LewisGale Regional Health System
HCA Virginia
An HCA affiliate

Student Education Tool

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*are included for those who are completing requirements off-line.

Mission:

Above all else, we are committed to the care and improvement of human life

Hospitals:

LewisGale Medical Center

LewisGale Hospital Alleghany

LewisGale Hospital Montgomery

LewisGale Hospital Pulaski

Involvement

We all share the common goal of providing the best quality care and service to our patients. In order to deliver the best possible care to our patients, we also need to take care of ourselves. This requires a workplace where each employee is valued, respected and recognized. A Healthy Work Environment is one where you have input and a degree of influence in matters that affect you, your co-workers and the patients we serve.

Our **Healthy Work Environment** initiative allows you to become involved in two ways:

Employee Advisory Group	**Peer Review Panel**
We all want to do what we can to ensure our hospital is a great place to work and is the first choice for patients when they need healthcare. Employee Advisory Groups (EAGs) give you another forum to work with a team to communicate ideas, concerns or issues that affect you or other employees in the workplace – and to share and discuss ideas and suggestions for improvement with facility leadership. EAGs are groups of employees who meet regularly and share the group's work with other employees. Members of the group will be selected from a list of volunteers representing a cross section of employees from HCA in various jobs and roles. If you wish to volunteer to serve on our EAG, please notify your department director.	If we are involved in an employment dispute, we all want the right to a fair hearing. The purpose of the Peer Review Panel (PRP) is to allow our peers to hear and determine a final outcome on disputes related to termination of employment. A majority vote, or three of the five members, determines the panel's decision. A PRP is made up of five hospital employees randomly selected from a list of trained volunteers having a minimum of one year employment and no current written disciplinary actions. Again, the volunteers represent a cross section of employees from HCA in various jobs and roles. If you wish to volunteer to serve on our PRP, please notify your department director.

HCA Commitment to Service

Attitude

- **Acknowledge a customer's presence immediately, smile, introduce yourself, offer assistance, and treat one another as professionals deserving courtesy, honesty and respect.**
- **Do not criticize, condemn or complain about one another. Cooperate with one another. Do not undermine other people's work; praise them, thank them and offer assistance when needed.**
- **Accept the responsibilities of your job and your unit, Take pride in the organization as if you own it.**
- **Pick up litter, keep hallways clean and clear. Return equipment to its proper place. Complete assigned tasks including cleanup.**
- **Adhere to policies and procedures.**

Communication

- **Listen actively to both customers and employees. Confirm your understanding (Do you have any questions?).**
- **When someone appears to be lost or needs direction, escort them to their destination.**
- **Be courteous and polite when talking with customers and co-workers.**
- **Be alert to tones and styles of communication (voice pitch and body language). Use appropriate conversation in front of patients, co-workers and customers.**
- **Communicate at patient's eye level (sit and talk at bedside if possible).**
- **Be aware of your surroundings, limit personal phone calls and conversation to appropriate areas (break rooms, staff lounges or offices). Minimize noise level in halls and at work stations.**
- **Never be afraid to ask questions. Educate families about processes and provide a comfortable atmosphere for those who are waiting. Update family members periodically.**

Phone Courtesy

- **Be knowledgeable about the phone system. Identify your area and yourself properly. (Name, status, station/dept, and "May I help you" or similar wording). Everyone is responsible for answering the phone. We should answer by the third ring.**
- **Prior to transfer, provide the caller the name/phone extension of the transfer. If the call is lost, they know exactly who to ring.**

Call Lights

- **All employees are responsible for acknowledging a call light and immediately notifying appropriate staff.**
- **Every patient is "our" patient. Never answer, when asked to help, "That is not my patient".**

Dress Code

- **Neat, clean, professional, following dress code policy. Always wear your NAME BADGE.**

Privacy

- **Make sure that patient info is kept confidential. Never discuss patients in public areas.**
- **Knock before entering. Close curtains and doors during exams and procedures. Use a robe or second gown if walking patient in hall or transporting to another location in the hospital. Make sure gowns are correct size for patients.**
- **Speak in a tone appropriate to the patient and the care environment to ensure their privacy.**

Cultural Competence

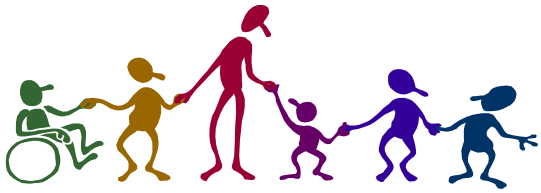
The Joint Commission for Hospitals has set standards for cultural competence.
Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

The organization respects the rights of patients.
Each patient has a right to have his or her cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected. Office of Minority Health (**OMH**) provides the following suggestions for implementing the standard.

- Cross-cultural education and training for staff
- Assessment of staff learning skills through testing, direct observation, monitoring patient/personnel encounter
- Assess in staff performance review
- Healthcare organizations should provide patients/consumers with information regarding existing laws and policies prohibiting disrespectful or discriminatory treatment or marketing/ enrollment practices

<u>Understanding the difference between ethnic and culture backgrounds</u>

*** Ethnicity** (n) is a term which represents social groups with a shared history, sense of identity, geography and cultural roots which may occur despite racial difference.
*** Culture** refers to the perspectives, practices and products of a social group. Culture, while not always tied to race or ethnicity, defines how we interpret and interact with others.
*** Transcultural nursing** is a recognized specialty in nursing. Transcultural nurses focus on the similarities and differences among cultures in order to provide appropriate healthcare based on the client's values, beliefs, and healthcare practices (Leininger, 1994).
*** Fundamental Right;** Lewis-Gale Medical Center addresses bioethical issues because patients have a fundamental right to care that safeguards their personal dignity and respects their cultural, psychosocial, and spiritual values. These values often influence patients' perception of care and illness. Understanding and respecting these values guides the provider in meeting the patients' care needs and preferences.



"Each day the population of the world grows more diverse. This diversity is evident in the varieties of cultural groups that exist today, their differing world views and concepts of reality, their changing sociodemographic composition, their amazing variety of social, economic, political and religious institutions, and their many concepts of health and illness. This diversity exists both within and between groups. It may lead to intergroup and intragroup conflict as one way of life comes into contact with another, and people with different belief systems fail to understand each other's point of view about daily life, social relations, political and economic organizations, and health-seeking behaviors. Diversity may also result in greater understanding and tolerance to different ways of life and different ways of thinking, feeling and behaving. It is the latter that we hope will persevere as the world becomes more diverse in all spheres of human life, including health and illness." <u>Quote:</u> Mosby's Pocket Guide Series, <u>Cultural Health Assessment</u>, Third Edition, by Carolyn Erickson D'Avanzo and Elaine M. Geissler (foreword)

Cultural Assessment:

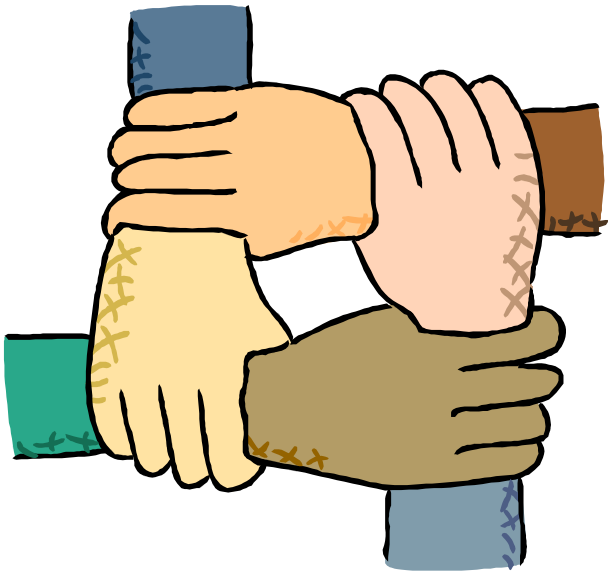
Using "pain" as an example, we cannot effectively assess and treat our patient's pain if we do not know the cultural generalizations as a starting point for pain management. Problems can occur with patient-caregiver relationships when different cultures collide. Cultural and ethnic backgrounds influence both the assessment and pain intervention choices. An action plan could include patient – family teaching relating to disease, treatments, medications and improved patient outcomes with pain management. Teaching information must be in the language the patient can understand. How can we respect what we do not know? What resources do you have available for better understanding your patient's ethnic/cultural background? This information has the potential to affect all aspects of your patients care.

HCA approved resource:
Mosby's Pocket Guide Series, **Cultural Health Assessment**, **3rd Edition. Replacements will be the 4th edition.** The current 3rd edition does not need to be replaced unless it is missing.

Do you know where your department's copy is shelved?

This resource is broken down into several guidance categories. Examples include:

Map/Location
Major Religions
Predominant Sick Care Practices
Health Team Relationships
Dominance Patterns
Touch Practices
Pain reactions
Food Practices and Intolerances
Child Rearing Practices
Other Characteristics
Major Languages and Ethnic Groups,
Health Care Beliefs
Ethnic/Race Specific or Endemic Diseases
Family Roles in Hospital care
Eye Contact Practices
Perceptions of Time
Birth Rites/ Death Rites
Infant Feeding Practices
National Childhood Immunizations



Patient Rights

The purpose of this policy is to ensure that the rights of each patient are known and that the **patient's rights are protected** while the patient is admitted to an HCA facility. We will not deny treatment on the basis of race, religion, sex, education, age, handicap, or financial resources. Patients at an HCA facility, both inpatient and outpatient, have the following rights:

1. To reasonable **access to care** that is respectful of the patient's personal values and beliefs. Patient has the right to **request or refuse treatment**. Access is available to all regardless of race, religion, sex, age, disability, or financial status.
2. To be **informed about and participate in decisions** regarding his/her care and to be informed about any unanticipated outcomes. The patient also has the right to have a **designated decision maker** be informed about and participate in decisions regarding his/her care and to be informed of any unanticipated outcomes. (For guidelines regarding unanticipated outcomes, refer to the facility policy.)
3. At the request of the patient, to have a family member or representative of patient's choice and patient's own physician notified promptly upon admission to the hospital.
4. To **participate in ethical questions** that arise in the course of the patient's care, including issues of conflict resolution, withholding resuscitative services, foregoing or withdrawal of life sustaining treatment, and participation in investigational studies or clinical trials. This includes a full explanation of (experimental) procedures, potential discomforts and risks, expected benefits, and alternative services. Refusal to participate will not compromise the patient's access to services
5. To have the **patient's reports of pain accepted and acted on** by health care professionals. To have the patient's pain addressed, no matter what its cause or how severe it may be.
6. To **voice complaints about the patient's care**, have those complaints reviewed, and when possible, resolved. (For guidelines, refer to the facility policy.)
7. To make an **advance directive (living will) and appoint a decision-mak**er in case the patient is not able to communicate his/her wishes about his/her care or is unable to understand the treatment. The Medical Center provides information to assist the patient in understanding issues relative to advance directives.
8. To receive **access to all services** that are available at the Medical Center. If the care the patient requests or needs cannot be provided, an explanation will be provided to the patient. The patient will also be told about his/her options or other choices.
9. To **request any assistance** the patient feels is necessary for him/her to understand and **communicate** about his/her care. This includes unrestricted access to any resources that can be reasonably provided upon the patient's request.
10. To receive from the patient's physician any information (including potential benefits, problems, alternatives, and consequences) necessary to give **informed consent or to refuse treatment prior to the start of any procedure**s.
11. To know the **names of all care givers** and their professional status at the Medical Center, including those having primary responsibility for the patient's care. The patient may also be informed of any **relationships the Medical Center** may have with other agencies, institutions, educational institutions, or individuals who may be involved in the patient's care that might suggest a conflict of interest. The Code of Conduct addresses all business relationships between individuals treating the patient or between the organization and any healthcare service or educational institution involved in the patient's care.
12. To obtain **current information** concerning the patient's diagnosis, treatment, and prognosis in a manner that he/she can understand upon his/her request. The patient may register complaints or concerns

relevant to his/her care and treatment and expect that all issues will be appropriately explained and, if possible, resolved.

13. To expect that **designated decision makers may be involved in decisions affecting the patient's care and treatment** if the patient is incapable of understanding a proposed treatment or procedure or if the patient is unable to communicate his/her wishes regarding care. Patients may exclude family members from participating in decisions about their care if they desire. Although **legal guidelines are always followed,** designated decision makers should be informed of the patient's wishes regarding advance directives.
14. To request access to available pastoral, spiritual, or other counseling as reasonably available.
15. To **access information** contained in the patient's clinical records within a reasonable timeframe.
16. To **expect security, personal privacy, a safe environment, and confidentiality** of information, except as otherwise required by law or according to the terms of the Medical Center's Consent For Treatment.
17. To expect that **any restrictions of freedom will be done for therapeutic reasons**, **thoroughly explained**, implemented with respect and dignity, and documented in the medical record.
18. To expect that **any restrictions on communication are fully explaine**d to the patient and family and that they are included in the decision regarding such restriction.
19. To **receive information and or access protective services**, regulatory groups, or other agencies, which may serve as a patient advocate.
20. To **request and receive an itemized bill** outlining the services provided and the dates and charges for all services. The patient's account may also be assigned to a Financial Counselor whose responsibility is to answer questions and respond to conflicts as expeditiously as possible.
21. To expect that your **relationship with your doctor and caregivers will be kept confidential** and the sensitive information about your health and health care are part of that relationship.
22. To expect us to **help you identify sources of follow-up care** and to prepare you and your family for when you leave the hospital.

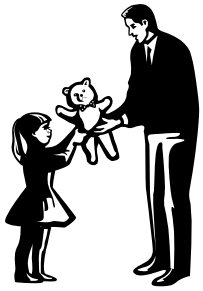
Patient Responsibilities

Patients at HCA, both inpatient and outpatient, have the following responsibilities:

1. **Providing**, to the best of their knowledge, **accurate and complete information** about the patient's present complaints, past illnesses, hospitalizations, medication, and other matters relating to the patient's health.
2. **Reporting unexpected changes** in the patient's condition to the responsible practitioner and whether the patient clearly comprehends a contemplated course of action and what is expected of him/her.
3. **Following the treatment plan** they developed with the health care provider.
4. **Understanding the consequences** of the treatment alternatives and of non-compliance and/or refusal with the proposed course of treatment.
5. **Accepting the outcome** if the patent/family refuses treatment or does not follow the practitioner's instructions.
6. **Following the health care organization's rules** and regulations affecting patient care and conduct.
7. **Being considerate of the rights of other patients** and organizational personnel, and for assisting in the control of noise and distractions.
8. Following the **no smoking** rules of the HCA facilities if applicable.
9. **Being respectful** of the property of other persons and of the health care organization.
10. **Paying for the services** received by the patient.

*Patient Rights and Responsibilities for Behavioral Health:

See Addendum A* - LGMC specific



Pediatric Rights:

1. The child has the **right to have an adult** (mother/father/grandparent/guardian) to stay with them at all times. This helps children to cope with the strange environment of this hospital. A cot and meals will be provided for one attending adult.
2. The child has the **right to have their reports of pain** accepted and acted on by healthcare professionals. To have pain controlled, no matter that its cause.
3. The parent of the child has the **right to participate in the assessment** and management of the child's pain.
4. The child has the **right to a safe environment**. For the child's safety, parents are to leave the bed in low position with two–three side rails of the bed up at all times. Crib rails are to be up at all times.
5. The child has the **right to visitation**. Visiting hours are from 8:00 a.m. to 8:30 p.m. It is recommended that visitors be limited to two at a time in the room so that the child and parent or one attending adult will be able to rest when possible. Visitation by children is discouraged, but there are exceptions.
6. The child has the **right to feel comfortable**. Having his/her favorite toy or blanket from home can be very comforting.

Refer to the facility policies for banding pediatric patients and abduction.

Associate Rights and Responsibilities

Situations of conflict may arise in which an associate perceives that his or her individual cultural values, ethics, or religious beliefs are in direct conflict with specific aspects of the experience. Upon perceiving a conflict between individual beliefs and a specific aspect of patient care/ service, the associate should immediately make the manager aware of the conflict.

HCA Policies and Procedures

Policy and Procedure Manuals are available on all units, online and e-manuals and are used to guide our practices. All employees and associates must adhere to these policies.

Dress Code

(Resource: HCA Hospitals of Southwest Virginia Market-Wide Human Resources Policy)

All employees and associates are expected to be well-groomed and neat, and present themselves in a professional manner at all times. When present in the hospital, you should be in uniform or professional dress.
This means:

1. dress should project a positive, professional image and be appropriate to the nature and scope of your position.

2. all clothing should be neat, clean, well-fitted and in good repair.

3. I. D. Badges must be worn at all times.

4. the following clothing is <u>not</u> permitted as uniform or professional dress

- denim of any color or style
- clinging pants
- see-through fabrics
- tank tops
- T-shirts as an outer garment
- sweatshirts or sweatpants
- shorts, skorts, cropped pants, flood pants, capri pants, etc.
- sundresses (low necklines, thin shoulder straps, backless)
- short lengths on skirts or dresses
- ball caps
- novelty clothing
- casual styled sandals (flip-flops)
- perfume

Tobacco Use Policy

“The use of tobacco (cigarettes, cigar, pipe and smokeless or other tobacco products) by contracted staff, physicians, students and volunteers is prohibited in, on or in the vicinity of all HCA buildings, grounds, parking lots, ramps, plazas, vehicles and sidewalks adjacent to HCA properties.” (Excludes LewisGale Hospital at Alleghany.)

Parking

Parking close to the main building is designated for our patients and visitors. The parking deck is designated for our visitors and employees. This is in an effort to make sure that there is sufficient parking close to the building for patients who may be too ill to walk a great distance.

*****For LewisGale Medical Center only*****
Students must park in the student designated parking areas. The Parking Application, located on-line at www.student.lewisgale.com, must be completed and submitted to your instructor/ facilitator as soon as possible.

Health Screening
Employee Health Department

All associates should be free of communicable diseases that may be transmitted in the facility. If you are sick with a fever or have a rash or skin lesions, you may not be able to participate in the hospital setting. Contact your instructor / facilitator if you have any questions.

All Immunizations must be up to date. Tuberculosis screening must be negative for active disease.

If a work related injury, illness, or exposure occurs, report immediately to your instructor / facilitator and then to the Employee Health Department. You will then be given further instructions for following procedures in such incidents.

Remember, if you are having signs and symptoms of latex sensitivity (such as redness and itching of hands after wearing latex gloves) notify your instructor / facilitator and Employee Health. You may be developing a latex sensitivity. Latex-free gloves are available on all patient care departments.

Employee Health also performs Respiratory Fit Testing (hepafilter) for those who may be caring for patients in airborne precautions due to TB or other airborne-type illness.

HIPAA, Privacy and Security

See Addendum B** for the list of FPO (Facility Privacy Officer) and the FISO (Facility Security Officer)

We have an ethical obligation to protect the confidentiality of our patients and their medical information. All of our information systems should be used appropriately: that is, to access information only as necessary to provide patient care. The **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct (HIPAA) is intended to ensure patients that their medical information is being protected. There are two HIPAA areas that we are concentrating on:

- **Privacy:** Establishes conditions that govern the use and disclosure of individually identifiable health information. Establishes patient's rights in regard to their protected health information (PHI).
- **Security**: Establishes requirements for physically protecting the confidentiality, availability and integrity of individually identifiable health information.

Privacy:

Each facility must have a FPO (facility privacy official). This person oversees the privacy program and works to ensure the facility's compliance with requirements of the HIPAA Standards for Privacy. They also are responsible for receiving complaints about matters of patient privacy.

Security:

HIPAA and its implementing regulations set forth a number of requirements regarding ensuring the privacy of **PHI** (**P**rotected **H**ealth **I**nformation). HIPAA regulations do not prevent medical records from being maintained at the patient's bedside or outside the patient's room. However, they do encourage reasonable safeguards be put in place to protect the information from inappropriate uses or disclosures. The regulations contain a number of restrictions on the transmission of PHI. They do not prevent faxing or mailing health information as long as certain precautions are taken. The regulations mandate that health information may not be sold by a facility.

Privacy Notices:

Privacy notices must be made available to all patients, posted on the facility's internet site and the consent form language must refer to the notice. Patients are not required to sign an acknowledgement form confirming receipt of the notice.

Patients have the right:

- Right to access any health information that has been used to make decisions about their care as well as all records in the designated record set
- Access billing information
- May review the paper chart (supervised) or be provided a hard copy
- May add an amendment to any accessible record for as long as the record is maintained by the facility in the form of an addendum. No entry in the medical record may be deleted.
- Patient may request that we correspond with them by using an alternate address and telephone number.
- Patient may request not to be listed in the facility directory (confidential patient)
- Patient has the right to file a complaint.

Patients May:

- Not access the computerized medical record as this is not appropriate with our current systems
- Be denied access under certain circumstances (Example: when a person may cause harm to themselves or others; if protected by peer review.)

In order for the H.I.M. Department to track released patient information, patients (including employees) should be directed to the appropriate personnel at your facility for access to any health information.

Caregiver ACCESS:

Everyone is responsible for protecting patient's individually identifiable health information. Any piece of paper that needs to be disposed of and has individually identifiable health information on it, must be disposed of in **appropriate receptacles for shredding.**

Access to a medical record must be founded on **a legitimate "need to know" to perform their job responsibilities**. The amount of information should be limited to the minimum amount necessary to perform their job responsibilities. Policies prohibit employees from accessing their own records in the computer system. They may fill out the appropriate consent and obtain a copy of their records like any other patient**. No HCA colleague, affiliated physician or other healthcare partner has a right to any patient information other than necessary to perform his or her job.**

Information:

a. The hospital directory or patient list used by the hospital operators and information desk representations (employees or volunteers) should contain only patient name, room/location and condition in general terms.
b. A patients' name will not appear on the clergy list unless the patient agrees to have their name listed.
c. Patient lists are restricted from including religion and confidential patients. The latter represents those patients who have chosen to opt out of the public directory (confidential).
d. Information on "**Confidential"** patients must not be given out.
e. All employees and care providers must use discretion in how and where they have oral conversations in regard to patients care.
f. When faxing information that contains PHI (Patient Identifiable Information), a cover sheet must be used; the sender should verify that the fax was sent to the correct location (call the receiver) and faxes should not be sent after hours or on the weekend unless requested.
g. **No** patient information is to be transferred out over the internet unless it has been approved by a director **AND is encrypted.**
h. Employees are not to give out detailed information on a patient to family and friends without verifying that the patient has given them their pass code.
i. When leaving messages on a patient's answering machine, the minimal amount of information should be left. (Example: Your name, calling from (facility name); remind you of an appointment; date and time)
j. When calling out a patient's name in a waiting area; use the patient's last name first. If two patients answer with the same last name, use discretion in determining which person is the correct patient.
k. If any patient information is accidently exposed to someone without a need to have that information, please report the exposure to the FPO.
l. Employees should contact the **FPO (Facility Privacy Officer)** to report any privacy issues, breeches or concerns. **See **Addendum B**

Privacy Rule:
Get patient permission before discussing PHI in front of family and guests!

HCA facilities have privacy signs posted in most patient care areas throughout the facility. These signs are intended to serve as a reminder to our staff that protected health information (PHI) may not be discussed in front of a patient's family, friends and/or visitors without the patient's permission as required by the HIPAA Privacy Rule. We also believe the signs will help our patients' visitors understand they may be asked to leave a patient's room while we discuss medical conditions or obtain the patient's permission to discuss the information in front of the visitors.

As a reminder the Privacy Rule requires all caregivers to obtain the patient's permission before discussing PHI in the presence of the patient's family, friends and/or visitors. There are limited exceptions to this standard, for example in emergency situations. Failure to obtain the patient's permission may result in a patient issuing a formal complaint to our facility, a formal complaint to the Office of Civil Rights and/or a potential reportable event (PRE) being submitted to the Office of the Inspector General (OIG). Please take the time to ask the patient for permission prior to discussing any PHI in front of a patient's family, friends or visitors.

Information Security

IDs and Passwords:
A user identification (ID) without a password is not confidential or secure. User passwords are confidential. The person granting access to a system or application typically assigns a user ID to the end user, and the user ID is sometimes used for identification, tracking and other maintenance procedures within IT and S. If you have information systems, please keep in mind that your password acts as an individual key to our network and to critical patient care and business applications. It must be kept confidential.

Users should create STRONG passwords:

1. Do not use the name of pets, spouses and children. Do not use birth dates.
2. Use alphabet characters with numbers.
3. Passwords should be at least (8) eight characters in length.

IF YOU THINK SOMEONE MAY HAVE GAINED ACCESS TO YOUR PASSWORD, IMMEDIATELY CONTACT INFORMATION SYSTEMS (extension 4856)

APPROPRIATE ACCESS, EXAMPLES:
Verify appropriate patient for whom you provide direct care, verify correct patient status
Enter names of correct physicians and consulting staff view medical information in the course of the patient's care as is appropriate to your level of practice.

INAPPROPRIATE ACCESS, EXAMPLES:

1. Viewing friend, neighbor, relative (including spouse, child) medical records; viewing your OWN medical record
2. Letting anyone other than yourself use your access or know your password
3. Check on a colleague's test result, even if asked to do so, unless you are their caregiver at the time
4. Viewing any information about the course of care for a patient to whom you have provided the direct care but **NO LONGER** are doing so.

Computers

It is part of your job to learn about and practice the many ways that you can help protect the confidentiality, integrity and availability of electronic information assets. Other protective measures used are:

1. Virus protection software
2. Screen savers on personal computers
3. Positioning equipment away from public view
4. Never walk away and leave a computer screen logged in with patient information exposed.
5. Laptops are to be secured when not in use.
6. Do not turn off security features.
7. Never e-mail or send patient identifiable information out of the facility electronically without a legitimate business need and it is encrypted.
8. Be conscious of social engineers and question requests for information from strangers.
9. Check badges of those asking for information and are not familiar.
10. Do not allow strangers to use Hospital computer systems.

Audits

Electronic auditing processes are performed to help identify potential violations of confidential patient information. Audits list the patient accessed, the individual accessing the patient, the date the information was accessed, duration of time spent viewing the data, the device from which information was accessed, and each data source viewed. On a regular basis, the access of physicians, hospital employees and office employees is monitored for appropriate use of the computerized medical record. In accordance with Medical Staff bylaws and HCA Richmond Market Policy, inappropriate system utilization and/or breaches of patient confidentiality may be cause for termination of access code.

There are consequences for security violations.

Facility Information Security Officer (FISO)

HIPAA requires that someone oversee the facility's security program. This person is the Facility Information Security Officer (FISO). **Do you have a concern?**

Refer to Addendum B for facility specific contacts**.

HIPAA and Security related policies are located In Ethics & Compliance Manuals and posted on Camelot under the appropriate access policies and procedures and HIPAA sections.

Safety Management

EMERGENCY CODES

Blue	Adult Respiratory / Cardiac Arrest
Blue Pediatric	Pediatric Respiratory / Cardiac Arrest
Red	Fire
Strong	Violent Patient
Green	Security Threat – Limit Access
Purple	Security Threat – Extremely Violent situation
Gray	Bomb Threat
Yellow	Hostage Situation
Pink	Pediatric Abduction
Black	Disaster/Emergency
Black-Weather	Weather Alert
Orange	Haz Mat Emergency
Silver	Capacity/Surge Issues
White	Infrastructure/Utilities Failure
9	Evacuation
7	Elopement

Smoking: HCA is a NO SMOKING facility (excluding LewisGale Hospital at Alleghany.)

Definitions:

Environmental Tours- semi-annual hazard surveillance is conducted throughout the facility to check for safety hazards. Storage areas, handrails, flooring, lighting, doors, vertical opening, equipment, and other items are assessed for safety and compliance. Everyone is responsible for reporting safety hazards.

Personal Protective Equipment- PPE is provided for employees who work in areas where they may be exposed to hazards. Your manager can review the appropriate PPE with you, as it is specific to the work area.

Emergency Management

The roles/goals of emergency management and disaster planning program:

- **Reduce the impact** on daily function within the hospital if an internal or external disaster were to occur.
- Insure that **each individual** within the facility **understands his/her role** in emergency management to reduce confusion and chaos at the time of an event.
- **Establish contact with internal and external resources** to insure that the incident runs as smoothly as possible and that any external resources such as additional supplies, evacuation shelters, etc. can be acquired through pre-established agreements established by the Emergency Preparedness Coordinator.
- During a crises HCA facilities can call on agencies such as Virginia Department of Health (VDH), Virginia Department of Emergency Management (VDEM) and other hospitals through the coordination efforts provided by the Near Southwest Preparedness Alliance (NSPA) to assist with **resource allocation**.

Why Incident Command?

During an emergency we refer to management of a situation as the Incident Command System. Incident Management helps to **reduce chaos and overlap of duties** in an emergency. Daily we are asked to perform specific duties by a supervisor; the supervisor asks for a task to be completed but does not ask another person because it was assigned to one person. In an emergency situation the volume of information and activities occurring make it difficult to know who is performing what task or who has been asked to perform a task, this results in chaos and a possible overlap of duties. The use of Incident Command System facilitates flow of information from the Incident Commander down the chain of command. When a task needs to be performed, the Incident Commander can go to the appropriate section, request that the Section Chief have the duty performed and the request and information flows throughout the chain and no overlap takes place. **This system is flexible and customizable to hospital response to any type of emergency big or small**. This complies with Joint Commission standards, which state that hospitals should have an "all hazards" approach to handling emergencies and disasters.

Expectations:

The Incident Commander will assign other incident command positions to administrators, managers and staff in order to complete tasks and prevent overlap of duty. On-duty staff will be notified by overhead page, however off-duty staff notification will be at the direction of the Incident Commander, and will be accomplished by utilizing the employee call back list from your department and will be the responsibility of the department director (or designee) once assigned. Upon activation of the incident command system, the Incident Commander will then **establish a Command Post**, or designated area for **command functions and assignments**.

Questions? Contact The Emergency Preparedness Coordinator.

See Addendum C****

Emergency / Disaster Events

What to do in the event of an emergency / disaster.

Objectives:

- Identify methods for eliminating and minimizing physical risks in the environment of care.
- Identify and review actions to take in the event of an incident
- Review how to report environment of care risks

So, what am I suppose to do?

- Know the role your department will play in the plan – **Think about your role before an emergency**
- Stay calm, reassure patients, restore order to the extent possible
- Assess the safety of involved area, remove patients away from the hazard zone first (internal event

Disaster/Emergency:

- If internal, contact PBX (switchboard) **SPECIFIC TO Each FACILITIES**
- Account for staff, patients and visitors to the extent possible
- Ask visitors to remain in the room of the patient they are visiting
- Clear the hallways of equipment
- Limit phone use to essential calls
- Review the appropriate code, disaster plan and proceed accordingly
- Review the "Action Plan" for the incident, which is supplied by the Incident Command Post
- Follow the directions from Incident Command, specifically the Command section overseeing your assigned area.

→ **Reports** will be sent to the designated printers within each department for updates and plans throughout the event

→ **You** may be asked to do things not normally in your job description (not your normal scope of practice)

Life Safety/ Fire Prevention Management

CODE RED

Fire **drills** are conducted on **each shift each quarter** to assess the response to an emergency.

Fire Safety Tips

- **Fire spreads Fast**- It doubles in size every 60 seconds. It may take just minutes to go from a tiny flame to a raging all-consuming inferno.
- **Fire is Hot**- As frightening as flames are, you may face greater danger from a fire's intense heat that can sear lungs and fuse clothing to the skin. Heat rises. In a fire, temperature can vary from 90 degrees Fahrenheit near the floor to a lethal 600 degrees at eye level.
- **Smoke can KILL**- Fire can fill your workplace with thick, black, blinding smoke. Smoke contains toxic gases that are harmful within minutes. This is especially hazardous to vulnerable patients. Smoke rises to the ceiling, forming a dense cloud that slowly descends. Below the smoke, you can still see and breathe.

R-A-C-E to SAFETY

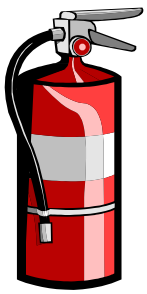
What you do during the first two to three minutes of a fire is most important. To respond rapidly and effectively, use the formula "R-A-C-E".

1. **R- RESCUE**- Remove people from immediate danger in the room of fire origin and adjoining rooms.
2. **A-ALARM-** Let people know that there is a fire and you need help.
    - Vocalize
    - Activate fire alarm pull station
    - Activate your emergency code (give your location, e.g., "This is Teresa on (location), we have a Code Red in room ___"). Give Specific Location of the Fire
    - Specific to facilities – See Addendum ***C
3. **C-Contain-** Keep the fire in one area, close all doors, keep smoke doors closed (fire doors)
4. **E-Extinguish and/or Evacuate-** Extinguish- Put out the fire if possible

Use of fire extinguisher:

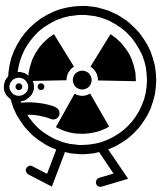
P-A-S-S

P- Pull the pin
A- Aim at the base of the fire
S- Squeeze the handles
S- Sweep from side to side; evenly coat the entire area of fire



Evacuate area if necessary to assure safety of patients, visitors and staff

Radiation Safety



HCA facilities use radioactive material and resources in accordance with a license granted by the Nuclear Regulatory Commission (NRC).

The Radiation Safety Officer (RSO) is charged with insuring that all licensed activities are performed safely. The medical physicist for the radiation oncology center serves as the RSO.

A copy of the NRC license and all supporting documentation is available in the medical physicist's office for inspection. If you have any questions or concerns regarding radiation safety or our NRC license, please contact the RSO at your facility. See ****Addendum C.

The primary areas where radioactive materials and sources are used or stored are identified by signs.

Wherever radioactive material is stored or used, a "**Caution Radioactive Material**" Sign will be posted. If you have any questions regarding use or presence of radioactive materials, please consult the charge nurse, your supervisor, or the RSO at your facility.

Every effort should be made to keep your radiation exposure as low as possible when working around radioactive sources. If you work in a role that exposes you to radiation it is your responsibility to **wear a film badge** provided by the facility and to exchange them as required in your department.

There are **three important actions** you should take to reduce radiation exposure:

1. **Distance**- Keep as much distance between you and the radiation source as possible, and still safely complete your work.
2. **Time**- Spend as little time as possible in the presence of a radioactive source.
3. **Shielding**- Place as much shielding material as practical between you and the radioactive source.

Remember that the RSO is available to answer questions or concerns that you may have regarding the use and storage of radioactive materials and waste in the facility.

Remember: the only foolish question is the one that goes unasked!
Goal of Radiation Safety: ALARA- AS **L**OW **A**S **R**EASONABLY **A**CHIEVABLE

Hazardous Materials and Waste

Management/MSDS

The purpose of Hazardous Material Management is to assure safe handling of hazardous material or wastes.

Definitions:

- **Biohazardous Infectious Waste:** All infectious waste that can infect humans if it gets into the environment, i.e. sharps, blood and disease wastes.
- **Hazardous Waste:** Solid waste that may cause a serious disease or even death.
- **Hazardous Chemical**: Any chemical that is a health threat.
- **Health Hazard:** A chemical product that has had at least one study done on it that proves it can cause health problems for individuals who are exposed.
- **Physical Hazard:** A combustible liquid, compressed gas, explosive, flammable, organic peroxide, an oxider, pyrophoric, unstable or reacts in water.
- **Material Safety Data Sheet (MSDS):** Written material about a hazardous chemical or chemical product. A manual of sheets specific to products, in each department, is online or in a yellow notebook located in each work area.
- **Exposure:** Occurs when an employee is exposed to hazardous chemicals during their work duties through any route. This includes potential exposures. One focus in our facility is the selection of chemicals to limit the number of hazardous chemicals.

Biohazardous Infectious Waste

Identification

- Isolation waste
- Laboratory cultures/ specimens
- Needles and sharps
- Dressings, sponges, pads, gauzes, that are so wet they drip blood or body fluids
- Equipment or devices with blood left in it
- Human blood and blood products
- Solid waste that has the risk of being infected
- Body fluids that can cause infection are lymph, semen, vaginal secretions, spinal fluid, chest cavity fluid, stomach or abdominal cavity fluid, heart cavity fluid, amniotic fluid (bag of water from a baby's birth)

Other body secretions like feces, liquid from the nose, saliva, sweat, tears, urine and vomitus do not have to go in a hard plastic container, but you should still use standard precautions.

All biohazardous waste, except sharps, goes into a 3 ml thick red bag. The red bag should not be larger than 30 gallons and should not be transported out of the immediate area. Sharps go in a leak-resistant, rigid, puncture-resistant red container, no larger than 10 gallons, or a wall mounted sharps containers. All red-bagged trash should be tied and placed into the large 96-gallon container.
Environmental services staff monitors these containers located throughout the facility and removes bags as needed. Red-bagged trash is stored in the regulated medical waste storage area.

Red bag trash must not be mixed with regular bag trash.

- Sealed **¾ filled sharps containers** will be placed in the 96-gallon container for pick up by Environmental Services. Sharps containers cannot be left unattended or on counters. Note: Re-usable sharps containers do not need to be taped.
- Always wear appropriate personnel protective equipment when you may be exposed to hazardous material
- One-way valve CPR masks are in all patient care areas
- Use mask and eye protection to prevent splashes into eyes, nose or mouth

If you are exposed, or think you may have been exposed to toxic substances at work through breathing them in, getting them on your skin, or by some other method, report this to your director or their designee immediately and complete an occurrence report. The nursing supervisor should be notified if your director/ designee are not available.

Spills

Spill kits are located in soiled utility rooms and in numerous departments throughout the facility. They contain the basic items needed to clean up a spill. Remember to always check the MSDS to determine the appropriate equipment needed.

MSDS Manual

The MSDS lists the following:

- Identifiers (like the chemical family and formula) and hazardous ingredients
- Permissible exposure limits (PELS)
- Physical/ chemical data
- Fire/ explosion hazard data
- Reactivity data (how stable the chemical is)
- Control steps or measures
- Precautions for safe handling and use
- Health hazard data

It is your right to know what is in a chemical, its dangers and how to treat exposure to the chemical. The container label uses words, pictures, and symbols to give you general information about the chemical or product. Example: **Labels list**:

- The chemical identity (a code number, chemical or trade name)
- Major hazards (such as flammability) and the **degree of hazard** (cautions of the least dangerous and most dangerous)
- Precautions for avoiding injury
- **First Aid** instructions
- Handling and storage instruction

ALWAYS FOLLOW PROPER PROCEDURE
Know what PPE is required and how to use it properly.
Be familiar with precautions for safe handling, storage and disposal of hazardous materials.
Know what steps to take in case of a spill or injury.

Additional information regarding Hazmat accidents and exposure can be found in the Hazmat and Nuclear/ Biological/ Chemical policies that are located in designated areas of your facility.

INFECTION CONTROL – SURVEILLANCE, PREVENTION AND CONTROL OF INFECTIONS

INFECTION CONTROL PLAN

The Infection Control Plan contains items to reduce the occupational transmission of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials.

Methods of compliance:

A. Standard Precautions: This reduces the risk of transmission of infection from recognized and unrecognized sources. **All patients, whether inpatient or outpatient, are treated under standard precautions.** These precautions shall apply to blood, non-intact skin, mucous membranes, all body fluids, secretions and excretions regardless of whether or not they contain visible blood.

Definition: All body fluids no matter where they come from should be considered contaminated or dirty. Use whatever barriers necessary to reduce the risk of exposure.

B. Transmission-Based Precautions are used when caring for patients **known or suspected** to be ***infected or colonized*** with highly transmittable organisms for which additional precautions beyond standard precautions are necessary in order to prevent transmission. There are five (5) types of transmission- based precautions: airborne, droplet, contact, contact special and contact CD. These precautions are to be used in combination for diseases that have multiple routes of transmission and must be used in addition to standard precautions.

1. **Airborne-** particles that are very tiny and can be carried on air currents.
   - *Examples*: Tuberculosis, Chicken Pox and Measles.
   - *Precautions*: place patient in a Negative Airflow room and wear the respirator provided while in the patient's room (see Employee Health regarding Fit Testing).

2. **Droplet-** secretions that come from the mouth or nose and "rain down". The particles are heavy and do not float.
   - *Examples:* Meningitis, Influenza, and Streptococcal Disease
   - *Precautions:* Place patient in a private room, wear a surgical mask if you enter or are in the patient room.

3. **Contact-** organisms that are spread through contact with the skin or objects that the patient may touch.
   - *Examples:* Resistant organisms, diarrhea, uncontrolled wound drainage.
   - *Precautions:* Place patient in a private room. Everyone entering the room must wear gloves and wash hands after removing gloves. If there is the potential for clothing or uniform soiling, wear a cover gown.

4. **Contact Special-** patients identified with **Vancomycin Resistant Enterococcus (VRE).**
   - *Precautions:* Place patient in a private room**. Everyone** entering the room **must wear gloves** and wash hands after removing gloves. **Gowns must be worn**, at all times, **when entering the room**.

5. **Contact –CD** – patients identified with **Clostridium Difficile (C. Diff).**
    - *Precautions:* Place patient in a private room. **Everyone** entering the room must wear gloves and wash hands **with soap and water** after removing gloves. If there is the potential for clothing or uniform soiling, wear a cover gown.

C. **Personal Protective Equipment or PPE**- Those items used to protect the employee from exposure to blood borne pathogens.
- Examples: Gloves, gowns, goggles and masks, etc**.**

D. Engineering Controls – Physical items in place to reduce risks.
- Examples: Hand washing facilities, sharps containers, negative airflow rooms.

E. **Work Place Controls**- Practices the employee uses to reduce risk. Examples:
- No bending, recapping, sheering of needles or contaminated sharps
- Eating, drinking, smoking, or applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposures.
- Food and drink will not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.

F. Housekeeping – Maintain a clean sanitary work site
- Laundry – soiled laundry will be handled minimally and placed in appropriate containers
- All linen is considered contaminated, regardless of the amount of contamination, and is to be placed in linen bags.
- If an employee's clothing becomes soiled with blood or other potentially infectious materials during the work shift, the Environmental Services Department will provide alternate clothing. The employee's clothing will then be laundered by the facility, at no charge to the employee.
- Employees may not take clothing home with them which has been soiled with blood or other potentially infectious materials

G. Communication of hazards – Biohazard labels

Health care workers (HCW) should treat all blood and body fluids and tissues as if they are contaminated with a blood borne pathogen (BBP). Examples of BBP would include HBV (Hepatitis B Virus), HCV (Hepatitis C Virus) or HIV (Human Immunodeficiency Virus) by using Standard Precautions.

BLOODBORNE PATHOGENS

Hepatitis B is a serious disease caused by a virus that attacks the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

Hepatitis B vaccine is available for all age groups to prevent hepatitis B virus infection. It is recommended for Healthcare Workers.

Hepatitis C is a disease of the liver caused by the hepatitis C virus (HCV). Incubation period 2 to 25 weeks. People at risk for hepatitis C:

- notified that you received blood from a donor who later tested positive for hepatitis C
- have ever injected illegal drugs, even if you experimented a few times many years ago
- received a blood transfusion or solid organ transplant before July 1992
- were a recipient of clotting factor(s) made before 1987
- have ever been on long-term kidney dialysis
- have evidence of liver disease (e.g. persistently abnormal ALT levels)

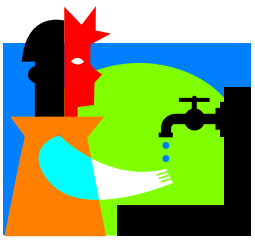
Human Immunodeficiency Virus – Virus that causes destruction to the immune system.

HIV is spread by sexual contact, sharing needles and/or syringes (primarily for drug injection) or, less commonly (and now very rarely in countries where blood is screened for HIV antibodies), through transfusions of infected blood or blood clotting factors from infected persons. Babies born to HIV-infected women may become infected before or during birth or through breast-feeding after birth.

In the health care setting, workers have been infected with HIV after being stuck with needles containing HIV-infected blood or, less frequently, after infected blood gets into a worker's open cut or a mucous membrane (for example, the eyes or inside of the nose). There has been only one instance of patients being infected by a health care worker in the United States; this involved HIV transmission from one infected dentist to six patients. Investigations have been completed involving more than 22,000 patients of 63 HIV-infected physicians, surgeons, and dentists, and no other cases of this type of transmission have been identified in the United States.

HAND HYGIENE!

1. **Handwashing-** Hands and other skin surfaces must be washed **as soon as possible after contamination with blood/ body fluids**. Good hand hygiene is the **primary** method for prevention of the spread of organisms from Patient to Patient, Patient to Staff or Staff to Patient. The use of gloves the need to wash your hands.



   - Turn on the water.
   - Wet hands before using any soap
   - Dispense soap on WET hands
   - Lather hands for 10 – 15 seconds, use friction
   - Rinse completely
   - Dry hands
   - Use the towel to turn off water
   - Dispose of the towels

2. **Gloves** must be worn when direct contact with blood or any potentially infectious body fluid is expected to occur.

   When to wear gloves: Examining non-intact skin (i.e. dressing changes); when a health care worker has cuts or lesions, chapped hands or dermatitis; during instrument exam of oropharynx, GI, GU tracts; working directly with contaminated instruments (sterile processing, specimen collections), and during procedures including phlebotomy and IV starts.

NOTE: Gloves must be disposed of in red bags if contaminated with blood or body fluids or other potentially infectious material.

Latex and vinyl gloves are available; sterilized and clean varieties are to be kept in stock for various procedures. If you experience any allergic reaction, hypoallergenic gloves are to be issued to you. Additionally, clean and heavy-duty reusable utility gloves are also to be kept in stock. Patient care gloves are not to be washed or reused. Only general-purpose utility gloves may be reused until signs of deterioration occur.

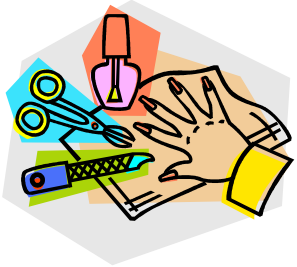
Wash Hands after Removing Gloves

Alcohol Products:
Alcohol-based hand products are also an effective way to eliminate bacteria from the hands. They have a proven, rapid effect on a broad spectrum of organisms. Alcohol products dry quickly and can be used anytime **unless hands have a large amount of contamination or you have helped someone with toileting.**

<u>Using alcohol based hand hygiene products:</u>

1. Apply alcohol product to palm of hand
2. Rub solution over entire surface of hand
3. Allow solution to dry to provide optimal antimicrobial effect
4. Apply hand lotion as needed to avoid drying. Do not use a lotion that contains petroleum based products; it causes latex gloves to deteriorate.

Fingernail care:



- Fingernails must be kept clean and well manicured.
- If polish is used, the color should not be chipped.
- Fingernails should not extend more than ¼ (one fourth) inch beyond the tip of the finger.
- Employees that have direct patient care contact or work in the dietary department or environmental services department **are not allowed to wear artificial fingernails** (i.e. acrylic tips, overlays, etc)

REMEMBER, ALWAYS

WASH IN → **← WASH OUT**

Clean your hands when entering the patient environment and clean when you leave!

ALL EQUIPMENT should be cleaned between patients.
This will help to decrease the spread of microorganisms and viruses!

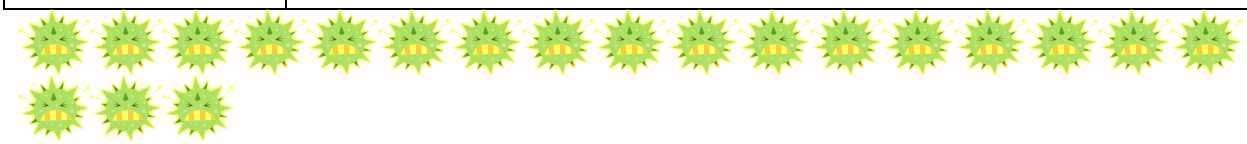
Do you clean me often? How about the equipment you use with patients?

How about the computer keyboard and the telephone!

Do not eat, drink, smoke, apply cosmetics or lip balm or handle contact lenses in an area where you might be exposed to blood or body fluids.

Tuberculosis – a disease caused by germs that are spread from person to person through the air. Tb usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. A person with Tb can die if they do not get treatment.

How do Tb germs get spread?	Tb germs are put into the air when a person with Tb disease of the lungs or throat coughs, sneezes, speaks, or sings. These germs can stay in the air for several hours, depending on the environment. People who breathe in the air containing these Tb germs can later become infectious; this is called latent Tb infection.
What does Latent Tb Infection mean?	People with latent Tb infection have Tb germs in their bodies, but they are not sick because the germs are not active. These people do not have symptoms of Tb diseases, and they CANNOT spread the germs to others. However, they may develop Tb disease in the future. They are often prescribed treatment to prevent them from developing Tb disease.
Tb Disease	People with Tb disease are sick from active Tb germs, meaning they are multiplying and destroying tissue in their body. They are usually having symptoms of Tb disease. People with Tb disease of the lungs or throat are capable of spreading germs to others. They are prescribed drugs that can cure Tb disease.



Signs and Symptoms of Tb disease

Feelings of sickness or weakness, weight loss, fever, night sweats, persistent productive cough – lasting greater than two weeks, hemoptysis (coughing up blood) and anorexia.

What to do if you have a patient with suspected TB!

1. Place a mask on the patient
2. Place the patient in AIRBORNE precautions in a negative airflow room. These rooms have special air circulation that does not allow the air to re-circulate in the Medical Center.
3. Wear your HEPA/N95 respiratory mask when entering the room. This is the special mask that you are fit tested for. If you have not had the fit testing please notify your director.
4. Notify engineering, ask them to come and check the alarm for proper function.
5. Collect sputum specimens for AFB Daily X 3 days. (If patient unable to cough, get induced sputum.)
6. Students are not assigned to TB patient.

Germs of concern:

Methicillin Resistant Staphylococcus Aureus- MRSA

Methicillin-resistant *Staphylococcus Aureus* (MRSA) is a type of bacteria that is resistant to certain antibiotics. These antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin and amoxicillin. Staph infections, including MRSA, occur most frequently among persons in hospitals and healthcare facilities (such as nursing homes and dialysis centers) who have weakened immune systems.

MRSA infections that are acquired by persons who have not been recently (within the past year) hospitalized nor had a medical procedure (such as dialysis, surgery, catheters) are known as CA-MRSA infections. Staph or MRSA infections in the community are usually manifested as skin infections, such as pimples and boils, and occur in otherwise healthy people. All patients with known or suspected MRSA should be placed in Contact Precautions. Rooms should have dedicated equipment. (Stethoscopes, etc)

MRSA

As part of HCA's vision to become the cleanest and safest hospitals in the world, we are participating in the HCA MRSA Initiative. This initiative is part of a company-wide program to reduce MRSA infections. Hand hygiene is the single most important element of the program and the expectation is 100% compliance of hand washing before and after contact with the patient. Other program components include selective screening of high-risk patients to identify MRSA infections, barrier precautions (contact isolation), dedicated equipment such as disposable stethoscopes in the room, vigilant cleaning of the rooms and environment, and executive leader support. Our Chief Executive Officer/President and our Chief Nursing Officer participate in rounding on the floor to evaluate hand-washing compliance and awareness of our MRSA initiative program.

The program's theme is the MRSA "A, B, C's":

- **A**ctive Surveillance of High Risk Patients
- **B**arrier Precautions
- **C**ompulsive Hand Hygiene
- **D**isinfection and Environmental Cleaning
- **E**xecutive Support and Championship

Vancomycin Resistant Enterococci- VRE

Enterococci are bacteria that are normally present in the human intestines and in the female genital tract and are often found in the environment. These bacteria can sometimes cause infections. Vancomycin is an antibiotic that is often used to treat infections caused by Enterococci. In some instances, Enterococci have become resistant to this drug and thus are called Vancomycin-Resistant Enterococci (VRE). Most VRE infections occur in hospitals.

All patients with known or suspected VRE should be placed in Contact SPECIAL PRECAUTIONS!

Clostridium Difficile- C.diff

C. difficile is a spore-forming, gram-positive anaerobic bacillus that produces two exotoxins: toxin A and toxin B. It is a common cause of antibiotic-associated diarrhea (AAD). It accounts for 15-25% of all episodes of AAD.

Clinical symptoms	Patients at Increased Risk
• watery diarrhea • fever • loss of appetite • nausea • abdominal pain/tenderness	• antibiotic exposure • gastrointestinal surgery/manipulation • long length of stay in healthcare settings • a serious underlying illness • immunocompromising conditions • advanced age

Clostridium Difficile- C.diff ….. continued

Question	Answer
How is C. difficile transmitted?	*C. difficile* is shed in feces. Any surface, device, or material (e.g., commodes, bathing tubs, and electronic rectal thermometers) that becomes contaminated with feces may serve as a reservoir for the *C. difficile* spores. *C. difficile* spores are **transferred to patients mainly via the hands of healthcare personnel who have touched a contaminated surface or item.**
How is C. difficile-*associated disease usually treated*?	In 23% of patients, *C. difficile*-associated disease will resolve within 2-3 days of discontinuing the antibiotic to which the patient was previously exposed. The infection can usually be treated with an appropriate course (about 10 days) of antibiotics including metronidazole or Vancomycin (administered orally). After treatment, repeat *C. difficile* testing is not recommended if the patients' symptoms have resolved, as patients may remain colonized.
How can C. difficile-associated disease be prevented in hospitals and other healthcare settings?	• Use antibiotics judiciously • Use Contact Precautions for patients with known or suspected C. difficile-associated disease: o Use gloves when entering patients' rooms and during patient care. o Use gowns if soiling of clothes is likely. o Dedicate equipment whenever possible. **CONTINUE THESE PRECAUTIONS UNTIL DIARRHEA CEASES**

Implement an environmental cleaning and disinfection strategy:

- Ensure adequate cleaning and disinfection of environmental surfaces and reusable devices, especially items likely to be contaminated with feces and surfaces that are touched frequently.
- Follow the manufacturer's instructions for disinfection of endoscopes and other devices

WASH YOUR HANDS <PLEASE>

BODY MECHANICS

Poor posture Most back injuries are **not the result of one single injury**, even though the pains are often felt suddenly. Back injuries occur gradually over a period of time. Each day we put our backs in compromising positions, which cause wear and tear to our spines. This stress **accumulates** throughout one's lifetime both at work and home.

Most back injuries are the result of one or more of the following:

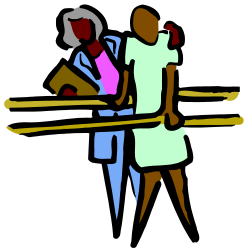
-
- Faulty body mechanics- stressful living and working habits
- Loss of flexibility
- Stressful living and working habits
- General decline of physical fitness

Tips for Maintaining Good Body Mechanics:

- Lift standing with feet apart, back straight, knees bent. Let your legs do the work. Keep what you are lifting close to your body.
- Don't lift too much. It usually takes two staff members to lift a patient. Get help when needed.
- Bend by getting down on one knee, then lean with knees and hips, not your back.
- Reach with your arms and legs, not your back. If you cannot reach it comfortably, use a ladder or stepstool.
- Stand straight, but not erect, with your knees bent a little and your pelvis tilted forward. If you are standing for a long time, ease the strain by putting one foot on a low stool.
- Sit straight in a chair that supports your lower back. Keep both feet on the floor.
- Walk, don't run
- Wear shoes with non skid soles
- Watch out for obstacles in your path
- Look out for slippery messes
- Change directions slowly
- Close drawers
- Report loose tile or carpet
- Don't carry anything that blocks your vision.
- Use lifting aids such as transfer belts and sliding boards when moving and lifting patients. Always lift patients on a count (1,2,3)
- Whenever possible, push instead of pull

Creating a Computer Comfort Zone…

Long hours at a computer can stress and strain the body. A few simple adjustments and the addition of ergonomic products can customize your computer workstation to relieve muscle tension, and increase comfort and safety.



Here are a few suggestions:

- Arms should be supported by an arm rest or forearm support
- A keyboard wrist rest keeps wrist posture neutral, helping minimize strain in the wrist, neck, and shoulders
- A chair should support the back. Adding a back rest provides extra support when needed
- A glare filter reduces eye strain and fatigue
- A document holder placed at eye level helps eliminate neck ache and eye strain
- An adjustable monitor riser elevates or lowers computer screen to a comfortable working position.
- Try to avoid sitting for long periods of time. Get up and walk around and stretch from time to time.

Assistive Devices to help move patient in bed:

- Draw sheets
- Trapeze Bar
- Sliding boards
- Transfer belts

To pull a patient up in bed:

- Think of ways to decrease friction
- Two people using a draw sheet (Sheet should be under pelvis and trunk)
    - Lower head of bed
    - Adjust height of bed to waist level
    - Grasp draw sheet, pointing lead foot in direction the patient is to move
    - Lean in the direction of the move, using your legs and body weight, not just upper body
    - Use a count of 3, repeat this step a many times as needed to position the patient properly
- Encourage the patient to help by bending knees and pushing with their feet, use trapeze bar if available

Turning a patient in bed:

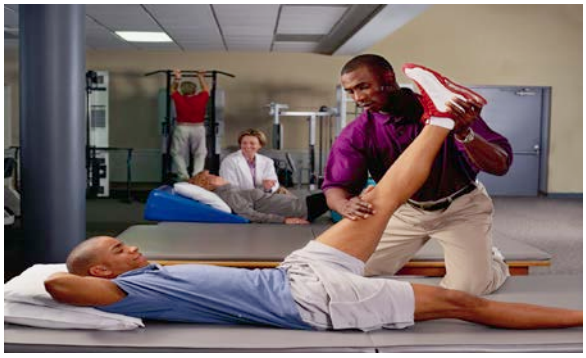
- Get as close to the patient as possible
    - Lower the bed rail and put the head of the bed down
    - Put one knee on the bed
    - Cross the patients' arms across chest and bend the leg at the knee and hip
    - Place a hand behind the patient's shoulder and the other behind the patient's hip
    - Turn the patient as a unit (log rolling)

Bed to wheelchair transfer:

- Communicate clearly with patient and co-workers
- Instruct patient to assist as much as they are able
  - Position and lock wheelchair close to the bed
  - Assist patient to turn to their side
  - Assist patient to sitting position by using one hand to support the shoulder blade and the other under the knees
  - Swing patient's legs over the edge of the bed, moving patient as one unit
  - Assist or have patient scoot to edge of bed (**Have patient transfer to their strongest side)**
  - Assist patient to standing position and pivot toward the chair- pivot with your feet not your back
  - Have the patient lean toward you, bend your knees and lower patient into the wheelchair

If a patient falls:

- Do not try to catch the patient
- Go down with the fall, helping patient to the floor with as little impact as possible
- Protect the patient's head
- Call for assistance



National Patient Safety Goals (NPSG)

Published and updated annually by the Joint Commission, the purpose of the NPSG is to improve patient safety. Information about these goals can be found throughout the facility, and may be posted in various locations. Information can also be found in an easy-to-read document at www.jointcommission.org

DO NOT USE ABBREVIATIONS

Dangerous Abbreviations, DNU or Do Not Use Abbreviations, are listed below in the chart. For **Patient Safety**, these abbreviations may **never** be used in a patient's medical record.

Dangerous Abbreviations and Dose Expressions			
Abbreviation /Dose Expression	**Intended Meaning**	**Misinterpretation**	**Correction**
ARA A	Vidarabine	Cytarabine, ARA C	Use complete spelling for drug names
AZT	Zidovudine (Retrovir)	Azathioprine (Imuran)	Use complete spelling for drug names
BT	bedtime	Mistaken for "bid" (twice daily)	Use "hs"
CPZ	Compazine (prochlorperazine)	Chlorpromazine	Use complete spelling for drug names
DPT	Demerol/Phenergan/Thorazine	Diptheria-pertussis-tetanus vaccine	Use complete spelling for drug names
HCl	Hydrochloric acid	Potassium Chloride	Use complete spelling for drug names
("H" misread as "K")			
MgSO4	Magnesium sulfate	Morphine sulfate	Use complete spelling for drug names
MS04	Morphine sulfate	Magnesium sulfate	Use complete spelling for drug names
MTX	Methotrexate	Mitoxantrone	Use complete spelling for drug names
"Nitro" drip	Nitroglycerin infusion	Sodium nitroprusside infusion	Use complete spelling for drug names
Norflox	Norfloxacin	Norflex	Use complete spelling for drug names
TAC	Triamcinolone	Tetracaine, adrenalin, cocaine	Use complete spelling for drug names
U or u	Unit	Read as a zero (0) or a four (4)	"Unit" must be written out
causing an overdose			
i.e. 4U seen as "40" or "44"			
Zero after decimal point (1.0)	1 mg	Misread as 10 mg if decimal	Do not use terminal zeros for doses
point is not seen		expressed in whole numbers	
No zero before decimal pt (.5 mg)	0.5 mg	Misread as 5 mg	Always use zero before a decimal when
the dose is less than a whole unit			
ZnSO4	Zinc sulfate	Morphine sulfate	Use complete spelling for drug names

High Risk Medications

"The JCAHO notes that high risk medications are those that are involved in a large percentage of medication errors and / or sentinel events. High risk medications are also those medications that carry a higher potential for abuse, error or other adverse outcomes. The JCAHO requires that organizations develop a list of high risk (or High Alert) medications based on the organization's unique utilization patterns and its own internal data about medication errors and sentinel events. Information from medication safety organizations such as the Institute for Safe Medication Practices (ISMP), the United States Pharmacopea (USP) and the Food and Drug Administration (FDA) should be reviewed and considered in the development of organizational lists for identification of high risk drugs." This quote, from Medical Consultants Network, Inc., introduces the need for and purpose of identifying a high risk medication list at each individual facility.

There are general safety principles that should be followed with all medications.

1. The first principle is always correct identification of the patient. Two unique patient identifiers must be confirmed prior to administering medications. Reliable choices for the alert and oriented patient are standard: **Name of patient and date of birth**. For those patients not meeting the first criteria, other reliable choices include the patient's account number, the name on the armband, the medical record number. There are many others**. The room number can never be used to safely identify the correct patient.** If the caregiver leaves the area and returns to administer a medication to this previously identified patient, the identifiers must be rechecked prior to that administration. This is an especially high risk for areas where patients on stretchers, wheelchairs or in beds are being frequently moved about. Anytime the patient is being identified for any reason that impacts their safety, two identifiers must be used.

2. The **patient's medication and food allergies** must be addressed prior to administration unless they are unable to communicate that information.

3. The **FIVE RIGHTS** are honored: Right Patient, Medication, Dose, Route, Frequency and Time of administration.

4. The patient is informed and **educated** about the medication.

5. Telephone orders, verbal orders must be **"Read back".**

6. Only **hospital approved** abbreviations, acronyms and symbols may be used. The HCA **Do Not Use** list of dangerous abbreviations is honored.

7. Syringes prepared prior to administration should be **labeled** with the name of the medication, dose, name of patient, date and initials of person preparing the syringe.

8. A **double-check system** should be practiced when dispensing, preparing and/or administering high-alert medications.

9. Watch for **LOOK ALIKE, SOUND ALIKE** medications! Use caution when giving or receiving orders, read-back clarification including spelling and purpose medication is being used for. Use caution with each step in the transcription to administration process.

Practicing these guidelines can help detect an error before it reaches the patient.

High Alert Medication Categories

Drug, Drug Class or Drug Category	Precautions to Promote Patient Safety
Sympathomimetic (adrenergic) agents, Sympatholytic (adrenergic blocking) agents	Use standardized concentration for IV drips. Always use IV pump for infusion. For use in ICU type setting on an EKG monitor. Limit stock to pharmacy. Premixed bags and ampules are not available in care areas.
Chemotherapeutic agents	The chemotherapy order must be written. Accept verbal orders only to "hold" or "discontinue order". Refer to agents by generic names. Agents are stored separately from other medications and not in alphabetical order. Pharmacy prepares under vertical flow hood. Specialized RN required for medication administration. Pharmacy and Nurse follow special chemotherapeutic protocols. Infusion pump always used. 2 nurses check prior to administration. Cytotoxic waste disposed of per protocol. Assess electrolytes and fluids. Monitor for reactions (examples: itching, SOB, agitation, dizziness, cramps, chills, drop in B/P). Watch infusion sites for infiltration and extravasation. Patients/family require significant education including emergency instructions.
Digoxin	Monitor for EKG changes, bradycardia, arrhythmias. Check drug levels. Readily absorbed from GI tract. Adjust dosage for adults and patients with renal dysfunction. Large doses often required for adequate control of ventricular rate in patients with atrial fibrillation or flutter. Narrow margin of safety between therapeutic and toxic results. Toxicity: GI, anorexia, nausea, vomiting. Neuro, fatigue, headache, depression, weakness, drowsiness, confusion, nightmares. Facial pain, personality change, ocular disturbances such as photophobia and light flashed, possibly halos around bright objects, yellow or green color perception may be noted. Monitor serum potassium and magnesium levels.
Chloral hydrate	Assess VS immediately before administration. Raise bed rails. Provide environment conducive to sleep (back rub, quiet, low light). Monitor mental status. Assess pattern of sleep. Oral doses diluted in water will reduce gastric irritation. Produces CNS depression. Induces quiet, deep sleep, with only slight decrease in respiration, B/P. Used often for children with dental and diagnostic procedures, sedative before EEG. Contraindicated in hepatic, renal, cardiac disorders and in the presence of gastritis. Side effects include gastric irritation (nausea,vomiting, flatulence, diarrhea), paradoxical CNS hyperactivity/nervousness in elderly (particularly noted when given in presence of pain). Watch for Overdose: somnolence, confusion, slurred speech, severe lack of coordination, respiratory depression, coma.
Neuromuscular blocking agents	Staff education where used. Only experienced clinicians should administer. Patient must be appropriately intubated, ventilated and respiratory status monitored. Monitor other VS closely. Watch for hypotension and bradycardia, especially when giving opioids. Cardiac and neuro patients may experience significant hemodynamic instability. Ensure proper sedation and analgesia. Adjust rate according to patient response and clinical safety. Use peripheral nerve stimulator to monitor effects. Check potassium; hypokalemia can enhance paralytic action.
A. IV heparin B. Oral Warfarin C. Thrombolytics	**A**. Daily monitoring of applicable labs. Use caution with calculation and dosing, especially if programming a bolus on a pump. Use standardized concentration and infusion charts. Check accurate weights (kg). Do not modify infusion rates for bolus, rather administer separately. Store separately from insulin as these often come in similar vials. Spell out the word "units". **B**. Monitor other medications and foods that may alter anticoagulation of Warfarin. Administer at same time every day. Stop several days prior to surgery/procedures. Observe for increased action in the elderly, CHF and liver diseased patients. Monitor patient for electrolytes, EKG, vital signs. Monitor patient's dietary status. **A, B, & C**: Monitor appropriate labs. Observe for signs and symptoms of bleeding such as drop in blood pressure, shortness of breath, mental status changes, weakness, nosebleeds, gum bleeding, bruising, gross hematuria, dark tarry stools and/or hematoma formation.

Drug, Drug Class or Drug Category	Precautions to Promote Patient Safety
Insulin	Store separately. Often confused with Heparin vials. Check accurate name. Similar names increase error potential (Example: Humalog and Humulin). Identify type and onset, peak of action. Write out “units”. Monitor blood glucose and watch for signs of hypo or hyperglycemia. Do NOT give insulin in TB syringes. Use Insulin syringes for administration. Educate the patient regarding insulin administration. Practice double checks. Address glucose and insulin doses if patient has dietary change, NPO.
Magnesium sulfate	Pharmacy maintains stock of magnesium vials. Premixed solutions also used for IV administration. General and obstetric patients have different use and care setting restrictions. Uses include treatment of hypertension and seizures, magnesium deficiencies and ventricular dysrythmia (torsade de pointes). Encephalopathy and seizure associated with acute nephritis, constipation and hyperacidity are also documented uses. Monitor vital signs, labs, check patient reflexes. Monitor EKG where use is for ventricular dysrythmia. EKG available if needed for obstetrics.
Lidocaine	Use IV pumps with Lidocaine IV infusions. IV Lidocaine must always be preservative-free. Use premixed bags with standardized concentrations and dose charts. Standard mix is 2 grams in 500 ml. Monitor BP, heart rate, CNS symptoms, EKG. If EKG shows arrhythmias, prolongation of PR interval or QRS complex, inform physician immediately. Assess pulse for irregularity, strength, weakness, bradycardia. Assess BP for evidence of hypotension. Monitor for therapeutic serum levels (1.5-6mcg/ml.) Watch for toxic levels of > 6mcg/ml. Drowsiness is a warning sign of high blood levels. This drug may increase cardiac effects if used with other antiarrhythmics.
IV Benzodiazepines	Antianxiety, sedative-hypnotic, antiemetic, skeletal muscle relaxant, amnesiac, anticonvulsant, antitremor pharmacotherapeutic. Benzodiazepine use in the management of anxiety, status epilepticus, preop sedation and amnesia are frequent. Give by IV push into tubing of free-flowing IV infusion of normal saline or D5W at a rate not to exceed 2mg/min. Titrate to desired effect in adults and elderly 15-20 min before surgical procedure. Versed and Ativan drips are infused via PCA pump, usually programmed on continuous/basal setting. Watch for side effects: drowsiness, lack of coordination, confusion, blurred vision, slurred speech, hypotension, headache. Monitor BP, Respiratory Rate, HR, CBC with Diff, liver function testing and blood serum levels. For those on long term therapy, obtain liver-renal function testing. Evaluate for therapeutic response: calm facial expression, decreased restlessness. For status epilepticus and procedural use, resuscitative equipment and reversal agent must be available at all times. Antidote/Reversal agent: Romazicon/Anexate (Benzodiazepine receptor antagonist).
IV Sodium Chloride Concentrate	Access to hypertonic solutions should be limited. Standardized concentrations should be used and prepared /dispensed by pharmacy. Practice double checks. Hypertonic solutions contain more salt than is found in intracellular and extracellular fluid. Cells shrink in a hypertonic solution because of water loss. Maintain conditions as close to normal as possible (homeostasis). Watch for signs of hypertonic dehydration. (Examples: excessive perspiration, diarrhea, early renal failure, diabetes insipidus, ketoacidosis, hyperventilation and prolonged fevers.)
IV Calcium A. Calcium Chloride B. Calcium Gluconate	Concentrated electrolytes should always be limited to and mixed by the pharmacy. **A**. Calcium chloride may be given undiluted or may dilute with equal amount of 0.9% NaCl or Sterile Water for Injection. Give by slow IV push, 0.5-1ml/min. Rapid administration may produce bradycardia, metallic or chalky taste, drop in BP, sensation of heat, peripheral vascular dilation. **B.** Calcium Gluconate may be given undiluted or may dilute in up to 1,000 ml of NaCl. Give slow IV push 0.5-1ml/min. Rapid administration may produce vasodilation, drop in BP, arrhythmias, syncope, cardiac arrest. Maximum rate for IV infusion is 200 mg/min or 10 ml/min when 1 gram is diluted in 50 ml diluent. Monitor patient for electrolytes, EKG changes and vital signs.

Drug, Drug Class or Drug Category	Precautions to Promote Patient Safety
IV Potassium Salts	Concentrated electrolytes are limited to and diluted for administration by the pharmacy. IV potassium in large doses requires EKG monitoring. Infuse IV slowly, never add to hanging IV. Give at concentrations of 40mEeq/L; no greater than 20 mEq/hr. However, higher concentrations and faster rates may be necessary in certain clinical situations. Check IV site closely during the infusion, looking for any evidence of phlebitis (heat, pain, red streaking of skin over vein, hardness on touch), extravasation (swelling, pain, cool skin, little or no blood return). Watch for nausea, vomiting, diarrhea, flatulence, abdominal discomfort with distention, and rarely, a rash. Toxic effects include hyperkalemia. Of special risk are the elderly or renal impaired. Symptoms include paresthesia of extremities, heaviness of legs, cold skin, grayish pallor, hypotension, mental confusion, irritability, flaccid paralysis and cardiac arrhythmias. Monitor serum potassium level, GI disturbances, decrease in urinary output, daily bowel activity, I&O. Patient/Family education regarding food sources is important.
Opiate Narcotics	Watch for sound alike, look alike names. Never assume equianalgesic action. (2mg of drug A probably does NOT have same effect as 2mg of drug B.) Assess/monitor pain using pain intensity scale, respiratory status, sedation level, N&V, bowel and bladder function, consistent purpose for use. If patches used, remove previous patch, dispose of in needle box. Observe patient with high temperature for greater absorption and potential overdose. Opiates are often given in combination with Tylenol. Watch additional doses of plain Tylenol to avoid maximum safe dose limits. Second nurse must witness and document pump programming if PCA/Epidural infusion. Treat episodic, sporadic pain with ordered bolus doses over reprogramming prescription changes.
High Concentration Dextrose	Stock is limited to pharmacy and crash cart (50ml/D50 for emergency intervention). D70 used by pharmacy for TPN admixtures. Monitor blood glucose and watch for signs of hyperglycemia.
Cardioplegic solutions	Formula used in Open Heart surgery by the perfusionist.
Theophylline	This clinical bronchodilator directly relaxes smooth muscle of the bronchia airway and pulmonary blood vessels thereby relieving bronchospasms, increases vital capacity. Monitor drug levels and watch for side effects of increasing heart rate, restlessness and agitation.
Propofol (Diprovan)	Propofol is stocked premixed, one concentration. Propofol induces and maintains anesthesia in the intubated and ventilated ICU patient. Monitor respiratory rate, B/P, heart rate, oxygen saturation, ABGs, depth of sedation (use scale), perform nerve stimulator checks, monitor for ICP and impaired cerebral circulation. Maintain homeostasis. May turn urine to greenish color. Maintain resuscitative equipment, endotracheal tube, suctioning and oxygen. Monitor lipid, triglycerides if used greater than 24 hours. Never infuse with blood or plasma or with other medications; dilute only with D5W. There are numerous IV drug incompatibilities. Observe for involuntary muscular movement, twitching, nausea and vomiting, hiccups, facial flushing, coldness, hypertension, headache and fever. Contraindicated use for patients with history of known cardiac and respiratory impairment, epilepsy, seizures, renal, hepatic and lipid disorders. Always practice second nurse checks for dosing, pump programming and prescriptive administration changes.

HCA Look-Alike/Sound-Alike Drug List

Potential Problematic Drug Names	**Generic (lowercase) & Brand Name(s) (UPPERCASE)**	**Potential Errors and Consequences**	**Specific Safety Strategies****
1. Cisplatin and Carboplatin	PLATINOL (cisplatin) PARAPLATIN (carboplatin)	Similarity in names can lead to confusion between these two products. Doses appropriate for carboplatin usually exceed the maximum safe dose of cisplatin. Severe toxicity and death has been associated with accidental cisplatin overdose	Install maximum dose warnings in computer systems. A boxed warning notes that cisplatin doses greater than 100 mg/m2 once every 3 to 4 weeks are rarely used and that the package insert should be consulted for further information. Use safe handling recommendations and safety stickers for cisplatin as provided by manufacturer. Do not store these two agents next to each other.
2. Concentrated liquid morphine products vs. conventional liquid morphine concentrations	Concentrated: ROXANOL, MSIR Conventional: morphine oral liquid	Concentrated forms of oral morphine solution (20 mg/ml) have often been confused with the standard concentration (listed as 10 mg / 5 ml or 20 mg / 5 ml), leading to serious errors. Accidental selection of the wrong concentration, and prescribing/labeling the product by volume, not milligrams, contributes to these errors, some of which have been fatal. For example, “10 mg” has been confused with “10 ml”. If concentrated product is used, this represents a 20-fold overdose.	Dispense concentrated oral morphine solutions only when ordered for a specific patient (not as unit stock). Segregate the concentrated solution from the other concentrations wherever it is stored.
3. Ephedrine and Epinephrine	ADRENALIN (epinephrine) Ephedrine	The names of these two medications look very similar, and their clinical uses make storage near each other likely, especially in obstetrical areas. Both products are available in similar packaging (1 ml amber ampuls and vials).	Ephedrine is handled as a controlled substance at LGMC.

Potential Problematic Drug Names	Generic (lowercase) & Brand Name(s) (UPPERCASE)	Potential Errors and Consequences	Specific Safety Strategies**
4. Hydromorphone injection and Morphine injection	DILAUDID (hydromorphone) ASTRAMORPH DURAMORPH INFUMORPH (morphine)	Some health care providers have mistakenly believed that hydromorphone is the generic equivalent of morphine. However, these products are not interchangeable. Fatal errors have occurred when hydromorphone was confused with morphine. Based on equianalgesic dose conversion, this may represent significant overdose, leading to serious adverse events. Storage of the two medications in close proximity to one another and in similar concentrations may contribute to such errors. Confusion has resulted in episodes of respiratory arrest due to potency differences between these drugs.	Educate health care providers that these two products are not interchangeable. Use of the eMAR system appropriately, where applicable, will prevent errors. Install warnings in Meditech to prevent drug confusion.
5. Vinblastine and Vincristine	VELBAN (vinblastine) ONCOVIN (vincristine)	Fatal errors have occurred, often due to name similarity, when patients were erroneously given vincristine intravenously, but at the higher vinblastine dose. A typical vincristine dose is usually capped at around 1.4 mg/m2 weekly. The vinblastine dose is variable but, for most adults, the weekly dosage range is 5.5 to 7.4 mg/m2.	Install maximum dose warnings in computer systems to alert staff to name mix-ups during order entry. Do not store these agents near one another. Staff involved in handling these products should be aware of the differences. Use brand names or brand and generic names when prescribing and do not use abbreviations for these drug names.
6. Amaryl and Reminyl	AMARYL (glimepiride) REMINYL (galantamine)	Handwritten orders for Amaryl (used for Type II diabetes) and Reminyl (used for Alzheimer's disease) can look similar. Patients receiving Amaryl in error would not be provided with blood glucose monitoring which could lead to a serious error.	Separate storage of items in pharmacy. Label pharmacy storage bins with Look-Alike, Sound-Alike caution labels. Install warnings and flags in Meditech to alert staff of name mix-ups during order entry or medication administration.
7. Celebrex and Celexa and Cerebyx	CELEBREX (celecoxib) CELEXA (citalopram) CEREBYX (fosphenytoin)	Patients affected by a mix-up between these three drugs may experience a decline in mental status, lack of pain or seizure control, or other serious adverse events.	Separate storage of items in pharmacy. Label pharmacy storage bins with Look-Alike, Sound-Alike caution labels. Install warnings and flags in Meditech to alert staff of name mix-ups during order entry or medication administration.

Potential Problematic Drug Names	Generic (lowercase) & Brand Name(s) (UPPERCASE)	Potential Errors and Consequences	Specific Safety Strategies**
8. Folic Acid and Leucovorin Calcium (folinic acid)	Same as previous column		Separate storage of items in pharmacy. Label pharmacy storage bins with Look-Alike, Sound-Alike caution labels. Install warnings and flags in Meditech to alert staff of name mix-ups during order entry or medication administration
9. Opium Tincture and Paregoric (camphorated opium tincture)	Same as previous column		Separate storage of items in pharmacy. Label pharmacy storage bins with Look-Alike, Sound-Alike caution labels. Install warnings and flags in Meditech to alert staff of name mix-ups during order entry or medication administration
10. Wellbutrin SR and Wellbutrin XL	Both are dosing forms of bupropion but given at different dosing intervals		Separate storage of items in pharmacy. Label pharmacy storage bins with Look-Alike, Sound-Alike caution labels. Install warnings and flags in Meditech to alert staff of name mix-ups during order entry or medication administration

Confusing names are a common system failure. Increasingly, pharmaceutical manufacturers and regulatory authorities are taking measures to determine if there are unacceptable similarities between proposed names and products on the market. But, factors such as poor handwriting or poorly communicated oral prescriptions can exacerbate the problem. Healthcare providers must be aware of the role drug names play in medication safety as well as system changes that can be made to prevent errors. We must all accept a level of accountability and responsibility for error reduction. Think about ways that you can reduce medication errors in **your** professional practice. 💻

References:

High Alert Medications and Safe Practices: A Study Guide For Nurses, 2004 HCPro, Inc.
Medical Networks, Inc.
JCAHO
USP, U.S. Pharmacopeia
Allison Anama, Pharm D, Director of Pharmacy
Institute for Safe Medical Practice
HCA policy

Cytotoxic Drug Safety

Cytotoxic Drugs (Antineoplastic Drugs) also are called CD's. They are used for cancer chemotherapy (used to stop or reverse the growth of malignant growing cells with drugs). OSHA considers implementation of safety work practices (guidelines) important for protecting workers against serious occupational hazards.

Potential Hazards to the Unprotected Worker:

• Irritation to mucous membranes, eyes, and skin (which includes soft tissue injury, necrosis, and sloughing of exposed skin).

• Possible effects on the fetus of pregnant workers (congenital defects, possible fetal loss)

• Reproductive dysfunction, sterility

• Light-headedness, dizziness, nausea, headache, possible allergic reaction in unventilated areas of preparation.

• May damage growth and reproduction of normal cells, malignant tumors

• Organ damage, especially the liver.

Main Routes of Exposure:

• Inhalation of drug- aerosols, dust droplet

• Absorption through skin and mucous membranes

• Ingestion **through contaminated food, beverages, tobacco products or other hand to mouth behavior**

Summary of Practice Guidelines

• Preparation of medication by trained and protected pharmacy personnel.

Protection includes vertical flow hoods, goggles, protective clothing, filtered air masks, and double gloving.

• Administration of medication by trained and protected staff.

• Cleanup of spills by trained and protected staff

• Special disposal of drugs and contaminated materials by trained and protected staff.

• Preparation area should have the following:

- Warning signs at area of BSC (Biological Safety Cabinet)
- Spill procedures posted

- No eating, drinking, smoking, chewing gum, applying cosmetics, storing food in or near area

- Closable, puncture-resistant, and shatter-proof container for all sharps and breakables.

- Chemotherapy waste container for all contaminated materials including gloves, gowns, IV tubing, bags, etc.

Use of Personal Protective Equipment:

- Disposable gowns with cuffs tucked inside the gloves

- Double gloved latex gloves (change after 60 minutes of if torn or contaminated)

- BSC (Biological Safety Cabinet)

- Available sterile isotonic eye and face wash for emergencies-located in pharmacy

Spill Management

A spill kit should be readily available on the unit when IV chemotherapy is being administered.
Spills should be:

- Cleaned immediately by properly protected person trained in the appropriate procedures. Broken glass carefully removed.

1. Spills of less than 5ml or 5 gm outside of hood require trained personnel in protective equipment

2. Spills larger than above require cleanup by trained personnel in protective equipment. Access to the area should be limited. The spill should be gently covered with absorbent sheets, spill-control pads or pillow.

3. Spills in hoods also require decontamination of BSC (Biological Safety Cabinet).

- Refer to the hospital policies about spill control and proper procedures

- Warning signs to prevent others from entering contaminated area

- Immediate removal of contaminated gloves, gowns

- Wash affected skin area immediately with soap and water

- Eye exposure requires immediate flood of affected eye with water or isotonic eyewash designated for that purpose for at least 15 minutes.

- **Obtain medical attention immediately.**

Employees should be fully informed of their hazards. If requested, staff who are pregnant or breastfeeding should be granted temporary transfer to other duties that do not involve CD handling.

Caring for Patients who are receiving Cytotoxic Drugs

• Personnel dealing with blood,
vomitus, or excreta from patients who have received CD's in the last 48 hours should wear gloves and disposable gowns if splashing of body fluids is likely. Follow standard precautions.

• No protective equipment is necessary for ordinary patient contact for employees not dealing with drug administration or bodily secretions.

• Teach patients to wash their contaminated clothing once alone, then in with regular wash.

• Patient education about the common side effects of chemotherapy include**:**

- Myelosuppression
- Nausea and vomiting
- Diarrhea
- Constipation
- Alopecia
- Skin changes
- Fatigue
- Alterations in taste

Addendum A* – Specific to LGMC only.

Patient Rights and Responsibilities for Behavioral Health:

It is the policy of LGMC to assure the rights of the patients in The Center for Behavioral Health (BH) at the Pavilion. BH License is by the Department of Mental Health, Mental Retardation and Substance Abuse Services and the Human Rights Regulations apply by nature of that license. Because of that, please refer to the policies of The Center for Behavioral Health for specific needs. The policies addressing behavioral health patient rights and policies for resolution of any allegations of failure to meet these rights are found in the BH policy manual.

Addendum B**

LewisGale Medical Center:
FISO - 540-776-4755
FPO – 540-776-4156

LewisGale Hospital at Alleghany:
FISO/FPO - 540-862-6782

LewisGale Hospital at Pulaski:
FISO- 540-994-8575
FPO - 540-994-8351

LewisGale Hospital at Montgomery:
FPO – 540-953-5196
FISO – 540-953-3540

Addendum C****

Emergency Preparedness Coordinator

LewisGale Medical Center
Office: 540-776-4015

LewisGale Hospital at Alleghany
Office: 540-862-6553

LewisGale Hospital at Pulaski
Office: 540-994-8475

LewisGale Hospital at Montgomery
Office: 540-443-3930

Radiation Safety Officer

LewisGale Medical Center – 540-776-4162

LewisGale Hospital at Alleghany – 540-862-6553

LewisGale Hospital at Pulaski – 540-994-8545

LewisGale Hospital at Montgomery – 540-953-5447

Instructions for on-line students:

You have completed the Student Education Tool.
Please return to the home page and take the on-line Student Education Tool Post-test.
After completion, you will receive an email notice stating you have passed or failed the post-test. Passing score is 80%.
If you passed, please print your notice and submit it to your instructor. You may desire to print 2 copies, keeping one for your records.
If you did not pass, please review the Student Education Tool and retake the post-test for a passing score.

Instructions for off-line students:

You have completed the Student Education Tool.
Your instructor will provide a copy of the Student Education Tool Post-test and an answer sheet. After completing the test, please submit your answer sheet to your instructor.
Passing score is 80%. If you did not pass, please review the Student Education Tool and retake the post-test for a passing score.

Student Education Tool

Post-test

Instructions: Please answer each question using the answer sheet. Choose the BEST answer and write legibly.

1. The nurse responsible for the care of the patient is the only one responsible for answering their call light?

   ☐a. true
   ☐b. false

2. The behavior standards in our Commitment to Service, state we will:

   ☐a. acknowledge a customer's presence immediately
   ☐b. smile and offer assistance
   ☐c. respond immediately to call lights
   ☐d. follow the dress code and wear identification badge
   ☐e. all of the above

3. Cultural competence is the ability of individuals to respond respectfully and effectively to people of all cultures. As healthcare providers, we can demonstrate respect for other cultures by:

   ☐a. identifying privacy needs
   ☐b. assess food preferences and the need for a dietician to help plan meals
   ☐c. observing how pain is expressed
   ☐d. inquiring whether or not a clergy or spiritual advisor is wanted
   ☐e. all of the above.

4. Patients have numerous rights that healthcare providers must protect. Two of these rights are:

   • the right to be free from all forms of abuse or harassment
   • the right to expect that any restrictions of freedom will be done for therapeutic reasons, thoroughly explained, implemented with respect and dignity, and documented in the medical record.

   ☐a. true
   ☐b. false

5. If you believe your individual cultural values, ethics or religious beliefs are in direct conflict with a specific aspect of patient care or service, you should:

   ☐a. refuse to participate and walk away
   ☐b. make your instructor / manager aware of the conflict
   ☐c. tell everyone that they are wrong and convince them to make the appropriate changes in care or service
   ☐d. keep quiet and do whatever is necessary

6. If you are involved in a work related injury, illness, or exposure, you must

- ☐a. complete an Employee Injury Report
- ☐b. complete an Employee Occurrence Report via Meditech
- ☐c. report the incident to your instructor / facilitator immediately and then to the Employee Health Department
- ☐d. go home

7. The acronym for HIPAA stands for:

- ☐a. Health Information Protection and Accountability Act
- ☐b. Health Insurance Portability and Accountability Act
- ☐c. Health Information Publication and Accumulation Act
- ☐d. none of the above

8. Who is responsible for protecting patients' individually identifiable health information?

- ☐a. no one
- ☐b. the CEO
- ☐c. the Information Systems Department
- ☐d. everyone

9. What is an FPO?

- ☐a. Facility Privacy Official
- ☐b. Facility Police Officer

10. HIPAA privacy regulations prevent facilities from storing the medical record at the patient's bedside.

- ☐a. true. Medical records should NEVER be maintained at the patient's bedside.
- ☐b. false. If reasonable safeguards are in place to protect the information, the medical record may be maintained at the patient's bedside.

11. Individually identifiable health information may NOT be:

- ☐a. sold
- ☐b. mailed
- ☐c. faxed

12. Patients have a right to access their health information.

- ☐a. true
- ☐b. false

13. Patient information is considered individually identifiable if which of the following elements are included:

- ☐a. date of birth
- ☐b. name
- ☐c. social security number
- ☐d. all of the above

14. Copies of patient information may be disposed of in any garbage can in the facility.

- ☐a. true
- ☐b. false

15. Confidential information must not be shared with another unless the recipient has:

- ☐a. an OK from the doctor
- ☐b. permission from Information Systems
- ☐c. the need to know
- ☐d. all of the above

16. Which of the following is the appropriate person with whom you may share patient information even if the patient has <u>not</u> specifically authorized the release of information to the individual?

- ☐a. a former physician of the patient who is concerned about the patient
- ☐b. a friend of the patient
- ☐c. a pharmaceutical salesman who is offering a fee for a list of patients to whom he could send a free sample of his product
- ☐d. the respiratory therapist who has arrived to do an ordered procedure

17. Confidential information includes all of the following except:

- ☐a. user ID
- ☐b. passwords
- ☐c. patient financial information
- ☐d. clinical information

18. What is the standard for accessing patient information?

- ☐a. a need to know for the performance of your job
- ☐b. if a physician asks you the diagnosis of the patient, you may access the information
- ☐c. just because you are curious
- ☐d. you are related to the patient

19. Patient or confidential information may be “mailed” through Atlas (our intranet) or the internet with **guaranteed** security.

- ☐a. true
- ☐b. false

20. It is permissible to access your own medical record in the Meditech system.

☐a. true
☐b. false

21. Cultural background is a factor in the expression of pain?

☐a. true
☐b. false

22. The purpose of the Joint Commission's National Patient Safety Goals is to promote specific improvements in patient safety.

☐a. true
☐b. false

23. A good way to protect our patients from falls is:

☐a. Place the call bell near the patient prior to leaving the room every time.
☐b. Ask patients and their families to call for help prior to getting up.
☐c. Ensure patients have non-slip foot wear on when ambulating.
☐d. All of the above.

24. When creating your computer password it is usually recommended to choose something that is easy to remember like a pets name or your birth date?

☐a. true
☐b. false

25. *C. difficile* spores are **transferred** to patients mainly via the hands of healthcare personnel who have touched a contaminated surface or item.

☐a. true
☐b. false

26. PPE stands for personal programmable entertainment.

☐a. true
☐b. false

27. Patients may smoke in private rooms only. All others must go outside the facility to smoke.

☐a. true
☐b. false

28. Which of the following actions should be taken to reduce your radiation exposure:

- ☐a. keep as much distance between you and the radiation source as possible
- ☐b. spend as little time as possible in the presence of radiation
- ☐c. place as much shielding material as practical between you and the radioactive source
- ☐d. all of the above

29. Code Red is the hospital code for a fire.

- ☐a. true
- ☐b. false

30. RACE stands for Rescue, Alarm, Contain, Extinguish or Evacuate

- ☐a. true
- ☐b. false

31. PASS describes the steps for using a fire extinguisher. This acronym stands for:

- ☐a. **P**ull the pin, **A**im at the base of the fire, **S**queeze the handles, **S**weep from side to side
- ☐b. **P**lay, **A**rid, **S**team, **S**moke
- ☐c. **P**ass, **A**im, **S**moke, **S**team
- ☐d. **P**lan, **A**ct, **S**mell for smoke, **S**eek shelter

32. It is safe to use the elevators when the fire alarm has sounded as they are smoke tight and fire will not spread through the shaft.

- ☐a. true
- ☐b. false

33. Which of the following are examples of biohazardous waste?

- ☐a. bloody gloves, saturated bloody dressings, needles and sharps
- ☐b. glove, diaper, paper wrapper, Foley bag
- ☐c. used blood administration set and bag, blood and blood products
- ☐d. a and c

34. Red biohazard bags can be tied when full and placed in a regular trashcan.

- ☐a. true
- ☐b. false

35. An MSDS manual contains information on safe storage and handling and first aid for exposure to chemicals / hazardous materials.

- ☐a. true
- ☐b. false

36. What guidelines outline safeguards to protect you against health hazards related to bloodborne pathogens?

- ☐a. FDA
- ☐b. FBI
- ☐c. OSHA
- ☐d. HCA

37. The two tiers of precautions in healthcare are:

- ☐a. universal and contact
- ☐b. standard and transmission-based
- ☐c. airborne and droplet
- ☐d. contact and transmission-based

38. The use of Standard precautions does not apply to all patients, only those in isolation for specific transmissible diseases.

- ☐a. true
- ☐b. false

39. Transmission-based precautions are used when caring for patients known or suspected to be infected or colonized with highly transmissible organisms.

- ☐a. true
- ☐b. false

40. Common violations of Standard precautions are:

- ☐a. failure to notify the Infection Control Nurse when a patient is placed in isolation.
- ☐b. needles and sharps not disposed of in sharps containers
- ☐c. food and drinks left in the hallways and at nursing stations
- ☐d. wearing PPE in the hallway
- ☐e. all of the above

41. A bloodborne pathogen is a pathogenic organism present in human blood that can cause disease in humans.

- ☐a. true
- ☐b. false

42. Three bloodborne pathogens that healthcare workers use standard precautions to protect against are:

- ☐a. HIV, MRSA and Tuberculosis
- ☐b. VRE, Salmonella and Pseudomonas
- ☐c. Clostridium difficile, Hepatitis A and Ebola virus
- ☐d. HIV / AIDS, Hepatitis B (HBV) and Hepatitis C (HCV)

43. Two ways to perform hand hygiene are to wash with soap and water or use an alcohol-based hand product.

- ☐a. true
- ☐b. false

44. Always use soap and water to wash hands after assisting anyone with toileting. Do not use the alcohol-based hand cleaner.

- ☐a. true
- ☐b. false

45. Employees that have direct patient contact or work in dietary or environmental services are not allowed to wear artificial fingernails:

- ☐a. true
- ☐b. false

46. Through direct contact with patients, healthcare workers contaminate their hands with MRSA and VRE and spread these infections to other patients.

- ☐a. true
- ☐b. false

47. Signs and symptoms of tuberculosis include:

- ☐a. fever, weight loss, night sweats, productive cough
- ☐b. fever, rash, vomiting
- ☐c. night sweats, hemoptysis, anorexia
- ☐d. a and c above

48. Tuberculosis is primarily spread by:

- ☐a. airborne particles
- ☐b. perspiration
- ☐c. contact with skin
- ☐d. none of the above

49. To decrease your chance of injuring your back at work:

- ☐a. lift standing with feet apart, back straight, knees bent
- ☐b. use lifting aids such as transfer belts and sliding boards when moving and lifting patients
- ☐c. stand straight, with your knees bent a little and your pelvis tilted forward. If standing for a long time, ease the strain by putting one foot up on a low stool.
- ☐d. all of the above

50. If a patient is sensitive to latex, some actions healthcare workers may take are:

- ☐a. ask them to blow up the balloons for a co-workers birthday celebration
- ☐b. no actions are necessary as all medical products are now latex-free
- ☐c. write “Latex Sensitive” on a yellow allergy armband and put it on the patient
- ☐d. provide a latex-safe environment for the patient by removing supplies containing latex
- ☐e. c and d above
- ☐f. a and b above

Student Education Tool Post-Test Answer Sheet

Name: _____

School Affiliation: _____ Date: _____

Write your answers legibly and return completed answer sheet to your instructor / facilitator.

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