



# **Clinical Orientation Education: Self- Paced Packet**



**TO:           Observer**

**FROM:       The HPH Education Department**

This is your Clinical Orientation Education Packet. Please read this packet and complete the acknowledgement form. This acknowledge form must be turned into the Education Department before the start of your observer hours.

The education information focuses on topics that we are required to review annually.

If you would like additional training on the topics covered in the packets or have any additional questions, please contact the Education Department.

Thank you,

HPH Education Department  
[education@hphtx.org](mailto:education@hphtx.org)

## **Table of Contents**

<b>Topic</b>	<b>Page</b>
<b>General Safety</b>	<b>4 – 5</b>
<b>Fire Safety</b>	<b>6 – 7</b>
<b>Color Coded Armbands</b>	<b>7 – 8</b>
<b>Employee Health</b>	<b>9 – 10</b>
<b>Electrical Safety</b>	<b>11</b>
<b>Hazardous Material Safety</b>	<b>11 – 12</b>
<b>Infection Control Safety</b>	<b>12 – 16</b>
<b>Risk Management</b>	<b>19</b>
<b>Back Safety</b>	<b>20 – 22</b>
<b>HIPAA</b>	<b>22 – 23</b>
<b>Data Access and Security Measures</b>	<b>24 – 25</b>
<b>EMTALA</b>	<b>25 – 27</b>
<b>Population Specific Care/Culture Diversity</b>	<b>28 – 29</b>
<b>Smoke and Tobacco Free Facility</b>	<b>30</b>
<b>Observer Acknowledge Form</b>	<b>31</b>

# GENERAL SAFETY

## Emergency Codes:

CODE	DESCRIPTION	CALL
RED	Fire	4009 #61
BLACK	Internal/ External Disaster and Bomb Threat	4009 #61
BLUE	Cardiac or Respiratory Arrest	4009 #61
GREEN	Chemical Spill	4009 #61
PINK	Infant/ child Abduction	4009 #61
GRAY	Need Security for Aggressive Person	4009 #61



### Security is Everyone's Business!

Security is everyone's business including each employee. A criminal needs three things to commit a crime: ***desire***, ***opportunity*** and a ***victim***. You can avoid becoming a victim by taking steps to eliminate opportunities.

Some tips to assist in making the work environment safe:

- **Wear your Identification Badge or Sticker at all times.** This alerts security and visitors that you are a part of the workforce.
- **Report any suspicious person, activity or behavior.** Sometimes a simple "May I help you" will deter a would-be criminal.

## **Zero-Tolerance for Workplace Violence**

Each employee has a right to work in a safe environment. The Workplace Violence Policy at Houston Physicians' Hospital established guidelines and procedures to provide a safe and healthful workplace with zero tolerance for work place violence.

The management of this facility is making every effort to keep our facility safe. There are things that employees can do to help themselves.

- Recognize violent situations before they occur
- Take precautions to reduce the chances that you or a co-worker will be a victim of violence.

## **Causes of Workplace Violence**

When people lose control of their emotions, they can turn violent and the result can be deadly. Some causes of workplace violence include:

- Work-related causes such as robbery
- Personal causes such as job stress. Loss of a job or a reprimand from a supervisor
- Personal problems at home – domestic violence

## **Priority to Keep Workers Safe**

Employee personal safety is a high priority. A safe workplace is top priority. Ways to accomplish a safe working environment are:

- Report lighting problems in areas with high pedestrian traffic
- Report threats, harassment or bizarre behavior
- Resolve conflicts peacefully

## **Seven Tips to Prevent Violence in Your Workplace**

- Pay attention to warning signs – violent communication or threats
- Assess your work environment
- Trust your instinct – If you sense danger, react accordingly
- Eliminate potential weapons – Remove objects that could be potential weapons or thrown
- Use a Team Approach – Follow Hospital Procedure
- Know your Workplace Violence Policies and Procedures
- Promote Respect – Foster a day-to-day attitude of respect and consideration in your work environment

# FIRE SAFETY

## Emergency Fire Procedure

Report the fire by calling 4009 #61 to overhead page, make sure to announce the location of the fire 3 times & pull the fire alarm pull.

- R:** **RESCUE** any patients or other persons from immediate danger
- A:** **ALERT** the Hospital page 4009 #61 and activate the fire alarm system by pulling the closest fire alarm pull station
- C:** **CONFINE** the fire to prevent it from spreading by closing doors, windows, chutes, dumbwaiters, etc.
- E:** **EXTINGUISH** the fire by using the proper fire extinguisher only if your safety can be assured

## Types of Fire Extinguishers

- A** Ordinary combustibles such as wood, cloth, paper, rubber, many plastics, and other common materials that burn easily.
- B** Flammable liquids, such as gasoline and other flammable liquids, oil, grease, tar, oil-based paints, lacquer and flammable gas.
- C** Electrical equipment including wiring, fuse boxes, circuit breakers, machinery and appliances.

## Portable Fire Extinguishers

Remember the **PASS** – word

Stand 6-8 feet away from the fire and follow the steps to the PASS procedure. If the fire does not extinguish immediately, leave the area at once. Always have the fire department inspect the fire site.

**PULL (the pin):** This unlocks the operating handle and allows you to operate the extinguisher.

**AIM:** Point the extinguisher nozzle (or hose) to the base of the fire.

**SQUEEZE (the lever below the handle):** This charges the extinguisher. Releasing the handle will stop the charge.

**SWEEP (from side to side):** Keep the extinguisher aimed at the front of the fire and sweep back and forth until the flames appear to be out. If the flame re-ignites, repeat the process.

## Next Horizontal Fire/Smoke Zone

The double doors that are held open by magnetic devices in the hospital corridors are fire rated doors. When the fire alarm goes off these doors are closed automatically and create fire/smoke barriers.

Moving patients or others pass these doors in the event of a fire, puts them into another fire/smoke zone and helps temporarily protect them from the hazards associated with a fire

### Employee Responsibilities in a Fire

- **Move** the patient or others that are in immediate danger away from the fire site
- **Dial 4009 #61**
- **Keep the phone line open** to maintain communication
- **Close** all doors and windows.
- **Initiate** fire fighting with appropriate extinguishers
- **Leave** all lights **on** in the area and in corridors
- **Keep** hallways clear at all times



## COLOR CODED ARM BANDS

The following represents the meaning of each color-coded band:

Band Color	Communication
Red	Allergy
Yellow	Fall Risk
Pink	Limb Alert

A preprinted written descriptive text is used on the bands clarifying the intent (i.e., “Allergy,” “Fall Risk”). Colored wristbands may be applied or removed only by a nurse or licensed staff person conducting an assessment. “Social cause” wristbands, such as “LIVESTRONG” and other initiatives, should not be worn in the hospital setting. Staff should have family members take the social cause wristbands home or remove them from the patient and store them with other personal items. This is to avoid confusion with the color-coded wristbands and to enhance patient safety practices. Wristbands designating patients being evacuated or requiring special care during an emergency response should not be removed.

To assist the patient and family members in being partners in the care provided and safety measures used, patient and family education should be conducted regarding:

- The type of alert each wristband symbolizes and what interventions – if any – are being made to avoid the potential risk, and
- The risks associated with wearing social cause wristbands and why patients are asked to remove them.

The white admission ID wristbands are applied by admitting personnel or a nurse doing the initial assessment.

**Color-coded Hospital Wristbands** - During the initial patient assessment, data is collected to evaluate the needs of the patient and a plan of care unique to the individual is initiated. Throughout the course of care, reassessment is ongoing, and may uncover additional pertinent medical information, trigger key decision points or reveal additional risk factors about the patient.

The following procedures have been established to remove uncertainty in these processes:

- 1) Any patient demonstrating one of the risk factors on initial assessment will have a color-coded wristband placed on the same extremity as the admission ID band by the admitting nurse.
- 2) If labels, stickers or other visual cues are used to document the risk factor in the record, the stickers should correspond to the wristband color and text.
- 3) Upon application of the color-coded wristband, the nurse will instruct the patient and his/her family member(s) (if present) that the wristband is not to be removed.
- 4) In the event that any color-coded wristband(s) have to be removed for a treatment or procedure, a nurse will remove the band(s). Upon completion of the treatment or procedure, the risk(s) will be reconfirmed and the appropriate color-coded wristband(s) will be placed on the patient's extremity by the nurse.

**Hand-Offs in Care** - Before invasive procedures, at transfer and during changes in level of care, the nurse will reconfirm color-coded wristbands with other caregivers and the patient's chart. Errors are corrected. Color-coded wristbands are not removed at discharge. For discharge to home, the patient is advised to remove the band(s) at home. For discharge to another facility, the wristband(s) are left intact as a safety alert during transfer.



# SHARPS INJURY

## What To Do if You Are Injured by a Sharp

- Allow site to bleed several seconds to rid site of contamination
- Wash skin with soap and water or flush area with water
- Report to your supervisor **IMMEDIATELY**
- Complete an incident report
- Report to the Emergency Room

### **Complete the Employee Notification and include the following information:**

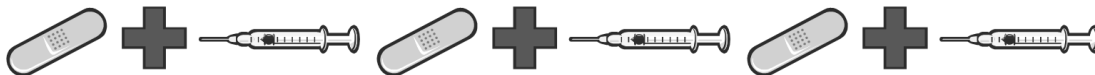
- Source patient's name, medical record number, physician name, and location
- Also explain in detail how the occurrence happened, when the injury occurred, and the **type, size, and brand** of sharp involved

### **Source patient lab work must be obtained at the time of the occurrence.**

- Two red top tubes of blood need to be drawn on source patient and taken with the employee to the Emergency Room (2 patient stickers should accompany the blood to the ER).
- Protocols are maintained in the Emergency Room

The Director or Charge Nurse will assist with the review of the patient's chart for high risk factors, (and forward the information to Employee Health and the Emergency Room, if necessary), such as:

- HIV Status
- Recent blood transfusions (6 months)
- Lifestyle risks
- Recent tattoos (6 months)
- IV drug abuse history
- History of Hepatitis



## **Sharps...**

- Are the third most common cause of work-related injuries.
- Are Major causes of infection as they can transmit infectious disease from patient to health care workers.
- Are costly and health facilities and workers pay the price through medical bills, absence from work, physical and emotional suffering.



Protect **YOURSELF** and your **CO-WORKERS**.

The right combination of attitude and actions can prevent most injuries from sharps.



## Who's in Danger of Injuries from Sharps?

- **Nurses** – suffer more injuries from sharps than any other group of health care workers.
- **Laboratory Staff** – handle many types of sharp instruments as a regular part of their job.

- **Housekeeping, Dietary Staff** – are injured when someone else improperly disposes of sharps or broken glass.
- **PCAs and Volunteers** – are also exposed to potential injury from sharps.
- **Physicians** – use a wide variety of sharp medical instruments in treating patients.

### How Do Injuries From Sharps Happen?

Injuries can happen anytime there is a sharp medical instrument nearby.

- **Uncapping needles** – jerking the cap or holding other objects while removing it can result in too little control of the needle point.
- **Administering injections** – movement by a patient or co-worker or a momentary lack of concentration can result in an injury.
- **Drawing blood** – it only takes one slip to cause a serious infection.
- **Recapping needles – DO NOT RECAP - EVER.** Recapping a used needle poses one of the greatest threats of infection.
- **Disposing of needles** – a sharps container that is too full or a careless hand movement can lead to injury.
- **Collecting trash**– incorrect disposal of sharps in regular trash containers, endangers everyone, especially housekeeping and maintenance staff
- **Cleaning rooms and instruments trays** – used sharps that are not removed from an instrument tray or that end up on the floor, table or in the linen can lead to injury

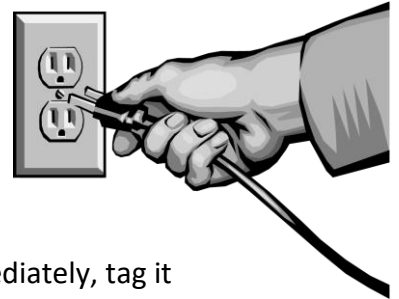
### How to Prevent Injuries from Sharps

- **Use safety features** – The use of safety features available in the hospital are there for a reason – **TO BE USED**. This includes, but is not limited to, the InterLink and other needleless systems.
- **Let falling objects fall** – It's better to clean up a mess or replace an object than to risk injury and infection.
- **Don't carry loose sharps in your pocket** – not ever a good choice.
- **Recapping used needles - DO NOT recap used needles** - Dispose of used needles immediately into a sharps container.
- **Recapping clean needles** – Recap the needles using techniques that do not require using your other hand or other body parts to put the cap on the needle.
- **Get help with uncooperative patients** – This will also ensure that you can safely dispose of the needles/syringes immediately.
- **Store sharps safely** – Follow procedures for storing instruments and glassware to ensure they can be reached easily but pose no threat to injury.
- **Dispose of sharps properly** – Sharps containers are available in varied locations. Report or replace any containers that are too full.
- **Don't reach into disposal containers** – If absolutely necessary, dump the trash onto a newspaper and search with your eyes and not your hands.
- **Clear instruments trays carefully** – Use extra caution and watch for any loose or unprotected sharps.

# ELECTRICAL SAFETY

## There are Many Things That We Can do to Reduce Electrical Hazards:

- Inspect all equipment before putting it in use. Check for loose plugs, frayed cords, cracked equipment, broken wires and malfunctions.
- Keep electrical cords off the floor. Do not allow equipment to roll over cords. Do not run cords across a sink or wet surfaces. Water conducts electricity.
- Check equipment for 3-pronged plugs. Remember that all large equipment should be grounded using 3-pronged plugs.
- When unplugging any piece of electrical equipment, always remove it by the plug vs. pulling on the cord. Doing so could result in wire exposure.
- If a piece of equipment is dropped, have it checked before it is used. Look for cracks, loose pieces, etc.
- If a piece of medical equipment sparks or malfunctions, unplug it immediately, tag it "Remove from Service" and have it checked by Biomed.
- In the event of a power failure, red plugs are fed by the emergency power system.



## **Occasionally, electrical equipment catches on fire. You need to know what to do if any electrical fire occurs.**

- If possible, unplug the equipment. Use either a C or A-B-C fire extinguisher. Never use water on an electrical fire – water conducts electricity and you could get shocked.
- If it is necessary to rescue someone who has been shocked:
  - Do not touch the person – you could get shocked
  - Turn off the power or unplug the electrical equipment
  - Be prepared to do CPR if necessary

# HAZARDOUS MATERIAL SAFETY

## HAZMAT Overview...

What is a hazardous material?

- Can cause health effects (carcinogens, etc.)
- Can create a hazard (flammables, reactive)
- Can cause harm (physical hazard)

## How to tell if a Material is Hazardous?

Check the label – look for key words (Caution and Hazard)

- Review the Safety Data Sheet (SDS)
- Section II "Hazardous Ingredients" – If > 1% - yes
- Section V "Health Hazards: - if any – yes
- Section IX "Special Precautions" – if any –yes

### Sample Hazardous Material List

- Bleach – Reactive – reacts with other products to produce chlorine gas – Health Hazard
- Base – Corrosive Hazard
- Disinfectants – Concentrated form – Health Hazard
- Oxygen – Compressed gas – Physical Hazard, Oxidizer – Fire Hazard and Reactive Hazards
- Isopropyl Alcohol – flammable liquid – Fire Hazard
- Mercury – Toxic heavy metal – Health Hazard; Mercury vapor if spilled – Health Hazard

### Safety Data Sheets (S.D.S.):

- For each hazardous material used in the department or by the staff S.D.S. sheets are available in the Emergency Room in a green S.D.S binder.

### Biohazardous Waste and You

Regulated waste that is generated by the hospital are handled and disposed of in accordance with the Environmental Protection Agency (EPA), Department of Transportation (DOT) and State and local regulations and guidelines.

### Regulated waste refers to:

- Contaminated items that would release blood or other infectious materials in a liquid or semi-liquid state, if compressed.
- Items that are caked with dried blood or other potential infectious materials and are capable of releasing these materials during handling.
- Pathological and microbiological wastes containing blood or other potentially infective material.

### Red Bags

Are to be used for the above-regulated waste. Red bag waste is to be placed in the dirty utility room.

### All Sharps

Go into Sharps Containers never in Red Bag or regular trash.

## **INFECTION CONTROL SAFETY**

### Overview

#### **What is the role of the Infection Control Department?**

- Identify and reduce the risk of infection developing and/or spreading

#### **Who is responsible for Infection Control?**

- You Are!

#### **Responsibilities of HPH Staff**

- Prevention! Prevention! Prevention!

- Hand washing
- Identification of infections
- Use of personal protective equipment
- Use of sterile technique

### **Bloodborne Pathogens**

- Human Immunodeficiency Virus (HIV)
- Hepatitis B Virus (HBV)
- Hepatitis C Virus (HCV)

### **Bloodborne Pathogen Transmission**

- HIV, HBV and HCV may be found in:
  - Blood products (plasma)
  - Semen and vaginal secretions
  - Fluids in the uterus of a pregnant women
  - Fluids surrounding the brain, spine, heart and joints
  - Fluids in the chest and abdomen
  - Fluids containing visible blood
- Transmission by:
  - Sharps injuries (needles, razors, scalpel blades, and orthopedic hardware.
  - Breaks in the skin such as cuts and scrapes
  - Splashes in the eyes, nose or mouth
  - Sexual intercourse
  - Sharing infected drug needles



## **Bloodborne Pathogens**

### **HIV**

- Symptoms
  - Usually non specific
  - May present as flu like illness after infection
- Attacks the immune system
- To date, no cure available
- Treatment: Antiretroviral therapy

### **Hepatitis B**

- Signs and Symptoms
  - Jaundice
  - Fatigue
  - Abdominal pain
  - Loss of appetite
  - Intermittent nausea and vomiting
- Treatment: None available
- Prevention: Hepatitis B vaccine/HBIG
  - First dose
  - Second dose, one month after first dose
  - Third dose, six months after initial dose

- Titer to test immunity level 4 to 6 weeks after completion of series and after a blood exposure.
- Immunity to Hepatitis B following immunization appears to be long lasting

### **Hepatitis C**

- Symptoms
  - Jaundice
  - Fatigue
  - Abdominal pain
  - Loss of appetite
  - Intermittent nausea and vomiting
- Treatment:
  - Recombinant interferon alpha
- Prevention:
  - No vaccine available



### **Preventing Exposure to Bloodborne Pathogens**

- **Engineering Controls**
  - Safety Needles
  - Needleless systems
  - Sharps containers
  - Biohazard waste containers
  - Sterilization
- **How do we protect ourselves?**
  - Never recap, bend or break needles
  - Dispose of sharps and contaminated waste in proper containers immediately
  - Minimize splashing of fluids
  - Cover cuts, scrapes, hangnails, rashes
  - Clean work area with approved disinfectant
  - Hand washing!
- **Personal Protective Equipment**
  - Gloves
  - Gowns
  - Mask with face shield
  - Goggles

## **Tuberculosis**

Tuberculosis is an infection of the lungs caused by the bacteria *M. tuberculosis*.

### ➤ **Symptoms**

- Cough
- Fever
- Night Sweats
- Fatigue
- Loss of Appetite
- Weight Loss
- Hemoptysis (Coughing up blood)

### ➤ **How do you prevent transmission/infection in the hospital?**

- Screen Patients upon admission
- Screen employees upon employment and annually

### ➤ **Precautions**

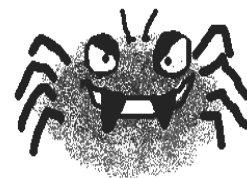
- Use Airborne Isolation Procedures
- Report suspected cases to the Infection Control practitioner
- Use personal protective equipment
  - N95 Mask

### ➤ **Patients at increased risk include:**

- HIV infected
- Recent Tuberculosis exposure
- Immigrants from Asia, Africa and Latin America
- Low income and medically underserved patients
- IV drug abusers and alcoholics
- Residents of correctional Institutions
- Residents of long term care facilities

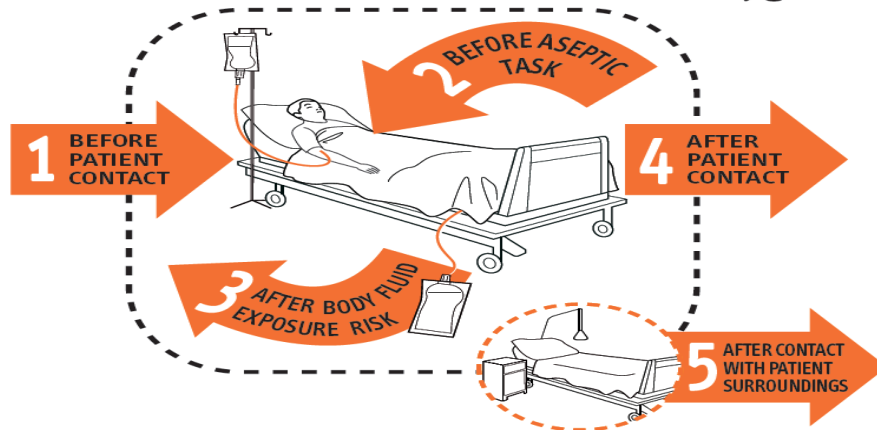
## **Use Required Personal Protective Equipment (PPE)**

- Cleans hands before and after using gloves and other PPE.
- Wear gloves
  - Bandage cuts and scrapes, before wearing gloves
  - Never re-use disposable latex or nylon
  - Examine gloves for tears, cracks and tiny holes before and during use.
- Wear mask, eye protection and face shield, if fluids could splash or spray into your eyes, nose or mouth.
- Wear other PPE such as caps, gowns, and shoe covers when exposure to lots of fluids are likely.



## Hand Hygiene

### WHEN? Your 5 moments for hand hygiene



<b>1</b> BEFORE PATIENT CONTACT	<b>WHEN?</b> Clean your hands before touching a patient when approaching him/her <b>EXAMPLES:</b> shaking hands, helping a patient to move around, clinical examination
<b>2</b> BEFORE AN ASEPTIC TASK	<b>WHEN?</b> Clean your hands immediately before any aseptic task <b>EXAMPLES:</b> oral/dental care, secretion aspiration, wound dressing, catheter insertion, preparation of food, medications
<b>3</b> AFTER BODY FLUID EXPOSURE RISK	<b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal) <b>EXAMPLES:</b> oral/dental care, secretion aspiration, drawing and manipulating blood, clearing up urine, faeces, handling waste
<b>4</b> AFTER PATIENT CONTACT	<b>WHEN?</b> Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side <b>EXAMPLES:</b> shaking hands, helping a patient to move around, clinical examination
<b>5</b> AFTER CONTACT WITH PATIENT SURROUNDINGS	<b>WHEN?</b> Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even if the patient has not been touched <b>EXAMPLES:</b> changing bed linen, perfusion speed adjustment

## Hand Washing Essentials

- Handwashing with soap and water: Use friction for at least 15 seconds
- Using Alcohol gel/foam: Allow product to air dry.
- Alcohol gel cannot be used when hands are not visibly contaminated or after contact with a patient positive for *Clostridium difficile*.
- Surgical Hand Scrub protocol:
  - Water-based hand scrub: 5-minute Scrub
  - Wet hands and arms up to the elbows. Use nail pick to clean nails under running water.
  - Wet sponge and squeeze to work up lather Wash each finger, hand, and arm to two inches above the elbows using the non-abrasive sponge for a total scrub time of five minutes. (Avaguard may be used after the first scrub of the day).



### Isolation Precautions

- **Contact Precautions:** Used when a patient has or is suspected to have a multi-drug resistant organism ( EX: MRSA, VRE, C.diff) **Gown and gloves** upon the room.
- **Droplet Precautions:** Requires **mask** upon room entry (Ex Influenza A/B, viral meningitis).
- **Airborne Precautions An N95 respirator** must be worn (Ex TB, SARS, chickenpox, disseminated shingles, during aerosolized procedures for a COVID-19 suspected/confirmed case)

### Influenza and Novel Virus Prevention

- Influenza vaccination is offered annually and is strongly encouraged for all healthcare workers.
- Adhere to state and local guidelines in the event of a Pandemic.

### Surgical Site Infections

- All surgical hats/caps must be worn properly.
- Other PPE used in the case should be removed before leaving the OR room.
- Surgical hand antisepsis should be done in accordance with the hospital's policy and procedure.
- **Chloraprep** is the preferred prep, with **Duraprep** as an acceptable alternative.
  - It is a FDA requirement to let any skin prep containing alcohol to dry for 3 minutes to eliminate fire risk, ensure surgical drape adherence, and allow for maximum microbial killing.
- Avoid bringing items from other areas inside the operating room that are not crucial for the procedure being done.
- Minimize traffic flow and keep the OR doors closed as much as possible during the surgery

### Summary of SCIP Core Measures

- **Prophylactic Antibiotics Received within 1 hour prior to Surgical Incision:**
  - A 2-hour timeframe before the surgical incision is allowed for vancomycin or a fluoroquinolone due to the longer infusion times required.
- **Prophylactic Antibiotic Selection for Surgical Patients:**
  - Complete documentation (drug name, dose, route & time of administration)
  - Select appropriate antibiotics according to CMS requirements.
- **Prophylactic Antibiotic Discontinued within 24 hours after Anesthesia End Time:**
  - Exceptions: Documentation of infection is present and was entered into the record either preoperatively or by the end of the second postop day
- **Beta Blocker:**
  - Patients taking a beta blocker prior to arrival must receive a beta blocker in the perioperative period which is defined as the day prior to surgery through POD2. Unless a reason is documented, the patient must receive one dose on either the day prior to surgery or the day of surgery **and** one dose on POD1 or POD2
- **Appropriate Hair Removal:**
  - Use only clippers, scissors or depilatory agents outside of the OR. **No** razors.

- **Perioperative Temperature Management:**
  - Patients with at least one body temperature  $\geq 96.8$  F/36 C recorded in the period 30 min prior or 15 min after Anesthesia End Time and/or a warming device is used intra-operatively.
- **Appropriate Recommended VTE Prophylaxis Ordered:**
  - All VTE prophylaxis from arrival to 24 hours after Anesthesia End Time are collected
- **Appropriate Recommended VTE Received:**
  - The VTE ordered must have been received by the patient in the time frame beginning 24 hours prior to Anesthesia Start Time through 24 hours after Anesthesia End Time.
- **Urinary Catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2):**
  - Exceptions:
    - The patient is in ICU **and** receiving diuretics
    - There is a reason for continuing the catheter that has been documented on POD 1 or POD 2. Documentation to continue the catheter that is entered on the day of surgery will not be accepted.

### Eliminate Hazards with Proper Housekeeping

- Don't touch broken glass.
- Dispose of sharps in proper containers.
- Place other contaminated wastes in appropriate containers.
- Never reach into trash.
- Change sharps and waste containers when two-thirds full.
- Wipe up spilled blood with appropriate solution and towels.
- Replace protective coverings on work surfaces.
- Clear and clean equipment and work surfaces at the end of your shift and as needed.

# Risk Management

## Overview

### ➤ **Occurrence Reporting - Notifications**

- Any happening out of the ordinary which results in a potential or actual injury to a patient, visitor, or employee, or damage to facility property or reputation will be reported. Completion of the variance report will need to be completed by your preceptor.

### ➤ **Confidentiality**

- Information concerning patients, fellow employees or relating to the business of Houston Physicians' Hospital must not be discussed with persons not concerned with such information, and certainly never people outside the company

### ➤ **Examples of Notifications/Occurrences:**

- Medication Errors
- Falls
- Personal Injury
- Faulty Equipment
- Procedure Deviation

### ➤ **Notification/Occurrence Reports**

- Address Situations in which corrective action needs to be taken immediately
- Are used to improve HPH system and safety

### ➤ **Notification/Occurrence Reporting Procedure**

- Reported through ASC WebQI
- Initiated by person discovering occurrence
- Mirrors medical record
- Refer report to the Department Director
- Reviewed and investigated by Department Director
- Director forwards to Risk Manager

## Safe Medical Device Act

HPH Reports all reportable adverse events to manufacturers related to medical devices that may have caused or contributed to patient/ employee serious injury or death. Remove and secure equipment, product or device immediately and complete an occurrence.

# Back Safety

## Statistics

- 8 out of 10 people suffer from back/neck pain or injury
- \$33 billion spent on medical costs for back pain treatment a year
- \$100 billion spent on back surgery

## Risk Factors

- Some risk factors can be modified by changes in life style. These modifiable factors include obesity, exercise, stress, posture, body mechanics, and knowledge of risk factors.
- Some risk factors are not modifiable. These factors include trauma, previous surgery, and aging. Smoking decreases the oxygen content in blood; therefore, if you smoke and sustain an injury, you will heal slower than someone who does not smoke.



## Anatomy

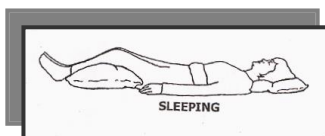
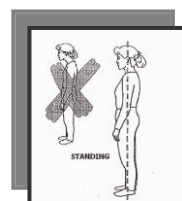
The back should have 3 normal curves that balance the back; so all structures are in the proper position to work best. These structures include the disc, muscles, ligaments, nerves, bones and joints.

## Exercise

Regular exercise is important for a healthy back. Exercise should be done on a regular basis (4 times a week, for 30 minutes each session—as recommended by the TOH Wellness Committee) outside of your daily work activities and include stretching, strengthening and endurance exercises.

## Posture

- In proper standing posture, the ear should line up over your shoulder, the shoulder over the hip and the hip over the ankle.
- Sitting is the most stressful position for the back, so, it is very important to maintain the 3 normal curves of the back.
- When sleeping proper posture should also be maintained, as much as possible, to avoid prolonged stress on the back.



## **Proper Body Mechanics**

These principles apply to all lifting, pushing, pulling, reaching activities.

- The lower your center of gravity, the more stable you will be (bend your knees)
- The broader your base of support the greater your stability (keep your feet apart with at least one foot flat on the floor)
- A longer lever arm means more effort to lift (keep the object close to you)
- The closer the object to your center of gravity, the easier it is to carry
- Do not twist your back
- Get help
- Maintain proper spinal alignment
- Pushing an object is safer than pulling

## **Back Safety and the Computer User**

Are you finding working or playing on your computer to be a pain in the neck—literally? Neck pain, back pain, carpal tunnel syndrome, and many other conditions can result from poor computer workstation habits.

Faulty computer habits can have painful consequences. Sitting too long at the computer without moving around or changing position can result in repetitive motion disorders and muscle strain. Physical therapists recommend that you keep your feet flat on the floor, sit up straight, keep your eyes level with the screen, and take mandatory breaks at least every 20 minutes to avoid muscle fatigue.

Physical therapists may detect early symptoms and develop an intervention program that includes stretching, exercise, and adjustments to the overall work environment. If you or anyone you know is experiencing symptoms of carpal tunnel syndrome, neck and back pain, or muscle aches and stiffness, consult a physical therapist.



## **Workstation Tips**

- Place monitor perpendicular to windows for the best lighting. Draw the shades when the sun is bright.
- Make sure the monitor is 18-22" from your forehead depending on visual activity the top of the screen should be at eye level.
- Place documents on a copyholder attached to side of monitor or on a copy stand between the keyboard and monitor.
- Adjust seat height so that the knees are slightly below hips with feet resting comfortably on the floor.
- The keyboard height should be just below your elbow height. The front portion of the keyboard can be raised slightly to prevent bending your wrists up.
- If using armrests, adjust the height by resting arm at side with your elbows bent at a 90-degree angle. The armrest should be positioned directly under elbow/forearm.

### “Top Ten Ways to Monitor Your Workstation Health”

1. Keep feet on the ground. Make sure that your feet are touching the floor or a footrest when seated. Knees should be at a 90-degree angle. This distributes weight better and takes pressure off the upper body. Consider investing in a height-adjustable chair, or use a stool.
2. Sit up straight. Make sure that you sit tall with weight on the buttocks and feet. The pelvis should be straight up and down. Chairs with adjustable backs and arms aid in proper sitting posture.
3. Eyes level with screen. A good rule of thumb is to make sure the top of your head is parallel with the top of the screen “top-to-top.” Anything less could lead to neck strain.
4. Forearms parallel. Make sure that your forearms are parallel to the floor and the elbows are at a 90-degree angle. Your forearms should rest on chair arms or on your desk to bear your upper body weight.
5. Shoulder blades settled. Shoulder blades should be settled on the back of the ribs, not in an arched or hunched position. This includes while talking on the telephone. Use a speakerphone, telephone headset, or cradle/shoulder rest for the telephone handset. These will help prevent unnecessary neck strain.
6. Correct mouse positioning. Place your mouse near the keyboard so you do not have to reach for it. Reaching for the mouse can over-stretch and fatigue your muscles.
7. Rest the eyes. Look away from the computer as often as possible and focus on distant objects. Staring uninterrupted at a computer screen for long periods of time can cause eye-strain and headaches, an anti-glare screen can help prevent eyestrain.
8. Take a break. Take a break from the computer at *least every 20 minutes*.
9. Stretch and move. Do stretches such as head turns, shoulder rolls, and marching in place while seated.
10. Watch for problems. Pay attention to warning signs such as headaches, fatigue, muscle pain, or cramping and make adjustments *early*.

## HIPAA

The **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** was passed by Congress to reform several areas of health care.

### HIPAA Privacy Regulations

HIPAA Privacy Regulations were implemented by all healthcare entities on **April 14, 2003**. The regulations set forth a number of requirements regarding ensuring the privacy of protected health information (PHI).

### Notice of Privacy Practices

A notice of privacy practices must be provided to each patient at the time of registration in addition to the Patient Rights. This notice outlines how the patient’s information may be used by the facility. The notice must also be posted in the facilities Registration areas and on the facility’s Internet site.

## **Confidentiality and “The Need to Know”**

As an employee of HPH, you are held accountable by our Code of Conduct to protect our patients’ information and ensure their right to privacy.

Any member of the facility’s workforce with a legitimate “need to know” to perform their job responsibilities may access a patient’s health information. However, the amount of information accessed should be limited to the minimum amount necessary to perform their job responsibilities.

## **What is PHI?**

Protected Health Information is those elements that make information individually identifiable and relates to the individual’s medical or billing information. This includes health information in ANY form or media (i.e. paper, electronic, oral, CD, diskette, and microfilm)

## **Protected Health Information Elements**

• Name	• Photographic images
• Address including street, city, county, zip	• Finger or voice prints
• Telephone number	• Electronic e-mail addresses
• Any date (birth, admit, discharge)	• Medical Record number
• Fax number	• Account number
• Social Security Number	• Any vehicle or other device serial number
• Health plan beneficiary number	• Internet address (IP)
• Certificate/license number	• Any other unique identifying number, characteristic, or code
• Web universal Resource Locator (URL)	

## **Safeguards for Protecting PHI**

- Never discuss a patient or their care outside of the patient care area.
- Keep discussions private, stop if unknown persons approach area during the discussion
- Only share sensitive and confidential information with others that have a “need to know”.
- Treat all information as if it were about you or your family.
- Access only that information that you “need to know” to do your job.
- Never access your own health information.
- Never share your computer passwords anyone for any reason.
- Utilize the “Shred It Boxes” to dispose of any paper with patient PHI on it that does not get put on the patient medical record.

# Data Access and Security Measures

- Access only the information you need to do your job.
- Only share sensitive and confidential information with others who have a "need to know."
- Use only your own unique User ID and Password to access any system or application.
- Always exit the system before leaving the workstation.
- Create a "hard to guess" password and never share it.
- Change your password frequently.

## Workstation Security

Achieve "workstation security" by controlling your work area.

### ***Secure Workstations Have:***

- Privacy filters to shield information from casual public view.
- Terminals or PCs that are not left active or unattended.
- Short screensaver "time out" settings.
- Company approved anti-virus software.
- Only company approved and licensed software.

## Viruses

Interruption of service or corruption of data due to a virus outbreak is a serious problem.

### ***Virus Protection:***

- Use virus protection with the most recent updates.
- Use only licensed software from known trusted sources.
- Use disks obtained from a known source inside the company.
- Remove disks/CDs from your computer drive(s) before you start up in the morning.
- Obtain permission from your manager before downloading Internet programs.
- Open only e-mail or e-mail attachments that you need to perform your job.
- Notify IT&S if you suspect a virus infection.

## Using the Internet

The Internet is a useful tool for gathering specific information from many sources.

- When connected to the company network, do not "dial-up" an Internet Service Provider (AOL, EV1, etc).
- Use only the company's e-mail service for messages when connected to the company network.
- Use secure methods specifically approved in advance by IT&S Security to transmit ePHI outside the company to those individuals having a need to know.

## Electronic Communications

The Internet and e-mail provide rapid means of sending and/or receiving information, but the responsibility rests with each individual to do "the right thing" with electronic communications.



***You are responsible to:***

- Promote effective and efficient business communication.
- Transmit information only to individuals who have a "need to know".
- Not use publicly accessible areas of the Internet (e.g. discussion groups, unsecured web sites, etc.) to transmit or display information.
- Use secure methods specifically approved in advance by IT&S Security to transmit ePHI outside the company.
- Use e-mail and the Internet for highly limited personal use.

***You must never:***

- Pursue business interests that are unrelated to the company.
- Conduct any type of personal solicitation.
- Distribute copyrighted material not authorized for reproduction or distribution.
- Impersonate another user or mislead others about your identity.
- Distribute chain letters.
- Participate in political or religious debates.
- Access another person's e-mail.
- Access or distribute obscene, abusive, libelous, or offensive material.
- Harass, intimidate, or threaten others.
- Use electronic communication for any purpose that is illegal, against company policy, or contrary to the company's best interest.
- Have any expectation of privacy when using company information systems.

## **EMTALA**

The Emergency Medical Treatment and Labor Act (EMTALA) is the federal "anti-dumping law" that ensures that emergency care is provided to anyone who needs it, regardless of their insurance or ability to pay. The law is designed to prevent hospitals from refusing to treat patients or transferring them to charity hospitals or county hospitals because they are unable to pay or are covered under Medicare or Medicaid programs. Under this law, patients are not treated differently for any reason other than their medical conditions.

Hospitals with emergency departments that participate in the Medicare program must provide a medical screening examination to determine whether an emergency medical condition exists. If the medical screening examination is appropriate and does not reveal an emergency medical condition, the hospital has no further obligations.

Hospitals, ED Physicians, including admitting physicians and On-call Physicians must comply with EMTALA.

Where an emergency medical condition exists, the hospital must either provide treatment until the patient is stabilized, or if they do not have the capability, transfer the patient to another hospital according to EMTALA provisions.

An emergency medical condition is defined as "a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health (or the health of an unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs."

If a transfer is made, it must be appropriate: the transferring hospital must provide the care it can, minimize transfer risks, and provide copies of medical records. The receiving facility must have available space and qualified personnel and agree to accept the transfer. Qualified personnel with necessary equipment must make the transfer. Receiving hospitals with specialized capabilities, such as burn units or neonatal intensive care units, are obligated to accept transfers if they have the capacity to treat them. A patient is stable for transfer if: the treating physician attending to the patient is expected to leave the hospital and be received at the second facility, with no material deterioration in their medical condition; and the treating physician reasonably believes the receiving facility has the capability to manage the patient's medical condition and any reasonably foreseeable complication of that condition.

An OB patient (who was in active labor or having contractions at the time of arrival) is stable for transfer once the patient has delivered the infant **and** the placenta. A Mental Health/Substance Abuse patient is stable for transfer once the patient is protected and prevented from injuring himself/herself or others. According to the Texas law, a Memorandum of Transfer (MOT) must be filled out for all patient transfers.

If a patient decides to leave prior to being medically screened to determine whether or not an emergency medical condition is present, then the hospital staff should talk to the patient before they leave the hospital premises. We should inform the patient of the benefits of a medical screening exam and the risks of leaving prior to such exam. Obtain an informed consent from the patient for the refusal of the medical screening exam and stabilizing treatment. The burden is on the hospital to demonstrate its efforts to discourage the patient's departure from the hospital prior to receiving a medical screening examination and stabilizing treatment. The nurse should document in the medical record if the patient leaves without notice to the hospital. The hospital should retain all triage notes and other records regarding the patient; if they just walk out of the hospital, write a thorough description of the person.

Care cannot be delayed by questions about methods of payment or insurance coverage. In addition, a managed health care plan cannot deny a hospital permission to provide treatment, only state what it will or will not pay for. Although hospitals are required by law to provide emergency care for any patient who requests medical assistance, insurance companies are not required to pay.

A hospital is required to follow EMTALA policy for any patient who is physically on its premises, including, in some situations, off-site locations such as hospital-owned ambulances and outpatient clinics. A hospital has no EMTALA obligation with respect to within 250 yards of the hospital's main building that is not part of the hospital (except those areas such as parking lots that serve the hospital). If the hospital doesn't own and or operate it, it is not the hospital's responsibility. The curb in front of the hospital is our landmark; however, if someone comes through our doors asking us to help someone on the street, it is our obligation to help them.

A Hospital may deny access if it is in the "diversionary status" because it does not have the staff or facilities to accept any additional patients. If the ambulance staff disregards the hospital's instructions and transports the patient on the hospital property, the patient is deemed to have come to the ED and a medical screening examination and stabilizing treatment, if required, must be provided.

Both CMS (Centers for Medicare and Medicaid Services) and the U.S. Department of Health and Services' Office of Inspector General (OIG) have administrative enforcement powers with regard to EMTALA violations. There is a 2-year statute of limitations for civil enforcement of any violation. A hospital is subject to termination of its Medicare provider agreement; **a hospital may be fined between \$25,000-\$50,000 per violation**. A physician can be fined \$50,000 per violation (also applies to on-call physicians). A physician can be excluded from the Medicare and Medicaid programs; a patient can sue the hospital for personal injury in civil court. A receiving facility, having suffered financial loss as a result of another hospital's violation of EMTALA, can bring suit to recover damages. EMTALA is not necessarily violated when a physician conducts a negligent screening examination or when malpractice is an issue. There also is no violation when a patient outcome does not necessarily signal an EMTALA violation; however, a violation can occur without a poor outcome.

EMTALA places great responsibility on hospitals and emergency physicians to provide a health care safety net. Unlike other medical specialties, emergency physicians provide a great deal of care that goes uncompensated. Hospitals are required by law to provide emergency care (e.g., a medical screening exam) for any patient who requests it, but insurance companies are not required to pay.

# Population Specific

## Spirituality

Spirituality may not be connected to any religion. A person's spirituality includes issues such as where he or she looks for help and meaning. When caring for patients avoid stereotyping, for example:

- Assuming a person belongs to a certain religion
- Keep in mind that everyone may not follow a religious practice. However, he or she may still be very concerned with spirituality.
- Remember that all members of a religious group may not practice their faith the same way. Spiritual and religious beliefs may dictate practices certain family members or others may play in births and deaths.

### **When caring for patients ask about:**

- Food practices- any foods the person prefers/ must avoid
- Prayer or meditation practices-praying or meditating certain times of the day or in a certain position.
- Clothing or special objects- before touching or removing, ask the patient if it is okay for you to touch or remove.
- Show respect for the patients' views and beliefs

## Cultural Sensitivity

Given the extent of diversity in the United States, it is not possible to know details about each culture. And, all people within the same culture cannot be stereotyped. Being culturally sensitive interested and willing to learn will help meet the patient and family's needs.

Following are some guidelines:

- Nonverbal communication patterns, such as eye contact, use of space between people, use and meaning of touch, facial expressions, and hand and body gestures, send strong messages and can have very different meanings in various cultures. Nonverbal communication patterns are frequent sources of serious miscommunication between the healthcare provider and the patient and family. It's important to follow the patient and families lead.
- Always address adult and elderly patients by their last names, such as Mr. Jones or Dr. Goldstein, unless they give you permission to use their first name. In some cultures including many elderly in the Western culture, the more formal style of address is a sign of respect, whereas the use of the first names may be considered disrespectful. It is important to ask customers how they wish to be addressed.
- When meeting a person for the first time, regardless of their cultural background, introduce yourself by name and, when appropriate, explain your position. This helps establish a relationship and provides an opportunity for patients and healthcare providers to learn the pronunciation of one another's name. If necessary, obtain an interpreter.
- Do not stereotype or make assumptions about patients' culture. Be honest if you lack knowledge about a particular culture and always ask about anything you don't understand. When asked, most patients are eager and flattered to share their practices, values and beliefs.

- Use language that is culturally-sensitive. Obviously, using slang terms is always inappropriate, in front of the customer, as well as at any time. Additionally, healthcare providers need to keep up with language changes. For example, generally, African-American is preferred over black, as is Asian over Oriental. This may be important in patient teaching, such as “In the African-American population, high blood pressure is quite common. You are at risk.” Ask the person what term they prefer.
- Different cultures have different beliefs about expressing and responding to pain. Some cultures believe that pain should be bared in silence. Observe your patient for signs and symptoms of pain, such as facial grimace, change in vital signs, or guarding of body part.

Given the vast cultural diversity in healthcare settings, healthcare providers must respect customers’ values, beliefs and practices, even if they differ from their own. Don’t make judgments. Instead, seek to understand and incorporate them in each customer’s care.

### **Caring for Obese Patients**

Many obese patients avoid seeking health care unless it is urgent. There are several reasons such as:

- Embarrassment
- Limited mobility
- Worries about privacy

Make the patient feel comfortable. Offer extra-large gowns for the patients to wear. If you have to weigh the patient, do so in private and never comment on the person’s weight. Have wheelchairs and chairs that can meet the need of the obese patient.

### **Gender Specific Care**

Men are less likely to seek routine health care than women. Men tend to ignore symptoms until there is a crisis. Women have to juggle multiple roles and are prone to a number of physical and mental health issues.

### **Patients with Development Disabilities**

Understanding the needs of your patient can help you provide quality care. Include the patient’s parent, guardian or other caregiver in the patient’s care. Take your time when communicating with patients with developmental disabilities. Use simple words and visual aids.

### **Patients with Physical Disabilities**

When caring for a patient with a physical disability:

- Speak directly to the patient, not to his or her companion caregiver or translator.
- Identify yourself to the patient with visual impairments when you enter the room. Tell the patient what you will be doing prior to performing any procedure.
- For patient’s that are hearing impaired, look directly at the patient when speaking. Speak slowly. If the patient is unable to read lips, writing a note will help. Avoid shouting when talking to the patient.

# Smoke and Tobacco Free Facility

Houston Physicians' Hospital is a Smoke and Tobacco Free Facility. Employees, physicians, allied healthcare professionals, volunteers, students, vendors, patients, and visitors are to refrain from smoking or using tobacco products (including but not limited to; cigarettes, electronic cigarettes, pipes, cigars, snuff, or chewing tobacco) while on property owned or leased by Houston Physicians' Hospital or in vehicles on such property. It is our goal to provide an environment for patients, employees, and visitors that promote and support healthy lifestyles. If an employee observes someone smoking or using tobacco they are encouraged to report the incident. In the event a patient insists on smoking or using any form of tobacco it is to be reported to their physician. We ask that you comply with our Tobacco Free Policy and ensure an environment which supports and promotes a healthy lifestyle for all.



## **Clinical Orientation Education Acknowledgement Form**

The following information in the Orientation Education Packet was reviewed by the student:

**General Safety**

**Fire Safety**

**Color Coded Armband**

**Sharps Injury**

**Electrical Safety**

**Hazardous Material Safety**

**Infection Control Safety**

**Hand Hygiene**

**Risk Management**

**Back Safety**

**EMTALA**

**HIPAA**

**Data Access and Security Measures**

**Population Specific Care/Cultural Diversity**

**Smoke and Tobacco Free Facility**

My signature indicated that I have received, understand and will comply with the information covered in the Clinical Orientation Education Packet. I have been allowed to ask questions regarding the content.

\_\_\_\_\_  
Name of Observer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Observer