby's health record
  3. Assure the parent(s) that this information will not be sued to reveal their identity
  4. If the parent decides to leave the hospital, make every attempt to give them the designated "Safe Place for Newborns" folder (Yellow) which are available in any of the following departments: Emergency Department, OB, Med-Surg, Patient & Family Services, and Fiscal Services
  5. **Restrictions to this law:** the parent may leave the infant with any hospital employee and remain anonymous UNLESS any of the following circumstances are true:
     a. The newborn has been abused or neglected
     b. The person bringing the infant has been coerced into relinquishing the newborn
     c. The newborn is believed to be over 72 hours old

  *** If <u>ANY</u> of the above situations occur, law enforcement would be called ***

Harassment –Includes Sexual Harassment

- BRMH is an equal opportunity employer committed to maintaining a workplace free from discrimination.
- BRMH will not tolerate harassment of any of its employees, including sexual harassment.
- Harassment is defined as a pattern of abusive and degrading conduct directed against a person's protected class. It interferes with work and results in an offensive and hostile environment.
  - Protected classes include: race, color, national origin, ancestry, sex, religion, creed, age, disability, marital status, sexual orientation, veteran's status, conviction or arrest record.
- Sexual harassment is defined as unwelcome verbal or physical conduct of a sexual nature.
- Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitute sexual harassment when:
  1. Submission to such conduct is made, either explicitly or implicitly, a condition of employment;
  2. Submission to, or rejection, of such conduct is the basis for employment decisions; or
  3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance.
- Any employee/worker/volunteer who believes that he/she has been the subject of unlawful harassment should immediately report the matter to their Department Manager or the Director of Human Resources.
- BRMH forbids retaliation against anyone for reporting harassment or otherwise assisting in the investigation of a harassment complaint.

Age-Specific Competencies

No two people are alike. So it is that no two stages of life are alike. The Joint Commission on Accreditation of Healthcare Organizations states that anyone who cares for patients needs to have education specific to the various age groups they care for in relation to normal growth and development. As you read the information below, relate this information to planning and providing patient care.

Infants and Toddlers (Birth to age 3) Growth and Development
Physical
Growth and development of muscles, brain and other vital organs are occurring
◆ Infant– nose breather; will learn to roll from side to side and to stand
◆ Toddler– learning to run; growth spurts; develops food preferences
Developmental
◆ Infant– learns through seeing, feeling and hearing
◆ Toddlers– learns through exploring and playing
- Communicates through "baby talk", simple words and simple sentences
- Tests limits, may have temper tantrums and say "No" a lot
- Short attention span, curious
- Toilet training at this time
Social / Emotional
◆ Infant–developing trust; is dependent on others
◆ Toddlers– play is very important
- Developing an independent nature but is still dependent on others
◆ Explain procedures to parents and child in simple terms. Show equipment and allow child to touch it (if possible) to calm fears
◆ Encourage the child to communicate by smiling, talking softly to him/her
Key Healthcare Issues:
Communication
◆ Provide physical closeness, security, and encourage healthy parent-child bonding
Health
◆ Immunization/checkups should be on schedule; provide for proper nutrition, sleep, skin care, oral health, routine screenings
Safety
◆ Make sure environment is safe to explore and play
Ways To Provide Care
◆ Teach parents how to care for their child—feeding, bathing, safety
◆ Educate parents on screening, checkups and immunization schedules to prevent illnesses
◆ Provide for safety by keeping side rails up on cribs, giving age-specific toys for play
◆ Allow parents to participate in as much of the care as possible during hospitalization

Young Children (Ages 4- 6) Growth and Development
Health
◆ Develop healthy habits-good nutrition, personal hygiene
◆ Keep immunizations and checkups on schedule
Physical
◆ Growth rate is slower at this time
◆ More active and developing strength and coordination
◆ Can dress themselves; are toilet trained
Mental
◆ Asks many questions and likes to talk to others
◆ Vivid imagination and likes to
"pretend"

- ◆ Rituals and habits are important
- ◆ Likes stories

Social / Emotional
- ◆ Aware of others' feelings
- ◆ Fears being separated from parents
- ◆ Enjoys playing with other children
- ◆ Self-centered

Key Healthcare Issues:

Communication
- ◆ Give clear rules
- ◆ Praise and rewards are important

Safety
- ◆ Encourage safe habits— bicycle helmets, safety belts

Ways To Provide Care
- ◆ Continue to involve the parents in the care of the child
- ◆ Allow child to make some food choices
- ◆ Explain procedure just before performing it; show toy equipment or other visual aids; allow a familiar toy or blanket with child during procedure, if possible; reassure that the procedure is not a punishment
- ◆ Allow child to ask questions and express feelings
- ◆ Continue to stress to parents the importance of healthy checkups, screenings and immunization schedules

Older Children (Ages 7-12) Growth and Development

Physical
- ◆ Growth rate is slower until a "growth spurt" occurs usually in spring or fall
- ◆ Strength and coordination continue to develop. Can play sports and do crafts

Mental
- ◆ Can read, write, do math problems and memorize
- ◆ Can accept rules and responsibilities, complete tasks, and master new skills
- ◆ Enjoys collecting and classifying things and has better understanding of time

Social / Emotional
- ◆ Enjoys doing things with friends, generally of the same sex
- ◆ Prefers privacy
- ◆ Develops a greater sense of self; wants to "fit-in" with peers

Key Healthcare Issues:

Communication
- ◆ Help child feel useful and capable of doing things on own

Health
- ◆ Educate on dangers of alcohol, tobacco, illicit drugs
- ◆ Educate on sexuality
- ◆ Keep immunizations/checkups up to date

Safety
- ◆ Encourage safe habits— safety belts, playground safety, resolving conflicts without force

Ways To Provide Care
- ◆ Build self-esteem by allowing child to help with a task
- ◆ Encourage child to talk about achievements, interests and concerns
- ◆ Explain procedures and equipment in advance; use visual aids and correct terms; allow time for questions
- ◆ Allow for privacy; cover child during exam procedure
- ◆ Teach child about healthy lifestyle choices; teach about alcohol, drugs and tobacco

◆ Remind parents about screenings, checkups and immunization schedules
◆ Include age-appropriate discussions about sexuality

Adolescents (Ages 13– 20) Growth and Development
Physical
◆ Maturation process takes place with girls 2 years before boys.
◆ Growth spurts can affect coordination at this time
Mental
◆ Can solve problems better; becoming an abstract thinker; chooses own values
◆ May not be able to foresee long term consequences of their actions making
Social / Emotional
◆ Develops own identity
◆ Has emotional swings
Separating selves from parents
◆ Self-conscious about body
◆ May be moody and unpredictable
◆ Learning to relate to opposite sex
Key Healthcare Issues :
Communication
◆ Respect adolescent, provide acceptance and privacy
Health
◆ Promote sexual responsibility and advise against drug and tobacco use
◆ Encourage regular checkups
◆ Update immunizations
Safety
◆ Encourage safe driving practices and violence prevention
Ways To Provide Care
◆ Encourage regular checkups, screenings and immunization updates
◆ Treat more as an adult than a child ◆ Provide for privacy; explain specifics when doing a procedure, discuss concerns
◆ Allow for involvement when making decisions
◆ Encourage healthy habits, nutrition, exercise, hygiene and safety

Young Adults (Ages 21-39) Growth and Development
Physical
◆ Reaches adult height, weight and sexual maturity; nutritional needs are for maintenance, not growth
 Mental
◆ Problem solves using many techniques
◆ Acquires new skills and information
Social / Emotional
◆ Develops a personal identity
◆ May experience close, personal relationships; may choose a mate and start a family ◆ Establishes a career
Key Healthcare Issues:
Communication
◆ Respect personal values
◆ Offer support and honesty
Health
◆ Encourage a healthy lifestyle with proper nutrition, exercise, and weight control
◆ Promote regular checkups

Ways To Provide Care
◆ Assess for stress in regards to role patient plays in family, community, and work; offer support and information about handling stress
◆ Encourage hospitalized patients to keep in contact with family and friends
◆ Promote and encourage regular checkups and screenings
◆ Educate on the benefits of a healthy lifestyle, proper nutrition, exercise, stress reduction, and weight control
◆ Involve family, if desired, with decision making and education on health issues

Middle Adults (Ages 40-64) Growth and Development
Physical
◆ Body begins to experience physical changes — decreased endurance, vision and hearing
◆ Menopause and osteoporosis are a concern for women
◆ May develop chronic health problems
Mental
◆ Uses many life experiences to help with problem solving
◆ May seek more education; may make a career change
◆ Making many decisions at work and at home. May have heavy financial responsibilities.
Social/ Emotional
◆ May become active in community by volunteering
◆ Help children gain independence
◆ Plan for retirement
◆ May be caring for both children and parents
Key Healthcare Issues :
Communication
◆ Keep a positive outlook
◆ Focus on strengths, not limitations
Health
◆ Encourage regular checkups, screenings and immunization updates
◆ Educate about age-related body Changes
Safety
◆ Address age related changes to prevent problems or complications
Ways To Provide Care
◆ Encourage health checkups, screenings and immunization updates
◆ Encourage discussion about fears, stressors, frustrations or concerns about illness
◆ Educate on a healthy lifestyle and the impact it can have on health (proper nutrition, weight control, exercise)
◆ Help with plans for a healthy, active retirement

Older Adults (Ages 65-79) Growth and Development
Physical
◆ Natural decline in physical abilities and senses; experiences changes in skin and muscle strength
◆ May have a higher risk of health problems, like colds, infections, and chronic illness
◆ Has a higher risk for falls
◆ May experience difficulty sleeping, loss of teeth, loss of body weight
◆ Learning to accept life and self as is
◆ Adjusting to altered roles in family and society
◆ May have a reduced attention span and decision making is slower
Key Healthcare Issues:
Communication
◆ Give respect

◆ Prevent isolation
Health
◆ Monitor health closely
◆ Promote physical, mental and social activities
◆ Watch for depression and apathy
◆ Keep immunizations updated
Safety
◆ Encourage home safety, prevent falls
Ways To Provide Care
◆ Promote immunizations, checkups and screenings
◆ Encourage healthy habits, like exercise and good nutrition
◆ Provide safe environment with night lights and proper temperature
◆ Allow time for rest
◆ Speak clearly and avoid background noise when teaching; use larger print materials; do not rush when teaching
◆ Encourage the patient and family to take an active role in care
◆ Offer support systems as necessary

Adults Ages 80 and Over Growth and Development
Physical
◆ Decline in physical abilities continues with increasing risk for chronic illness
◆ Higher risk for infections, dehydration, and poor nutrition
◆ Mobility may be more difficult
Mental
◆ Still learning but at slower rates
◆ May become more difficult to remember things
◆ May have reduced attention span
Social /Emotional
◆ May feel isolated and upset due to loss of family and friends
◆ Reflects on own life and the impact left on others
◆ Come to an acceptance of death
Key Healthcare Issues:
Communication
◆ Encourage expression of feelings and to stay positive
◆ Avoid despair
Health
◆ Promote self-care along with health checkups
◆ Encourage update of immunizations
◆ Promote activity and rest periods
Safety
◆ Promote safety measures to allow for safe living environment and injury prevention
Ways To Provide Care
◆ Encourage independence in as many activities of daily living as possible
◆ Assist with care as needed
◆ Help with end of life planning
◆ Promote safety measures to prevent injury: medication administration, ramps, grips, etc.
◆ Allow for frequent rest periods
◆ Monitor for illness and chronic problems

Restraint Management

- Related definitions:
  - **Physical Restraint:** Any method, physical or mechanical device, material, or equipment attached or adjacent to the patient's body that cannot be removed by the patient, and thereby restricts freedom of movement or normal access to his or her body.
  - **Chemical Restraint:** Any drug or medication used to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment* or dosage for the patient's medical or psychological condition.
  - **Violent or Self-Destructive Restraint:** The restriction of a patient's movement for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff members, or others.
  - **Nonviolent Restraint:** All restraints other than violent or self-destructive restraints (e.g., restraint of a confused patient who is in danger of pulling out his or her ET tube).
- Management of patients in physical, soft and other restraints is based upon the policy to apply the least restrictive care possible to each patient
- Prior to application of any type of restraint the following assessments should occur:
  1. Assess for causes for change in behavior, i.e., pain, anxiety, dehydration, hypoxia, etc.
  2. Assess patient's perception of the behavior.
  3. Assess environmental devices: lighting, noise, equipment, clothing, distractions
- Physical restraints will be employed only after a comprehensive assessment that determines no other alternative is appropriate or available to protect the patient from injury to self or others. Prior to the application of any type of restraint, alternative measures must be exhausted which may include, but will not be limited to the following:
  - Use of "personal assistance" devices such as hearing aids, visual aids and mobility device;
  - Use of positioning devices such as body and seat cushions, and padded furniture
  - Regular attention to toileting and other physical and personal needs, including thirst, hunger, the need for socialization, and the need for activities adapted to current abilities and past interests
  - Efforts to design a safer physical environment, including the removal of obstacles that impede movement, placement of objects and furniture in familiar places, lower beds and adequate lighting
  - Other distractive activities identified as patient's personal preferences and age appropriate (examples: reading, writing, put together puzzles, word finds, crosswords, television show, etc.)
- The rights, safety, and dignity of the individual will be ensured through regular, frequent assessment and monitoring by trained staff
- Restraints shall not be employed as discipline, for the convenience of staff, or as a substitute for definitive treatment or retaliation by staff.
- Restraints will be removed at the earliest possible time.
- On-going restraint management shall follow the BRMH policy "Restraints and Least Restrictive Care" accessible via "Policies and Procedures" located on the BRMH intranet site: B-Net

Pain Management

- BRMH recognizes that successful pain management requires a multidisciplinary team that includes patient care providers as well as the patient and family.
- Pain is manageable through pharmacological and non-pharmacological interventions.
- The hospital supports an on-going Multidisciplinary Pain Management approach that works to ensure that:
  1. Clinical practice guidelines are established as a standard of pain management care.
  2. Pain control is recognized as a patient's right.
  3. Pain management practices strive to improve patient outcomes and satisfaction.

    4.   Patients and their families are included in developing a plan to control pain.

    5.   Pain management practices are evaluated for their effectiveness.

- Pain assessment and management will be addressed for all patients at Black River Memorial Hospital
- Standards of care for assessment and management of pain include the following:
  a. Document location, intensity, quality, pattern (radiating, intermittent or constant) alleviating or aggravating factors, medication history, responses to past treatments, other relevant factors such as the patient's lifestyle, impact of pain on the patient's life (ADL's, sleep)
  b. Pain Assessment and documentation is performed at a minimum of every 2-4 hours. Patients on a PCA will have their pain assessed at a minimum of every 1 hour
  c. All patients will receive information regarding pain management as well as being provided with "Effective Pain Management" Brochure
- Additional criteria is available via the BRMH policy "Pain Management" accessible via "Policies and Procedures" located on the BRMH intranet site: B-Net

Organ Donation/Procurement

- There is priority for discretion and sensitivity surrounding any circumstances related to the death of the patient and the desires of the family to make a donation.
- Consistent with State and Federal law and with the rights of the individual patient, BRMH will report all deaths or imminent deaths to the Organ Procurement Organization (OPO) for evaluation for potential organ/tissue donation.
- OPO will identify if the deceased is a potential candidate for organ/tissue/eye donations.
- BRMH has Certified Organ Donation Requestors that will approach the next-of-kin to consider organ/tissue donation.
- If the patient is a donor candidate and wishes to donate, the OPO will direct staff on steps to take to preserve organs in preparation for the procurement team.

Cultural Diversity

- BRMH identifies the importance of delivering culturally competent health care to people living in our communities.
- Being culturally competent means developing/becoming aware, seeking knowledge, gaining understanding and appreciation of differences in order to: demonstrate sensitivity and respect, communicate effectively and advocate for equity in health care.
- Strategies for working with those in cross-cultural settings include:
  - learning about the cultural traditions of the population we serve,
  - paying close attention to body language , lack of response or expressions of anxiety
  - asking open ended questions
  - remaining non-judgmental when given information that reflects values different from your own
  - Following the advice given by the individual on how to facilitate communication within/between families and health care providers.
- It is not possible to know everything about every culture, but the first important step is an awareness of the fact that different cultures have different rules of appropriate behavior.
- Recognizing attitudes and habits that limit the ability of traditional American healthcare to meet the needs of diverse groups is a beginning to learning more
- Based upon data from the US Census Bureau (census.gov) the population for Jackson County consists of:
  - White alone = 88.9 %

- Black/African American alone = 2.1%
- American Indian & Alaskan Native alone = 6.8%
- Two or more races = 1.6%
- Hispanic/Latino = 3.1%
- Language other than English spoken at home = 7.2%
- High school graduate or higher = 86%
- Persons below poverty level = 16.9%

Limited English Proficiency

- English may be a second language for some of our patients and visitors. Limited English Proficiency (LEP) applies to individuals who do not speak English as their primary language, and have limited ability to read, write, speak or understand it.
- BRMH will provide a qualified interpreter, at no charge to the patient and/or family to facilitate effective communication with LEP persons to ensure an equal opportunity to benefit from medical services.
- Qualified interpreters are available 24 hours a day. BRMH utilizes Stratus Video, AT&T Language Line Telephone or, when available, BRMH qualified interpreters.
- To ensure clear and accurate medical information is communicated, it is required that an interpreter or qualified hospital staff be used in the following situations:
    1. Obtaining medical history
    2. Informed consent
    3. Explaining a diagnosis and medical treatment plan
    4. Explaining change in location or condition
    5. Procedures/surgery
    6. Medication instructions and explanations of possible side effects
    7. Discharge Planning
    8. Legal Issues
- For hearing impaired: BRMH will provide auxiliary aids at no cost to the patient. Auxiliary Aids provided include sign language interpreters, communication board, telephone amplifiers and Teletypewriters (TTY)

Dementia

- Dementia is not a disease, but a broader set of symptoms. There are different kinds of Dementia. Each requires a different approach.
- With dementia, **Behavior is Communication**. A patient with dementia most likely has lost the ability to verbally express their needs. The goal is to identify symptoms you are seeing (fear, anxiety, restlessness, hallucinations) as responses to unmet needs and try to determine what those needs are so you can individualize care for the patient.   **What is the patient trying to tell us?** For example, if patient is repeatedly asking "What time is lunch?" The patient is most likely hungry now. Get patient a snack.
- Examples of techniques to use with dementia patients include:
    o In late afternoon and early evenings: dementia patients may have a tired brain at this time of the day. Tiredness can exacerbate cognitive disabilities
    o Take a walk with the patient in the hall if they are restless.
    o Increase lighting to decrease hallucinations (any time of the day).
    o Close blinds to decrease motion from outside.
    o Rule out Dehydration and urinary tract infections that could be causing behaviors.

- Educate family members about short term memory and long term memory. If family continues to ask patient short term memory questions (*What did you have for lunch?)* they are setting their loved one up to fail over and over again.
- **Patients with Dementia often feel unsafe** when in the hospital. This leads to fear and anxiety. Say often: "You're safe with me!" Reassure with touch or hand holding. One arm hug from the side. Fear and anxiety can cause a person with dementia to physically act out and potentially lead to staff member injuries.   Use a cool, calm, comforting approach, not rushed.

Suicide Awareness

- Suicide is a preventable public health issue
- Many people who consider and attempt suicide have never seen a behavioral health specialist.
- A study found that almost 40 percent of people have a healthcare visit within a week prior to their suicide attempt.
- Healthcare professionals are in a unique position to notice depression and suicide warning signs in their patients and intervene early.
- Understanding the stressors and hopelessness that lead people to consider suicide and connecting them to the appropriate help can save lives.
- BRMH utilizes the Columbia Suicide Severity Rating Scale for those patients identified as wanting the harm themselves.
- A combination of environmental and behavioral interventions will be implemented to manage potentially suicidal patients. See policy #320-0004 Behavioral or Mental Health Crisis Patient for more details.

Safety Indicators

No matter where you work in the Hospital, you may come across unique and possibly fatal hazards every day. The following indicators will help you protect yourself and others from some of the most common hazards.

Lockout/Tagout Devices
- Used by Environmental Services' workers when equipment is out of use.
- A lock is placed on equipment in need of or being repaired to keep it from being used, accessed, or set in motion to prevent injury or death to workers.
- A tag is placed along with the lock to identify the date the equipment was locked out of use along with the employee's name who placed the lock
- If you have questions about that equipment, please contact the staff member's name that is on the lockout/Tagout device.

Hazardous Waste Management
- Hazardous waste management involves all wastes considered potentially infectious or injurious due to exposure/contamination from body substances or dangerous components from chemical/nuclear compounds.
- Engineering controls and work practices are utilized to eliminate or minimize exposure to employees. These include:
  - providing nearby hand washing facilities

- puncture resistant sharps containers (needle boxes); DO NOT bend, recap, sheer, or purposefully   break off used sharps;
- no eating, drinking, applying cosmetics or lip balm, or handling contact lenses in work areas
- place specimens of blood or other potentially infectious/injurious materials in a container which
- prevents leakage and then into biohazard/radiological/chemical safety containers
- cleaning equipment with the designated cleaning agent, using the appropriate technique, before returning to service.

Hazardous Chemicals:
Hazard Communication Standard, Safety Data Sheets (SDS), & the Globally Harmonized System (GHS)
- When working with chemicals, it is important to know what you are handling and what the potential hazards are.
- Always read the label on chemical containers to understand potential exposure hazards.
- If the label is missing, do not use the product and notify your supervisor.
- Always use the required personal protective equipment when designated for use
- Wash your hands thoroughly before and after working with any potentially hazardous substance.
- Don't take chances around hazardous chemicals.
- If you are unsure or have questions about handling a chemical...ask first!
- SDS = Safety Data Sheet
  - There is a SDS for each chemical used within the hospital
  - The SDS includes the following information:
    - Proper ways to use, handle and store the chemical in your work area
    - Health hazards associated with the use of the chemical
    - Precautionary measures to follow when using the chemical
    - Emergency procedures for spills, fire and first-aid if exposed
- If you are not sure of the hazard with the chemical you are using:
  - Find the specific chemical information using the SDS
  - SDS sheets are located in 3 places at BRMH
    1. "On-line: " go to B-Net and under the Quick Links tab, then Emergency, click on the SDS tab
    2. Hard copies of ALL SDS are located in the:
        a. Emergency Department
        b. Purchasing Department
- The SDS for a chemical or manufactured product provides you with information on that product's chemical composition, its hazards and specific precautions for use. OSHA has modified the Hazard Communication Standard (HCS) to adopt the Globally Harmonized System (GHS) to improve safety and health of workers through more effective communications on chemical hazards.
- The GHS offers a more standardized approach to classifying the hazards and conveying information about hazardous chemicals more effectively in American workplaces and will be used globally. With the full adoption of GHS, the current MSDS will become known as the Safety Data Sheet (SDS)

Biohazardous Injury
Biohazardous injury is any unprotected exposure to another person's body substances such as a skin puncture or laceration caused by a needle or sharp object contaminated with blood or other body fluids or splash/splatter from blood or blood-tinged secretions which contaminate the mouth, eyes,

open skin lesions or skin punctures from human bites. **All employees who have an exposure to blood and/ or body fluids need to be evaluated by the Emergency Department Practitioner.**

Injuries/Exposures

- Biohazardous injury is any unprotected exposure to another person's body substances such as a skin puncture or laceration caused by a needle or sharp object contaminated with blood or other body fluids or splash/splatter from blood or blood-tinged secretions which contaminate the mouth, eyes, open skin lesions or skin punctures from human bites.
- If you have had a physical injury or exposure to hazardous chemicals, blood, or other bodily fluids, be sure to provide first aid to the site immediately (wash punctures thoroughly with soap and running water; if exposure involves a splash to eyes, nose or mouth, flush the area well using running water). The clinical staff in the Emergency Department will provide you with assistance as needed/requested and an emergency department provider will evaluate the extent of exposure/injury and determine recommended treatment and/or testing.
- All employee injury and exposures to hazardous chemicals, blood, or other bodily fluids needs to be documented on the Event Reporting computer program via the BRMH intranet site: B-Net. This report needs to be initiated at the time of injury/exposure (following first-aid) and completed no later than the end of the shift during which the injury/exposure occurred.
- Report the injury as well to your supervisor/instructor.
- If a patient or visitor should approach you about an unusual event, however minor it may appear, be sure to report this via Event Reporting as well. If you are unsure, always ask for assistance from a senior team member/co-worker/supervisor/instructor.

Sharps Safety

- One needle, one syringe, one time. No reuse of needles or syringes to draw up additional medication
- Do no recap needles or disassemble sharps by hand
- Use safety syringes, needleless intravenous systems and other safety products whenever possible
- Immediately dispose of sharps in sharps container

Basic Body Mechanics & Safe Lifting

1. Plan your lift - go over your actions in your mind.
2. Establish a base of support: feet shoulder width apart and center your weight over your feet.
3. Get close to the object - make sure it is as close to your body as possible.
4. Lock your back in - tighten your stomach muscles and maintain a neutral or slightly arched low back.
5. Lift with your legs - bend at the hips and knees not at the waist.
6. Never twist - move your feet to turn or pivot into position; no twisting of your trunk.
7. Always push - avoid pulling objects if at all possible.
8. Sit straight - avoid slouching or rounding your back, keep feet flat on floor near your chair.
9. Change - change your position or activity frequently.
10. If the object is too heavy or awkward: get help, use a cart, or use a mechanical lift device.

Safe Patient Handling

- Safe Patient Handling (SPH) is based upon the patient's mobility, not the patient's weight. If a patient needs more than stand by assistance with moving, then SPH equipment should be used.

- The purpose of BRMH's Safe Patient Handling program is to improve the quality of the patient care and comfort with transfers, as well as to reduce the physical stresses and injuries to patient care staff related to manual lifting, handling, transferring and repositioning patients.
- It is our expectation that staff will use the safest techniques to accomplish patient lifting and repositioning. We use safe patient handling equipment and movement techniques on all patients for the protection of both patients and staff.
    - Review patient mobility status before lifting or moving them.
    - Eliminate or reduce manual lifting and moving of patients whenever possible, use equipment when available.
    - Give clear, simple instructions to get patients to help as much as possible.
    - Mentally plan and prepare, consider routes of travel, and clear paths.
    - Use chairs, beds or other hard surfaces to keep work tasks, equipment and supplies at the correct height.
    - Make sure brakes hold properly and apply them firmly.
    - Use upright neutral working posture and proper body mechanics. (Bend your legs, not your back.)

Slips, Trips, and Falls
- Sources of slips, trips and fall hazards include: wet floors, loose carpets/door mats, cords and poor lighting/too much lighting.
- To reduce your risk of injury:
    - Be aware of your surroundings
    - Watch where you are going and don't rush.
    - Take shorter, slower steps and wear sensible shoes that have adequate traction and support
- If you observe a hazard, correct it whenever you can
- If you cannot correct the hazard - report it to you supervisor.

Preventing Patient Falls
- All patients (both outpatient and inpatient) are evaluated at the time of initial contact and on an ongoing basis in order to identify existing or potential risk for falls.
- Fall Prevention is based upon the BRMH Fall Prevention policy & procedure which includes the following information specific to prevention:
    - Assess the facility/patient location for safety by ensuring:
        1. Hallways and patient areas are well lit, uncluttered, and free from spills
        2. Locked doors are kept locked when unattended (alarms in place per safety codes)
        3. Handrails are secure and unobstructed
        4. Furniture (ex: beds, chairs, tables) are sturdy, in good repair, and with working brakes
        5. Assistive devices are adjusted and working properly (ex: canes, walkers, etc.)
    - Assess patients for their risk for falling:
        1. At the time of admission
        2. Following any change of status
        3. Following a fall
        4. On a regular interval specified per department (examples include, but are not limited to: per shift, daily, biweekly, monthly, number of hours postpartum etc.)
    - Provide appropriate interventions for patients to decrease their risk for falls. Since all patients are at risk to fall at one time or another during their hospitalization, interventions should be patient-centered. Additional interventions may include but not limited to:
        1. Room placement (ex: close to nursing station)
        2. Alarm devices (ex: bed check)

3. Diversion activities (ex: music, books, movies, games
4. Attendants (ex: person assigned to stay at bedside in certain situations)

Electrical Safety
- Healthcare operations depend on electricity, but when used improperly can lead to shock, fire, explosions or burns.
- To manage electricity safely:
  - Report all shocks immediately-even
  - Slight tingles
  - Never work around electricity when
  - you or your surroundings are wet
  - Don't use plug adapters or plug too many cords into one outlet
  - Examine all cords and plugs-replace any that are damaged or heat up when used
  - Keep cords away from heat and water
  - Don't run cords under rugs or through doorways
  - Always use grounded, three-hole outlets
  - Never attach cords to the floor, wall or other objects with tacks or pins
  - Never break off or bend the third prong on a grounded plug
  - Don't use damaged outlets
  - Don't use any electrical device that blows a fuse, trips a circuit breaker, shocks or appears damaged
  - Always turn equipment off before unplugging
  - When unplugging electrical equipment, always grasp the plug, not the cord
  - Always disconnect electrical equipment from its power source before cleaning
  - Always remove faulty electrical equipment from service and contact the maintenance dept.

Radiation Safety
- Although radiation is helpful in healthcare treatment and diagnosis, proper safety precautions are necessary to prevent harmful effects.
- Two primary ways you can encounter radiation in a healthcare environment are: a) External beam sources like x-rays and, b) Radioactive sources used internally for patient diagnosis or treatment
- Follow these guidelines to avoid harmful effects of exposure:
  - Minimize your time exposed to radiation source
  - Maximize distance between yourself and radiation source
  - Use shielding and protective clothing when appropriate
  - Never touch anything with a radioactive warning label unless you are trained and authorized to
  - When caring for patients being treated with radioactive materials, dispose of syringes, radioactive liquid and other waste properly – when unsure of where to dispose – please
  - check with Department staff who are always willing to assist you
  - Limit the time spent in a room with a patient being treated with radiation

Workplace Violence
- What Causes Violence?
  Anger is the leading cause of violence. People become angry when they are:
  - Waiting for extended periods of time
  - Restrained or isolated
  - Disoriented due to stress, drugs, alcohol, psychiatric illness
  - Faced with highly emotional situations.

- Are You At Risk**?**
    - Work place violence is on the rise.
    - Two- thirds of all work place violence episodes involve health care workers and social service workers.
    - If you work directly or indirectly with patients in the health care setting, you may be at risk.

- Stay Safe
    - Recognize the warning signs of violence
    - Familiarize yourself with the hospital's policies and procedures concerning work place violence
    - Learn ways to handle volatile situations and hostile people
    - Report any incidents or "near misses" to your supervisor.

- Recognize The Warning Signs
    - Violent behavior can't always be predicted, but there are some warning signs.
    - Look for these characteristics:
        o Disorientation (such as individuals under the influence of drugs, alcohol, stress, or with a history of psychiatric illness)
        o Confrontational or defensive behavior
        o Obsessive behavior
        o Angry outbursts
        o Impulsive behavior
        o Verbal threats or abusive language

- Beware Of These Situations In Which Violence Is More Like To Occur:
    - Availability of money or drugs
    - Long waits or delays
    - Working alone or in remote areas
    - Conflict with a supervisor or coworker
    - Employee or coworker who has received disciplinary action, negative performance review, demotion or had employment terminated
    - Low staffing levels at times of increased activity
    - Leaving the building alone or late at night
    - Poor lighting in parking areas

How You Can Reduce Violence In The Workplace

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

Infection Prevention

Hand Hygiene <mark>NPSG</mark>

Proper hand hygiene is the <mark>single most important measure in the prevention and transmission of infection(s).</mark> Failure to wash hands correctly **and** in a timely manner is an infection control hazard!

Hospital personnel shall wash their hands to prevent the spread of infections as follows:

1. When coming on duty and at completion of their shift.
2. Before applying and after removing gloves.
3. When the hands are obviously soiled.
4. Before and after contact with patients.
5. Before contact about the face and mouth of patients.
6. Before and after personal use of the toilet.
7. After sneezing, coughing, blowing or wiping the nose or mouth.
8. Before entering and after leaving isolation areas and/or after handling articles from an isolation area.
9. After handling used sputum containers, soiled urinals, catheters, bedpans, etc.
10. Before and after eating.
11. Before and after contact with patients wounds.
12. Before preparing or administering medications.
13. Before handling sterile packages or clean equipment.

Procedure:

A. Handwashing Station:
1. Stand at the sink and avoid contaminating clothing on external sink surface. Note: sinks breed
   Gram negative organisms which are the most common cause of healthcare-acquired infections!
2. Turn on water to comfortable temperature.
3. Wet hands up the wrists.
4. Keeping hands lower than elbows, apply soap, then work into a lather and wash all surfaces of the hands and fingers for at least 20 seconds.
5. Rinse well, keeping hands pointing down. Complete removal of soap helps to prevent excoriation of the hands.
6. Dry hands well with paper towels and then use the paper towel to turn off faucet.
7. Dispose of paper towels properly.
8. Apply hand lotion if desired to protect the integrity of the skin. Note: dry cracking skin may cause organism growth and/or transmission, and should be avoided!

B. Alcohol-based Hand Rubs:
1. Apply solution to the palm of one hand and rub hands together to cover all surfaces of the hands and fingers. Rub together until dry – about 20-30 seconds. (If hands dry in 3-5 seconds, you need to apply more solution!).
2. Contraindications:
   - If hands are visibly soiled.
   - You suspect Anthrax, clostridium difficile or any other spore-related organism.
   - Before and after personal use of the toilet.
   - Before and after eating.
   - Persons taking disulfiram (Antabuse).
   - If hands start to "bead up" after using hand rub solution.
3. If access to a soap and water is not accessible, an alcohol-based hand rub will be used.

4. Consider removing the alcohol-based hand rub from rooms for patients that may have a potential risk for ingestion of this product.

Personal Protective Equipment (PPE)
PPE for infection control provides a protective barrier reducing the transmission of micro-organisms. PPE includes but is not limited to gloves, gowns, masks and protective eyewear.

- **Gloves are to be worn for**:
  a) direct contact with mucous membranes or non-intact skin of any patient, when handling specimens or when handling equipment/wastes potentially contaminated with body fluids;
  b) anticipated contact with any patient's blood, pus, feces, urine, oral secretions or any other body fluid (i.e., peritoneal fluid, pleural fluid, synovial fluid, etc.)
  c) as specified by specific isolation precaution guidelines.
- **Gloves are to be changed** between different procedures on the same patient, and between patient contacts. Appropriate hand hygiene must be performed each time gloves are removed.
- **Gowns are to be worn** whenever it is anticipated that your personal clothing will be soiled with body fluids, or in contact with contaminated items and as specified by specific isolation precaution guidelines.
- **Masks with protective eyewear** (shields or goggles) are to be worn to protect the mucous membranes of your eyes, nose and mouth during procedures and/or patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions.
- **Masks are to be worn** to provide protection for you when caring for patients with specific isolation precaution needs.

Transmission-based Precautions
There are 3 types of patient-specific transmission-based precautions in addition to standard precautions.

CONTACT–C.diff, Salmonella, Shigella, MRSA, CRE, MDRO, Norovirus, Lice, Scabies
- •Spread by contact with skin, mucous membranes, feces, emesis, urine, wound drainage, body fluids, environmental surfaces
- •Staff & visitors use gown & gloves when patient or environmental contact anticipated
- •Use disposable single-use or dedicated equipment
- •The isolation sign for contact precautions for clostridium difficile (C.Diff) patients will show a picture of sink facilities with soap and water for handwashing since the use of alcohol gel is not recommended for C.Diff patients. All other contact isolation signs will have a picture of a bottle of alcohol gel.

DROPLET–Influenza, N. meningiditis, Pertussis, Rhinovirus, Rubella, Mumps
- •Transmitted through close respiratory or mucous membrane contact
- •Door need not be closed –large droplets DO NOT stay airborne
- •Staff & visitors use surgical mask when within 6 feet of the patient

AIRBORNE–TB, Varicella, Measles
- •Patient placed in negative pressure an airborne isolation room with door closed
- •Staff & visitors use N95 respirator or powered air purifying respirators (PAPRs) when entering room
- •Visitors wear surgical masks, and are educated on the risks of exposure to airborne disease

Respiratory Protection Program
- Job roles consistent for potential exposure to airborne disease as defined in the Respiratory Protection Program (RPP) policy must do the following:
  - -Complete annual training and respirator fit testing within designated deadlines as provided by BRMH or provide documentation of competency of OSHA respiratory

standard and/or fit testing within the last 12 months with a mask brand and size stocked at BRMH
-Wear the powered air purifying respirator (PAPR) if evidence of competency & adequate respiratory fit testing is not on file with BRMH

Antibiotic Stewardship
- The Goals of Antimicrobial Stewardship are:
    - achieve optimal clinical outcomes related to antimicrobial use,
    - decrease development of resistance organisms,
    - decrease antibiotic treatment related illnesses (e.g., C-diff),
    - decrease the risk of adverse effects,
    - educate patients, nurses, physicians and all relevant health care staff on best practice for antibiotic use.
- Pharmacy publishes an annual Antibiogram listing common isolated organisms and their sensitivity to various antibiotics.
- Pharmacy monitors antibiotic use for appropriateness, potential for de-escalation of therapy, duration of therapy, appropriate drug level monitoring and drug interactions
- The antibiotic formulary will be restricted to antibiotics that are generally effective against organisms that are commonly isolated at BRMH.
- Antibiotic order sentences are built into the hospital EHR which help assure appropriate selection and dosing. Antibiotic order sets are built into the hospital EHR for various conditions to help assure appropriate antibiotic selection and dosing.
- Antibiotics should not be prescribed for viral infections.
- Obtain cultures before starting antibiotics
- Specific antibiotic stewardship guidelines are outlined within the BRMH policy "Antibiotic Stewardship" #560-0021 accessible via "Policies and Procedures" located on the BRMH intranet site: B-Net

Multiple Drug Resistant Organisms (MDRO) NPSG
- To identify, contain, and prevent the spread of resistant organisms the following precautions will be followed
- Identification of Resistant Organisms
    - Drug Resistant Organism Precautions are recommended for the following organisms:
        - MRSA (Methicillin Resistant Staphylococcus Aureus)
        - VRE (Vancomycin Resistant Enterococcus)
        - CRE (Carbapenem Resistant Enterobacteriaceae)
        - Resistant Streptococcus Pneumonia
        - Extended-Spectrum Beta-Lactamase producing gram negative bacilli (ESBL)
    - Implement specific resistant organism isolation precautions as indicated in practice guidelines
    - Previously Diagnosed:
        - The need for isolation precautions is reassessed each subsequent admission.
        - Institute specific resistant organism isolation precautions until the admission assessment is completed and confirmation data obtained.
        - BRMH performs active surveillance of high risk groups for MRSA. Patients admitted to the hospital will be swabbed for MRSA if they meet the following criteria:
            a) Nursing home patient
            b) Group home patient
            c) Recent hospitalization within 60 days
            d) Correctional facility patient
            e) Previous MRSA infection

- Specific isolation guidelines are outlined within the BRMH policy "Drug Resistant Organisms: Practice Guidelines for Infection Prevention" accessible via "Policies and Procedures" located on the BRMH intranet site: B-Net

Central Line-associated bloodstream infections (CLABSI) NPSG

- CLABSIs are serious, but preventable infections when evidence-based guidelines for central line insertion and maintenance are properly prioritized and implemented. If not prevented, CLABSIs result in increased length of hospital stay, increased cost and increased patient morbidity and mortality.
- CLABSI prevention strategies are applicable to both critical and noncritical care settings and are the top priority when managing these devices. BRMH utilizes the concept of bundle interventions to assist in prevention of these infections. Bundle interventions include:
    - Strict Hand hygiene before during and after patient contact
    - Use of a standardized insertion checklist and insertion kit
    - Use of full barrier precautions/protective equipment during insertion and maintenance of line
    - Use of an alcoholic Chlorhexidine antiseptic during insertion
    - Use of catheters with the minimum number of ports necessary
    - Proper maintenance including aseptic lumen access and dressing changes
    - Avoiding use of the femoral vein
    - Daily assessment and consideration of line necessity
- Additional guidelines are outlined within the BRMH policy: "Vascular Access Device – Intravenous (IV) Access" Policy #600-0335 accessible via "Policies and Procedures" located on the BRMH intranet site B-Net

Indwelling catheter-associated urinary tract infections (CAUTI) NPSG

- A urinary tract infection (UTI) is an infection involving any part of the urinary system, including urethra, bladder, ureters, and kidney. UTIs are the most common type of healthcare-associated infection reported.
- The most important risk factor for developing a catheter-associated UTI (CAUTI) is prolonged use of the urinary catheter. Therefore, catheters should only be used for appropriate indications, which include:
    - Critically ill patients who need accurate urinary output measurements
    - Acute urinary retention or bladder outlet obstruction
    - Prolonged immobilization
    - Incontinent patients with an open sacral wound
    - End of life care
    - Certain surgical procedures
- Urinary catheters should be inserted under strict aseptic technique and removed as soon as possible so as to reduce potential infection development

Surgical Site Infections NPSG

- Top priority = infection prevention
- All healthcare providers, in partnership with the medical staff, are responsible for the safety, health and well-being of all patients, visitors and hospital staff. This responsibility is met by working together continuously to promote safe infection prevention (IP) practices,
- Focused surveillance or prevalence studies are generated in response to a specific problem, procedure (e.g., cholecystectomy, hysterectomy), practitioner/caregiver, organism, or identified risk.
- Hospital personnel and medical staff members share indirect accountability in reporting of isolation cases, suspected infections and reports of positive cultures to the IPO or designee. There is collaboration between departments in concert with the IPO to identify any

healthcare acquired trends or patterns that may occur, or opportunities to improve outcomes in the reduction and control of infections.
- In order to provide a consistent, safe, and effective method of care for surgical patients, the BRMH policy "Infection Prevention Program" and the "Preoperative Skin Preparation" policy can be accessed via "Policies and Procedures" located on the BRMH intranet site: B-Net

Tuberculosis
- TB is spread from person to person through the air by droplet nuclei containing the bacteria M. tuberculosis. These tiny particles can remain suspended in the air for several hours. The probability that TB will be transmitted depends on 3 factors:
  1. the infectiousness of the person with TB
  2. the environment in which exposure occurred
  3. the duration of exposure
- Signs and symptoms of TB include: productive cough, weight loss without dieting, fever, night sweats, loss of appetite, swollen glands, or coughing up blood.
- Groups of people that are more likely to be exposed to TB include:
  1. close contacts of a person with infectious TB
  2. foreign born persons from areas of the world with infectious TB (Asia, Africa)
  3. low income populations
  4. elderly
  5. residents of long term care facilities or correctional facilities
  6. persons who injected drugs
  7. persons who may have occupational exposure to TB.

Influenza
- BRMH mandates all personnel providing patient care between November 1st-March 31st to receive an influenza shot
- Exemptions are allowed for medical & religious reasons with appropriate documentation
- Surgical masks are to be worn at all times during the time frame stated above if personnel are unable to provide proof of vaccination
- Flu vaccine are given at no cost through Occupational Health & Wellness
- Refer to Influenza Vaccination/Healthcare Personnel policy

Any suspected hospital acquired infection should be reported via the Event Reporting system and/or to the infection prevention nurse for further investigation.

EMERGENCY CONDITIONS & BASIC STAFF RESPONSE

(See individual emergency response protocols for additional details via laminated brochures in each department)

Alert: Full emergency response drills can and will occur at any time during a 24-hour period. All drills will be held at random and follow the same protocols whether they are held during the daytime or nighttime for all work shifts. BRMH expects all staff to respond whether an actual event or a drill is occurring.

PROBLEM	DESCRIPTION	INITIAL RESPONSE	SECONDARY RESPONSE	FOLLOW UP
Fire Alarm	**Fire/smoke danger**- or smell of something burning	**R**escue those in immediate danger-if safe to do so. **A**ctivate the alarm system (pull manual alarm) **C**ontain the fire (close doors in areas of fire/smoke) **E**xtinguish fire if small/confined (trash can size) or **E**vacuate to safe zones for larger fires.	Use extinguisher from 6-10 ft. from fire: **P**ull the pin. **A**im the hose. **S**queeze the handle to activate the spray. **S**weep from side to side to smother fire.	Following "all clear" announcement & staff debriefing, complete report to Event Reporting program.
Medical Emergency	Emergent/life-threatening medical conditions requiring response by the designated multi-disciplinary team.	Dial 8, 0 to announce the medical emergency: *specify adult, child or infant and* <u>*location*</u>.	Assess for signs of life (breaths regularly, responds to stimulation, has pulse) while waiting for responder team.	Responder team completes Medical Emergency report & evaluation forms, then submit to E.D. clinical manager.
Evacuation of Hospital	**Leave hospital** due to unsafe environment within the building per Incident Commander.	Begin evacuation out of dept. & hospital via closest "safe" exit route, assisting others as needed; assign 1 employee to exit last, assuring doors are closed (to indicate that evacuation has been completed).	•Proceed to the far side of East or West parking lot (whichever is closest to exit); •Conduct a roll call of various dept. staff, patients, volunteers, known visitors, etc. • Report missing persons to Incident Command •Triage & prep patients for transport to alternate care site(s).	Following "all clear" announcement & staff debriefing, complete report to Event Reporting Program.
Assistance Needed- <mark>Disruptive</mark> Behavior	**Disruptive/acting out person**, jeopardizing the safety and security of hospital operations.	Use P-A system (dial 8, 0) - announce *"Security Alert – Disruptive Behavior; all available staff report to (identify location)."*	Notify law enforcement if needed for assistance with calming and controlling disruptive behaviors.	Following "all clear" & staff debriefing, submit report to Event Reporting Program.
Avoid or Evacuate the area of <mark>Violent</mark> Behavior	**An incident of violent behavior** involving intimidation, threats, verbal abuse, physical assault or stalking – with or without a hostage &/or weapon	•Clear the area to avoid becoming a hostage. • Dial 8, 0 to announce "SECURITY ALERT: VIOLENT BEHAVIOR AT_____ (state specific location). PLEASE EVACUATE THIS AREA IF IT IS SAFE FOR YOU TO DO SO" **Or** "SECURITY ALERT: VIOLENT BEHAVIOR AT_____ (state specific location). PLEASE AVOID THIS AREA.	Follow Security Alert: Violent Behavior protocol until law enforcement officers arrive and coordinate responses with Incident Command. •Immediately contact Senior Leaders &/or Quality/Risk Manager and maintain a safe perimeter around the involved area (deny entry).	Submit report to Event Reporting after "all clear" announcement & staff debriefing.
Missing Person	**Adult, child or infant is missing** - possibly abducted.	•Dial 8, 0 to announce the missing person alert: *specify gender, age, color/type of clothing, hair, eyes , etc., and* <u>*location with phone extension #*</u>. •Instruct all patients/visitors to stay in the hospital. •Switchboard operator (0700-2300) or night shift HUC notifies police & requests officer assistance.	•Monitor exits – document and report any suspicious activity related to the missing person announcement. •Await arrival of law enforcement personnel to coordinate response activities with Incident Command.	Following "all clear" announcement & staff debriefing, submit report to Event Reporting Program.
Severe Weather Warning	**Severe Weather Warning for Wind Emergencies** (tornado or high	•Upon receipt of <u>*warning*</u> via emergency weather radio, **Emergency Dept. Nurse** announces "Severe Weather	Switchboard operator turns system over to "night bells" and the Med/Surg HUC takes all incoming calls.	Following "all clear" announcement & staff debriefing,

	velocity winds)	Warning for tornado (or wind emergency) in BRF until (expiration time)." •**SEEK SHELTER** in designated "SAFE ZONES" for everyone (patients, visitors and staff).		submit report to Event Reporting Program.
Mass Casualty/ Disaster	**Mass Casualty/Disaster situation**	•Determine current status of situation and use P-A system (dial 8-0) to announce _"Mass Casualty or Disaster Alert – identify Phase (1, 2 or 3)"_ •Follow plan for your area/department.	If this is a Phase 3 situation, after completing duty assignments in non-clinical departments, report to the "volunteer/runner center" to assist with other needs and requests.	Following event, conduct debriefing & submit report to EOC Committee in 72 hrs.
SHELTER-IN-PLACE	**Chemical/hazardous material contaminating local atmosphere**	Use P-A system (dial 8, 0) and announce: _"Activate Shelter-in-Place"_ when notified of the need to "shelter-in-place" by local Emergency Management authorities.	Report to designated area to assist with designated response activities per Shelter-in-Place plan.	Following "all clear" & staff debriefing, submit report to Event Reporting Program.

Bomb/ Bioterrorism Threat	**Notification of a bomb or other dangerous product dispersing device on premises**.	•Obtain as much information as possible:
		  - where is the bomb/device/product?
		  - when will it go off?
		  - what does it look like?
		  - why was it placed?
		•Notify Leadership team via P-A system (dial 8-0):
		 _"Security Alert: All leadership personnel report
		  to (identify a designated location) immediately._
			•Provide critical information to leadership team as noted on bomb threat report form.
			
			•Follow instructions received from Incident Command
				Following "all clear" & staff debriefing, submit report to Event Reporting Program.

Hazardous Materials Spill/Release	**Incidental Spill** Small spill/release presenting NO hazard to trained employees or environment	Trained user cleans up spill with appropriate personal protective equipment, decontamination materials/spill kit after reviewing Safety Data Sheet for material(s) involved.	Appropriately dispose of materials.	Following event, immediately complete report to Event Reporting .
	Emergency Spill Any spill/release presenting a suspicious or immediate hazard to life &/or envir.	•Isolate the spill area (evacuate). Deny entry to others. Notify your Manager or designee. •Assist any contaminated victims with "decon" processes as indicated IF you can do so safely.	Seek/coordinate further medical treatment of victim(s) exposed to the hazardous materials.	Following "all clear" & staff debriefing, submit report to Event Reporting Program.

Revised: 1-28-98, 4-9-99, 8-8-00, 1-26-01, 1-20-04, 5-7-05, 8-20-08, 9-30-09, 12-15-11, 12/20/13, 1/15/15

Additional Emergency Responses

- **Mass Casualty/Disaster –** Phase 1, 2 or 3: Follow your department-specific protocol.
- **Active Shooter –** notification announcement will direct employees to proceed with the **Active Shooter Response Protocol** as posted on B-Net/Quick Links/Emergency Plans. Call 9-911 if it is safe to do so – _if you cannot speak, leave the line open to allow the dispatcher to listen._

*All emergency management protocols for BRMH can be found in two locations:
1. In the "Emergency Management Protocols" reference manual provided in each department
2. On the BRMH Intranet ("B-Net")Home Page – click on "Quick Links", then Emergency Plans

Medical Emergency

- The Medical Emergency team is a group of clinicians who bring critical care expertise quickly to the patient experiencing a medical emergency.
- The team consists of ED MD, Hospitalist, Resource RN, ED RN, 2 additional RN's, Laboratory and Diagnostic Imaging.
- Pharmacy, CRNA and Patient and Family Services are contacted only when the team determines necessity.
- The team is activated via the hospital overhead paging system.
- For additional information refer to Medical Emergency Response policy via "Policies" located on the BRMH intranet site: B-Net

Rapid Response

- A Rapid Response is a medical situation where an individual is showing early signs of clinical deterioration that may lead to a medical emergency.
- The Rapid Response Clinicians offer clinical expertise and manpower in an emergent, non-code situation.
    - NOTE: When a Rapid Response is activated and the patient continues to deteriorate, the situation may require activation of a Medical Emergency Response prior to transfer to a higher level of care.
- A Rapid Response is activated by calling the individual practitioners on their portable telephones (no overhead page). Which clinicians are contacted depends on the clinical situation
- Criteria for Activation of the Rapid Response:
  (Examples include, but are not limited to)
    - Heart rate <40–45 per minute or >130–140 per minute.
    - Systolic Blood Pressure < 90mmHg.
    - Respiratory Rate <8–10 per minute or >28–35 per minute
    - Oxygen saturation <90% (despite the use of Fi02 50% or greater).
    - Change in mental status, level of consciousness or agitation (new onset or worsening of condition).
    - Urinary Output <50ml over 4 hours.
    - Hypothermia <95 F (except in PACU).
    - Underlying concern about the patient even if the above criteria are not met.
- For additional information refer to Medical Emergency Response policy via "Policies" located on the BRMH intranet site: B-Net

Good Catch/Near Miss

- A Good Catch is an event that was corrected before it reached the patient/employee/person and/or any circumstance/system that increases the changes of an unsafe event.
- Good Catches provide valuable pieces of information:
    - What was wrong in the system to get us to the point of an event almost occurring? This we want to correct or fix.
    - What was right in the system that prevented the event? This we want to capitalize and promote.
- Good catches should be entered in the Event Reporting website via the BRMH intranet site: B-Net.

Unanticipated Adverse Events

- BRMH has adopted the Sentinel Event definition as described by The Joint Commission and the Never Event definition as described by the National Quality Forum
- Definitions:
    - **Sentinel Event**: "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 recurrence would carry a significant chance of a serious adverse outcome. Such events are called "sentinel" because they signal the need for immediate investigation and response (The Joint Commission, 2008)."

- **Serious Injury**: includes loss of limb or function.
- **Never Events**: a preventable medical error or complication that causes harm or death to a patient. The error in medical care must be clearly identifiable, preventable, and serious in their consequences for patients, must be within control of the hospital, indicate a real problem in safety and credibility of the hospital, and must be the result of a mistake either by commission or omission (National Quality Forum, 2008).
- **Adverse Event** (AE): A harmful patient outcome from a diagnostic test, medication, non-surgical procedure or surgical intervention that may have been preventable; an unintentional, definable injury that was the result of medical management and not a disease process.
- **Disclosure**: Communication of information regarding the results of a diagnostic test, medical treatment or surgical intervention.
- **Error:** A preventable undesired event, which may or may not have been harmful
- **Medical Error**: The failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim. Often medical error is used to refer to a preventable systemic problem rather than a problem resulting from poor performance by a health care provider.
- **Patient** An individual over the age of majority who is mentally capable of providing informed consent for healthcare decisions. If the individual is below the age of majority or mentally incapable of providing informed consent for healthcare decisions, the term "patient" will refer to the parent or court appointed guardian or agency representing the patient.
- **Significant Event** An event resulting in a patient outcome that has an actual or potential evidence or measurable negative impact upon a patient's life and may require additional life-saving interventions to prevent continuing harm. A "serious event" is defined in the law as "an event, occurrence or situation involving the clinical care of a patient in a medical facility that results in death or compromises patient safety and results in an unanticipated injury requiring the delivery of additional health care services to the patient (Health Affairs, 2004)."
- **Unanticipated Outcome** A result that differs significantly from what was anticipated to be the results of a treatment or procedure.
• Black River Memorial Hospital (BRMH) will ensure a patient or parent/legal guardian is properly informed about an adverse event, error, or medical error that occurred during the patient's hospitalization (i.e. disclosure).
• The physician most responsible for the patient will disclose the event. This applies to all BRMH credentialed practitioners.
• The disclosure process will be done in a confidential manner and will take place in an area where privacy can be assured.
• Additional guidelines are outlined within the BRMH policy "Disclosure of Adverse Events and Errors" and the policy "Sentinel Events and Never Events" which are accessible via "Policies and Procedures" located on the BRMH intranet site: B-Net