



Alternative Orientation Handbook

A handbook for student job shadows

This 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 BRH's policies and procedures have been included.

Black River Health

- **Black River Health** (BRH) is located in Black River Falls, Wisconsin, a rural community located in Jackson County.
- **BRH is:**
 - Incorporated as a private, non-profit, 501(c)(3) organization
 - Represented by a Board of Directors, which includes community members – leaders of businesses, other healthcare facilities or agencies, governmental agencies, and city or county representatives.
 - An “umbrella” corporation including a 25-bed critical access hospital (Black River Memorial Hospital) and two primary care clinics (Black River Healthcare Clinic and Krohn Clinic) providing multiple specialties with a common mission of improving healthcare and promoting wellness

BLACK RIVER HEALTH Patient service departments include:

| Emergency Department | Obstetrical Services (Women's Health, Prenatal Care, Childbirth & other services) | Medical-Surgical Unit |
|-----------------------------|---|---|
| Ambulatory Surgery | Physical Medicine and Rehabilitation (Including PT, OT, ST) | Diagnostic Imaging (Including CT, MRI, US, Mammography, & other Radiology Services) |

| Nutrition Services | Patient & Family Services | Care at Home |
|---------------------------|---------------------------|----------------------------|
| Durable Medical Equipment | Wound Care Center | Behavioral Health Services |

People We Serve:

Primary Service Area = Jackson Co and proximal rural areas
Secondary Service Area = approximately 35+ mile radius

o Jackson County:

- Population 20,855 (WI = 5,910,955)

- * White alone = 88.4 % (WI = 86.6%)
- * Black/African American alone = 2.3% (WI-6.6%)
- * American Indian & Alaskan Native alone = 6.7% (WI = 1.2%)
- * Two or more races = 2.0% (WI= 2.2%)
- * Hispanic/Latino = 3.8% (WI = 7.6%)
- * Asian alone = 0.5% (WI = 3.2 %)
- * Persons Under 18 = 21.3% (WI = 21.1%)
- * Persons 65 and over = 20.6% (WI = 18.7%)

Mission

Helping to improve your life... through compassionate community-based care

Vision

To advance a healthier community... by providing excellent care, close to home

Values



COLLABORATION

To be an active collaborator and contributor to the communities we serve



RESPECT

To recognize the inherent worth and dignity of all people



COMPASSION

To take care of our patients and visitors as if they were our own family



INTEGRITY

To do the right thing even when it's hard



GROWTH

To continually enhance our services and expertise to best serve our patients and communities now and into the future

Performance Expectations

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

BRH Service Principle = Every Customer Every Time

Employees are responsible for:

- Participating in departmental and organization-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 staff to ensure the success of each activity

Standards of Behaviors:

At BRH, we are committed to helping improve lives and advance a healthier community. We honor compassionate and excellent care, and to assist with delivering on this promise, we have developed our Employee Commitment to Standards of Behavior, which involves every aspect of care at our organization while outlining our service philosophy of "Every Customer Every Time". BRH defines customers as patients, families, visitors, staff, physicians, students, and volunteers. Our Standards of Behavior are represented among:

- a) An organization-wide team commitment
"As a team, we must work together to create an environment that embraces our Mission, Vision, and Values"
- b) A personal commitment in the form of "I will..." statements
"Ultimately, it is the actions of individual employees that validate our MVV"

BRH's organizational pledge to provide compassionate community-based care will ultimately be evaluated by what we say we will do and how we do it. Customers and competitors want to know if we are dedicated to our promises, and words alone, are insufficient. We are individually responsible for bringing our 'best self' to work to provide compassionate, excellent care to our customers.

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:

- **Acknowledge:** the first step in forming a relationship. Be attentive; greet with a smile; be positive and friendly
- **Introduce** Upon introduction, give your name and the purpose for the encounter
- **Duration:** manage expectations by education about the length of time a particular procedure or request will take.
- **Explanation:** 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
- **Thank You:** "Thank you for waiting...providing information... choosing Black River Health

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.

Dress Code Guidelines

- Dress in a manner presents a professional image.
- BRH 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.
- 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.

Personal Device Guidelines

- 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 facility.
- At no time will personal devices be used to transfer protected health information.
- Photo, video, livestreaming or audio recording, with personal devices in any organization-owned or leased facility patient area is strictly prohibited by patients, families, visitors, students, and volunteers.
- Photo, video, or audio recording, with personal devices in any organization-owned or leased facility patient area is strictly prohibited by employees, unless required normal job functions and then take care not capture patient or visitor images.

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 BRH.

- 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 organization take to make sure PHI remains private
- 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 organization
- 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 is shredded 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 |

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 **BRH's HIAA & Security Officer:** Brett Stafford @ 3614

Compliance

- BRH Compliance Program
 - This program helps employees perform their job according to the law.
 - It also demonstrates the Organization's commitment to honest, ethical and professional conduct.
 - The government and Medicare require that all healthcare providers have a Corporate Compliance Program. It is also the right thing to do regardless of requirements.
 - The Black River Health compliance program is built around the seven core elements of an effective program.
 - Written policies, procedures, and standards of conduct
 - Chief Compliance Officer, compliance committee and high-level oversight
 - Effective training and education
 - Effective lines of communication
 - Disciplinary guidelines for enforcing standards
 - Effective system for routine monitoring and identification of compliance risks
 - Prompt response to offenses and corrective action plans
- **Compliance Hotline**

INTEGRITY MATTERS! DO THE RIGHT THING.
Speak up.



ANONYMOUS COMPLIANCE

HOTLINE
(715)-284-3411

What is the Compliance Hotline?

The Compliance Hotline is available, **24 HOURS A DAY, 7 DAYS A WEEK** for you to report workplace concerns, including:

- suspected illegal or unethical behavior
- noncompliance with laws, regulations and policies
- fraud, waste, or abuse
- patient information privacy issues
- criminal offenses
- or other concerns

All calls are anonymous unless you choose to leave your name or contact information to help us follow-up. Anyone who in good faith, reports a suspected or actual violation will be protected from retaliation. See policy #915-0007 (Compliance Hotline).

- It is the duty of anyone with a compliance concern to report that concern to their supervisor
- The Compliance Officer at BRH is Julia Smith, Executive Director of Patient Care Services; smithj@Blackriverhealth.com or 715-284-1304
- The Compliance Officer at KC is Carol Tews, tewsc@blackriverhealth.com or 715-284-1880



QUICK COMPLIANCE FACTS



MISSION

BRMH IS COMMITTED TO FOLLOWING THE ETHICAL, LEGAL, AND REGULATORY REQUIREMENTS OF CIVIL, CRIMINAL, AND HEALTH CARE LAWS AS THEY APPLY TO BUSINESS PRACTICES. WE WILL MAINTAIN AN ATMOSPHERE WHERE STAFF SHALL EXPOSE WITHOUT FEAR OR FAVOR, ANY ILLEGAL OR UNETHICAL CONDUCT, AND WE WILL REACT PROMPTLY TO REMEDY ANY AREA OF NONCOMPLIANCE.

ALL OF BRMH'S BOARD MEMBERS, OFFICERS, EMPLOYEES, CONTRACTORS, AND PROVIDERS ARE EXPECTED TO MEET THE LEGAL REQUIREMENTS. FOR THESE REASONS, BRMH HAS DEVELOPED AND INSTITUTED THE FOLLOWING COMPLIANCE PROGRAM.



BRMH PROHIBITS RETALIATION AGAINST ANYONE WHO IN GOOD FAITH REPORTS SUSPECTED NONCOMPLIANCE

COMPLIANCE MEANS TO FOLLOW EMTALA, HIPPA, ANTI-KICKBACK LAWS, STARK LAWS, STATE & FEDERAL LAWS & REGULATIONS.

REGULATORY COMPLIANCE IS NOT AN OPTION, IT'S REQUIRED!

A SUCCESSFUL COMPLIANCE PROGRAM MUST...

1. HAVE WRITTEN POLICIES, PROCEDURES, AND A STANDARD OF CONDUCT
2. HAVE A COMPLIANCE OFFICER
3. EFFECTIVE TRAINING AND EDUCATION
4. EFFECTIVE LINES OF COMMUNICATION
5. WELL-PUBLICIZED DISCIPLINARY STANDARDS
6. IDENTIFY RISKS AND ROUTINELY MONITOR COMPLIANCE
7. PROCEDURES IN PLACE FOR PROMPT RESPONSE TO COMPLIANCE CONCERNS

Patient Rights

- Black River Health strives to ensure that patients who select our organization 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 BRH staff and/or outside representatives of their choice and be free from restraint, interference, coercion, discrimination of reprisal or unreasonable interruption of care.

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
- In the US, four main principles define the ethical duties that healthcare professionals owe to patients.



- 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.
- Any team recommendations are purely advisory. Ultimate decision-making authority resides with the provider, patient, and family.
- Employees are encouraged to bring any concerns regarding patient care to the Ethics committee by:
 - Contacting the chair of the Ethics committee, Nicole Schweitzer, Executive Director of Provider and Clinical Services; schweitzern@BRH.net or 715-284-3693

- Reporting to any other member of the senior leader team, who will forward the concern to the committee

Harassment –Includes Sexual Harassment

- BRH is an equal opportunity employer committed to maintaining a workplace free from discrimination.
- BRH will not tolerate harassment of any of its employees, including sexual harassment.
 - Harassment is unwelcome conduct (physical, verbal, or non-verbal) based on an individual's protected status that creates an environment that is intimidating, hostile, or abusive, or a situation where enduring such conduct is a condition of employment.
 - Protected classes include: race, color, religion, sex (including sexual orientation, gender identity, or pregnancy), national origin, older age (beginning at age 40), disability, or genetic information (including family medical history)
 - 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 Director/Manager or the Director of Human Resources.
- BRH forbids retaliation against anyone for reporting harassment or assisting in investigating a harassment complaint.

General Safety Indicators

No matter where you work in the organization, 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.

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 maintenance

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 BRH'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:
 - Disorientation (such as individuals under the influence of drugs, alcohol, stress, or with a history of psychiatric illness)
 - Confrontational or defensive behavior
 - Obsessive behavior
 - Angry outbursts

- Impulsive behavior
- 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 threats or violent acts | |

Infection Prevention

Hand Hygiene

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

BRH 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.

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

- BRH 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

COVID-19 Current masking requirements and other COVID-related needs for employee can be found within BRH's COVID-19 Action plan located on B-Net > Resources Tile

EMERGENCY CONDITIONS & BASIC STAFF RESPONSE

Emergency-specific information for Employees working at the Krohn Clinic:

- Dial 1000 to access the Public Address system in the Krohn Clinic building. (Do not dial 80 as that only works at BRMH and BRHC).
- For a medical Emergency in the Krohn clinic building or grounds, dial 1000 and announce medical emergency and the location. A rapid response is not available in the Krohn Clinic.
- Krohn Clinic Providers may be requested to assist with treating patients during a mass casualty disaster. If requested, report to the emergency department charge nurse who is wearing the red vest.
- A printed copy of the Emergency Plan and Communication plan for the Krohn Clinic is available at the front desk.

Emergency Plans:

- At BRMH and BRHC, the emergency operations plan can be activated by notifying the Hospital Resource Nurse, a director, or Senior Leader.

- Individual response plans can be activated in an emergency by dialing 80 on a hospital telephone and making an overhead announcement.
- The organization's incident commander will determine deactivation of response plans

(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. BRH 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 | Rescue 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 80 to announce the medical emergency: specify adult, child or infant and location. | 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). | <ul style="list-style-type: none"> • 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- Disruptive Behavior | Disruptive/acting out person , jeopardizing the safety and security of hospital operations. | Use P-A system (dial 80) - 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 Violent Behavior | An incident of violent behavior involving intimidation, threats, verbal abuse, physical assault or stalking – with or without a hostage &/or weapon | <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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 | • Dial 8, 0 to announce the missing person alert: specify | • Monitor exits – document | Following "all clear" |

| | | | | |
|--|---------------------------------|--|--|--|
| | is missing - possibly abducted. | gender, age, color/type of clothing, hair, eyes , etc., and location with phone extension #. •Instruct all patients/visitors to stay in the hospital. •Switchboard operator (0700-2300) or night shift HUC notifies police & requests officer assistance. | and report any suspicious activity related to the missing person announcement. •Await arrival of law enforcement personnel to coordinate response activities with Incident Command. | announcement & staff debriefing, submit report to Event Reporting Program. |
|--|---------------------------------|--|--|--|

| | | | | |
|--|---|--|---|--|
| Severe Weather Warning | Severe Weather Warning for Wind Emergencies (tornado or high velocity winds) | •Upon receipt of <u>warning</u> via emergency weather radio, Emergency Dept. Nurse announces "Severe Weather Warning for tornado (or wind emergency) in BRF until (expiration time)." • SEEK SHELTER in designated "SAFE ZONES" for everyone (patients, visitors and staff). | Switchboard operator turns system over to "night bells" and the Med/Surg HUC takes all incoming calls. | Following "all clear" announcement & staff debriefing, submit report to Event Reporting Program. |
| Mass Casualty/ Disaster | Mass Casualty/Disaster situation | •Determine current status of situation and use P-A system (dial 80) 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 80) 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. | • <u>Obtain as much information as possible:</u> - where is the bomb/device/product? - when will it go off? - what does it look like? - why was it placed? • <u>Notify Leadership team via P-A system (dial 80):</u> " 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 environment. | •Isolate the spill area (evacuate). Deny entry to others. Notify your Director 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. |

Additional Emergency Responses

- **Fire Alarms at BRMH and BRHC** – initiated by activation a fire alarm pull station near the area of the fire; NOTE: Pull Stations are generally located by an exit door
- **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 the “B-Net” home page under Emergency Plans. Call 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 and BRHC can be found:

1. On the BRH Intranet (“B-Net”) Home Page – click on Quick Links, the “Emergency Plans” as listed on the left side of the screen
2. Hard Copy Backups are maintained in the Board Room (3rd Floor), the Emergency Dept, Environmental Services Work Room (Lower Level) and the 8th Street work room.

Alternative Orientation Response Sheet

Participant Name: _____

Department shadowing (as applicable): _____

Students only: Name of School _____

Tasks to Complete:

1. Answer all questions on this Orientation Response Sheet
2. Return all completed forms to the Organizational Development Department via e-mail: organizationaldevelopment@blackriverhealth.com
3. Printing off the response sheet, completing and mailing in is also acceptable.

True/False Questions

T___ F___ 1. The single most important measure for preventing the spread of infection is proper hand hygiene.

T___ F___ 2. Hands do not need to be washed before and after using gloves.

T___ F___ 3. Telling family and friends who is admitted to the hospital is not breaking confidentiality.

T___ F___ 4. Maintaining the confidentiality, privacy and security of patients' Protected Health Information (PHI) is not only a matter of organizational policies and procedures, but a right assured by federal HIPAA legislation and state laws.

T___ F___ 5. BRH follows a no retaliation policy in regards to reporting harassment.

T___ F___ 6. Cell phone use at the nurses' station or in a patient room is not allowed.

T___ F___ 7. 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.

List three of the five Core Values recognized by BRH include:

a.

b.

c.

FIRE SAFETY FIRE EXTINGUISHER

The RACE for fire safety stands for: The PASS acronym stands for:

R=_____ P=_____

A=_____ A=_____

C=_____ S=_____

E=_____ S=_____

I have read the required orientation information as well as completing the Alternative Orientation Response Sheet. My signature below indicates my understanding of the core processes of BRH as

outlined in the handbook. My signature additionally validates my intention to comply with the stated elements. If I have questions regarding any information, I am to contact a staff member.
I acknowledge receiving information on the policies and procedures related to confidentiality and the Security of protected health information required by the federal HIPAA Security rule. I understand that my use or disclosure of PHI is limited to the extent that the information is necessary to perform my assigned tasks and that unauthorized use or disclosure may result in termination of my time at BRH.

Signature: _____

Date: _____

Reviewed by: _____ Date: _____

Revised: 10-14-97, 07-14-99, 07-20-00, 03-13-2002, 08-06-2002, 12-27-02, 08-05-03, 04-19-04, 02-01-05, 09-29-05, 04-10-06, 05-23-06, 02-27-07, 12-29-08, 09-29-1-09, 02-22-10, 10-5-10, 01-19-11, 08-01-11, 10-31-11, 02-06-2014, 05-27-2014, 8-14-14, 11-1-14, 12-5-14, 2-25-15, 5-1-15, 5-20-15, 6-1-16, 9-25-17, 1.29.18, 8.21.19, 11.11.19, 8.5.24; 1.3.25