

Santa Rosa Medical Center  
Milton, FL  
Human Resources



**ORIENTATION MANDATORY  
EDUCATION NOTEBOOK  
(OMEN)**

Developed by: Human Resources  
Originated: March 2007  
Revised: February 2008

# Welcome

At Santa Rosa we continue to strive for excellence in everything we do. As you know, we provide quality care to citizens of all ages and are looking forward to meeting the future health care needs of Milton and the surrounding area. We make every effort to involve all of our staff through good communication and support them meeting their professional needs in training, equipment and services. We emphasize good communication with all county citizens who use our services. We care about you, support you and applaud your caring and commitment to our patients and our organization.

**Standards of Conduct and Commitment.** These values serve as the corner stone for everything we do. Everyone at Santa Rosa, no matter what his or her position, plays an integral part of our patient care process. It takes each and every one of us working as a team and living these values to create a health care system that encourages our customers to continue to choose Santa Rosa Medical Center as their hospital of choice.

This education program is designed to assist you on your journey, as part of the Santa Rosa family. It was developed to present some very important information that you will continue to need to know and understand in your daily endeavors at Santa Rosa Medical Center. Please take your time and read it carefully. Please sign the employee acknowledgement, complete the post-test, and return this packet to Human Resources.

Should you have any questions, do not hesitate to contact the Human Resources Department.

Sincerely,

Human Resources

# Table of Contents

## **Guest Relations: A Way of Life**

- *Mission Statement*
- *Vision*
- *Service Strategy*
- *Standards of Behavior*
- *Organizational Standards*
- *Ownership*
- *Key Words*
- *Communication*
- *Rounding for Outcomes*
- *Telephones*
- *Elevator Etiquette*

## **Age Specific Care**

- *Barriers to communication*
- *Infants/Toddlers*
- *Young children*
- *Older children*
- *Adolescents*
- *Young adults*
- *Middle adults*
- *Older adults*
- *Adults 80 and older*

## **Environment of Care**

- *Fire Safety*
- *Fire Extinguisher Operation*
- *Fire Drills*
- *Security*
- *Emergency Management*
- *Response Codes*
- *Bio-terrorism*
- *Safe Areas*
- *Rendezvous Locations*
- *Reporting for work during disasters*
- *Hazardous Materials*
- *Bio-medical*
- *Utilities*

## **HIPAA Security**

- *Information Systems/Computer Information*
- *Physical Environment*

## **Alcohol and Drugs**

- *Drug Free Workplace Policy*

## **Risk Management/Quality Management**

- *Reporting Concerns*
- *Event Reporting*
- *Adverse Events*

## **OSHA/MSDS/Hazmat**

- *Hazards Communication*
- *Employee Responsibilities*
- *Materials Management Responsibilities*

## **Patient Safety Goals**

- *2008 JCAHO National Patient Safety Goals*

## **Impaired Providers**

- *In-house reporting*
- *Signs of possible impairment*
- *Prescription medications*
- *FL Professional Conduct reporting*

## **Back Safety**

- *Body Mechanics*
- *Self Care*

## **Workplace Violence**

- *Violence Prevention*
- *Warning signs*
- *What to do if you are exposed*

## **Confidentiality**

- *What constitutes confidential information?*
- *Access to information*

## **Sexual Harassment**

- *What constitutes sexual harassment?*
- *How to help prevent and respond to sexual harassment*

## **Cultural Diversity**

- *Cultural factors to consider*
- *Bridging the cultural gap*
- *Benefits*

## **Abuse: Children and the Elderly**

- *Florida Statutes*
- *Common forms of abuse*
- *Reporting*

## **Infection Control**

- *Hand washing*
- *Standard precautions*
- *Airborne and Droplet precautions*
- *Contact precautions*
- *Isolation precautions*
- *Clean/soiled linen*
- *Biohazards*
- *Hazardous waste/Biohazards Disposal*
- *Blood/Body fluid exposure*
- *Epidemiology of blood borne diseases*
- *Exposure control plan*
- *TB exposure plan*

## **EMTALA**

- *Emergency Medical Treatment and Active Labor Act*
- *Required training*

## **SMDA**

- *Safe Medical Devices Act*
- *What makes a device reportable?*
- *Staff Responsibilities*

## **Restraints**

- *Types*
- *Exceptions*
- *Use in medical & post-surgical care*
- *Use in behavior management*
- *Emergency situations*
- *Non-emergent situations*
- *Physician responsibilities*

### **Blood Transfusions and Adverse Reactions**

- *Blood and blood component use criteria*
- *Transfusions*
- *Adverse reactions*

### **Consent to Receive Care**

- *Persons who may give consent*
- *Types of consent*
- *Exceptions*
- *Physicians responsibility and signing of consent forms*
- *Acceptable consents*

### **Adverse Drug Reactions**

- *Definitions*
- *Procedures for adverse reactions*

### **Care Plans**

- *Initiation of Care plan*
- *Updates and reviews*
- *Care plans to be implemented upon admission*

### **Pain Management**

- *Pain scales*
- *Assessment requirements*
- *Documentation*

### **Read Backs, Critical Test Results, and Verbal/Telephone Orders**

- *Procedures and documentation requirements*

### **Patient Falls Precautions**

- *Fall risk Identification*
- *Staff actions for fall prevention*

### **Core Measures**

- *Heart Failure*
- *Pneumonia*
- *Acute MI*
- *Surgical Infection Prophylaxis (SIP)*

### **Advance Directives**

- *Definition*
- *Admissions*

### **Patient Rights**

- *Patients Rights for Healthcare*

## **Guest Relations: A Way of Life**

When you joined Santa Rosa Medical Center, you become a part of an organization dedicated not only to its patients, but to its employees as well. **We know it takes happy employees to have happy patients.**

As a result of our dedication to our guests and employees the employees of Santa Rosa Medical Center to establish specific behaviors that all employees, patients, visitors, physicians and vendors are expected to practice have adopted a set of standards.

### **Mission Statement:**

To improve the health and quality of life in our community.

### **Our vision:**

To be the hospital of choice where

- Patients choose to come for their health care needs
- Quality physicians choose to practice
- Compassionate and caring employees and volunteers choose to work

### **Our Service Strategy:**

"Your Key to Better Health"

## **Standards of Behavior**

### **Attitude**

- Treat everyone as if they are the most important person in our facility.
- Take pride in what you do and recognize that your work is a reflection of yourself.
- Strive to do the right thing, the first time.
- Do not gossip or spread negativity to others.
- Give compliments to coworkers.
- Work together to create a pleasant atmosphere.

### **Appearance**

- Follow the Professional dress code policy.
- Maintain a clean, orderly environment in your work area. Pick up and dispose of litter properly, no matter where you find it.
- Wear your identification badge on the upper part of your body so your picture and name are readily visible.

### **Communication**

- Make eye contact and greet every customer with a warm and friendly smile.
- Answer all questions directed to you. When unable, find out the answer or clearly explain when follow-up may be anticipated.
- Use language and terms that will be understood by our customers.
- Use effective communication skills through listening, scripting and key words.
- Express gratitude to all customers. Tell them "Thank You" for choosing Santa Rosa Medical Center.

- Speak with a smile.
- On the phone, always identify: the organization, your department, and then yourself before beginning the conversation.
- Answer the telephone by the 3<sup>rd</sup> ring. Keep someone at the desk at all times.
- Communicate departmental changes to appropriate departments prior to implementation.

### **Teamwork**

- Be tolerant and supportive of your co-workers throughout the hospital. When your work is complete, offer to help your co-workers.
- Comply with the attendance policy.
- Respect your co-workers. Set aside differences when working together and maintain professional courtesy. Never chastise or embarrass a coworker.
- Use appropriate chain of command when addressing problems. Be part of the problem solving process.
- Adhere to “on time” culture by arriving to work and meetings on time.
- Refrain from gossip.

### **Customer Service**

- Be courteous to all customers (patients, family members, physicians, co-workers)
- Treat others the way you would like to be treated.
- Acknowledge customer’s presence immediately.
- Escort people needing assistance to their destination.
- Be sensitive to another’s inconvenience. Consider their priorities in addition to your own.
- Pause before entering or exiting an elevator, entryway or building so that others may proceed.
- While on the elevator, smile and speak to fellow passengers.
- Refrain from discussing personal, patient or work-related matters in public areas.
- Keep noise level down. Refrain from using overhead pages when possible. Keep pagers and cell phone on silent or vibrate mode.
- Smoke only in authorized smoking area. Adhere to break rules.

### **Organizational Standards**

- **Adaptability:**  
Demonstrates flexibility and capacity to work in new situations grasp new ideas and adapt to new procedures.
- **Judgment/problem solving:**  
Evaluates information and arrives at sound conclusions; considers factors, places them in perspective, reaches logical conclusions based upon available evidence.
- **Leadership/initiative:**  
Demonstrates capacity to inspire and motivate others to accomplish objectives (Lead by example).
- **Organization:**  
Arranges work in a systematic manner, prioritizes to achieve efficient and timely completion of work.
- **Creativity/innovation:**

Demonstrates capacity to develop and introduce new ideas.

▪ **Self - governance:**

Maintain self-responsibility for licensure and hospital required competencies. Ensure all documentation is provided to your Director and / or Human Resources.

**Sense of Ownership**

Our Employees:

- Take ownership of their efforts by taking responsibility for the outcomes of their efforts and recognizing their work as a reflection of themselves.
- Take ownership of issues by initiating resolution when recognizing that something needs to be done.
- Take ownership of the physical facility by treating our hospital as they would treat their homes.

**All employees are expected to: BE COMMITTED TO EXCELLENCE**

**Smile:** Show you care. Employees acknowledge all customers- patients/visitors, co-workers, and physicians promptly and courteously. Employee takes time and listens to others. Employee projects a positive image.

**Teamwork:** Works together. Employee recognizes and respects others' talents and abilities and contributes his/her own talents as a member of the team. Employee communicates effectively and continuously with all members of the team.

**Attitude:** Be positive. Employees see the other person's point of view. Employee demonstrates compassion.

**Responsiveness:** Responds to and respects others. Employee addresses the concerns of all customers immediately and does not treat the customer as a nuisance. Employee is pro-active and anticipates customer needs. Employee communicates resolutions back to the customer. Employee takes responsibility for opportunities that present themselves.

**Key Words**

What Exactly Are "Key Words"?

Words that let patients, visitors, staff and physicians know what we are doing. Key words "connect the dots". For example, if you use the word *safety* every time you explain a procedure then the patient will connect to the fact that their safety is important to us.

**Goal of utilizing Key Words**

- Align our words with our actions to give a consistent experience and message to all of our customers.
- To let our patients and their families know we care for them.



**Examples:**

- Mr. Smith, we want to make sure that we meet your needs and answer all of your questions. Do you have any questions, I can answer for you right now?
- I'm closing this door to ensure your privacy and confidentiality.
- I plan to be back in two hours, if you need me before then just call.
- Is your room clean enough for you?
- Did I miss anything?
- Good morning, Our goal is to provide you with excellent care. What may I do for you today?
- Patient safety is very important to me. I need to verify your name and DOB before drawing blood.
- "Is there anything else I can do for you? I have time".

**Fundamentals of Communication**

At Santa Rosa Medical Center we use the AIDET system. This acronym AIDET is for the Five Fundamentals of Communication.

- A - Acknowledge** the patient by their last name
- I - Introduce** yourself
- D - Duration**, why you are there, how long the procedure will last, etc.
- E - Explanation** – explain tests, staff check armband & ask patient identifier information. Connect key words to patient safety and excellence
- T - Thank You** – for choosing Santa Rosa Medical Center

While using AIDET is essential when communicating with our patients, it is as equally important to use AIDET when we communicate with each other. We are all internal customers of this facility.

Remember to always consider other factors that may hinder communication with others, such as:

- Non-verbal actions (body language, etc.)
- Cultural diversity
- Age
- Disabilities or health conditions

**Rounding for Outcomes**

There are 4 types of rounding you will be seeing used at Santa Rosa Medical Center. Senior leader, unit manager, support service leaders, and staff rounding on patients

- Senior Leader Rounding – You will see senior leaders (CEO, CNO, CFO, COO) rounding in your department. They will be speaking to you and will ask general questions about your unit.

**\*\*Importance of Senior Leader Rounding\*\***

1. To be able to role model positive behaviors
2. Monitor employee morale and follow-up on organizational initiatives
3. Identify barriers that make work more difficult
4. Reduce barriers between administration and staff
5. Capture wins for middle managers “Manage-up”
6. Look at facility appearance

It is highly important for you to be totally honest with senior leaders as they are rounding, whatever the question may be asked.

- Unit Leader Rounding - You will see your unit manager making rounds w/staff members and later w/the patients, also. Be ready for your unit manager to ask you (the staff member) “*Is there anything that I (the manager) need to know before going into the patient’s room?*”

**\*\*Importance of Unit Leader Rounding – For Staff\*\***

1. To build relationships
2. To harvest wins (positive feedback from employees regarding other employees)
3. To identify process improvement areas – focus on effectiveness and efficiency
4. To repair and monitor systems – tools and equipment, etc.

**\*\*Importance of Unit Leader Rounding – For Patients\*\***

1. To be able to focus on key patient issues
2. To review current survey data and look for other areas to measure improvement
3. To be able to obtain feedback from patients in order to recognize & reward employees for improvements and positive behaviors
4. To be able to set clear expectations for patient care and employee behavior
5. To utilize “Key Words at Key Times”

-“*We are committed to managing your pain . . .*”

-“*Oh, I see Jan is your nurse today. She is excellent. Is there anything that Jan or anyone on our staff has done to go out of their way for you? If so, I would love to recognize them for their efforts.*”

-“*Do you know your schedule for today?*”

-“*Do you have any personal needs that I or the staff need to be aware of?*”

-“*If we can do anything to make you more comfortable, please let us know. We want to make sure we are meeting your personal needs.*”

-“*Do you have any questions before I leave?*”

**EVERYONE WILL STATE PRIOR TO LEAVING A PATIENT’S ROOM: “*IS THERE ANYTHING I CAN DO FOR YOU RIGHT NOW? I HAVE TIME.*”**

- Support Service Leader Rounding – You will see leaders from other ancillary departments rounding in your unit. (ex: Respiratory, food services, house keeping, etc.) They will be asking general questions of your unit staff members to make sure that their dept. members are working well with your unit. Example: “*Are there any issues with any of the house keepers that work in your unit?*” “*Is there any one particular person in the housekeeping dept. that you believe needs to be recognized?*”

**\*\*Importance of Support Service Leader Rounding\*\***

1. Review how well your department functions with other departments

2. Score “wins” organizational-wide (Recognizing & rewarding those individuals who deserve recognition.)
3. Unify organization-focus on how we can work together as a team

- **Staff Rounding on Patients** – Every person representing Santa Rosa Medical Center that has contact with patients is expected to interact with and assist patients EVERY time that you speak with them. Ending your interaction with the patient with **“Is there anything I can do for you right now? I have time.”** You should begin your patient interaction with providing the patient w/your name, title, what you are here to do or assist with (ex: phlebotomist – I am here to draw your blood or housekeeper – I am here to clean your room to assist with ensuring your room is clean and to help reduce germs, or CNAs – I am here for your patient care needs I will be assisting you with personal care needs), (for nurses) the patient’s schedule of events for your shift, and always end your interaction with **“Is there anything I can do for you right now? I have time.”**

There will be a sheet of paper (hourly rounding log) that will be posted for each patient and will be initialed by every person that enters the patient’s room with the person’s job title and initials during the hour time slot that the person rounded and at the bottom of the sheet with signature and initials of the person rounding. This hourly rounding log will be kept in the patient’s chart after completion of the 24-hour period.

**\*\*Importance of Staff Rounding on Patients\*\***

1. To help increase patient/customer satisfaction by assisting patients/customers with any needs that may arise more efficiently.
2. Harvest wins (positive feedback from patients regarding other employees)
3. To utilize “Key Words at Key Times” with patients.

**Telephones**

When answering the telephone you should:

- Answer the phone by the third ring
- Answer politely - be pleasant and professional
- Answer by stating your name and unit/department followed by "May I help you".

If you are in another department and the phone rings, you should answer it if there is not a staff member there for that unit. Help the caller as much as possible and quickly get a staff member for that area to take the call.

**Elevator Etiquette**

Always hold the door for others who may be entering or exiting. Smile and speak to your fellow passengers. Pause before you enter or exit an elevator so you do not block anyone else or run into them. Step to the back or side to make room for others.

When transporting patients in a wheelchair, always face them towards the door (back in - push out). If you are transporting a patient on a bed or stretcher politely ask others to wait for another elevator.

**Age Specific Care**

As hospital workers we offer our care and our experience to people at all stages of life, from infants to older adults. They are all individuals with their own feelings and abilities; but they grow and develop in similar ways. At each stage in life there are certain qualities and needs that are shared, and by understanding what these are, we can provide better,

more appropriate care at each stage. Age specific-competencies address the different needs people have at different ages.

By incorporating age-specific considerations with each customer, you help identify and provide the care that particular patient needs at that time of life you help the customer and become an active partner in health decisions.

Age-specific competencies have also become a major focus of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Healthcare staff needs to be trained on how the age of each patient can impact assessment, delivery of care, and health education needs for the patient. There may be special health considerations to be aware of at each stage of life, and the JCAHO feels all healthcare staff should understand and apply these age-specific considerations. Being able to apply age-specific often depends on using age-appropriate communication skills to understand the patient's needs.

## **BARRIERS TO COMMUNICATION**

At just about any age there may be barriers to communication that you should look for. Give the person your full attention and observe closely. You may not be able to fully do away with any barriers you find, but you can be aware of them and minimize them.

You should assess the customer's primary language and whether communication might be clearer if you brought in a translator. Check for any speech or hearing impairments, and check whether any confusion or depression might be a sign of physical or mental illness. Find out if they are under stress or worried if healthcare decisions might affect their schooling, job or family.

With children and adults, check if there are any apparent learning disabilities and if the person appears to understand instructions at an age-appropriate level. Be aware of cultural differences and how eye contact and gestures that seem ordinary to you might be misinterpreted. Some people from Asian cultures, for example, are much less comfortable with being touched than those from cultures. Make an effort to understand the patient's family structure and support system, and try to incorporate family caregivers into treatment suggestions. Clear communication with the patient can be the key to providing age-specific care.

---

## **NEONATES: BIRTH - 28 DAYS**

Age-specific care begins at the beginning, with neonates. The first 28 days of life are a time when the neonate's body functions, such as digestion, temperature regulation and sleeping, become established. Neonates can focus on faces, smile in response to a smile, and lift their heads. Neonates are in a state of total dependency. The startle or Moro reflex is one of several reflexes neonates are born with to help cope with life outside the womb.

Normal reflexes such as grasping, gagging and startling are key healthcare issues for the neonate. Other important concerns are for good APGAR scores, age-appropriate vital signs (temperature, pulse and respiration) steady weight gain, and in some cases, blood glucose levels.

## **Age-specific care for neonates**

Always handle the neonate in a gentle, comforting and soothing manner. Avoid over-stimulation. Speak to the neonate in a soft, comforting voice. Help parents learn proper childcare skills, including feeding, diapering and bathing. Be sure parents understand a neonate has immature heat regulation and needs to be kept warm.

With changes in the healthcare system, neonates are going home earlier these days and sometimes with potential healthcare problems that haven't been identified. New parents should be taught about issues of jaundice, breastfeeding and nutrition, cord care, fever and avoid sleeping positions associated with Sudden Infant Death Syndrome.

Help parents understand the importance of safety devices such as car seats. In most states, they are required by law. The current stand is to use a child seat in the back seat of the car and fasten it in place with both the lap and shoulder belt.

---

## **INFANTS/TODDLERS: 0-3 YEARS**

Infants and toddlers are in a period of rapid growth and learning. They explore the world through direct sensory contact; by tasting, touching, looking, listening and smelling. And they progress in their efforts to communicate, moving from crying, through babbling to using simple words. They are very dependent, but are beginning to develop a separate self.

Key emotional and health and safety issues at this age are to foster good child-parent bonds; keep immunizations and checkups on schedule, and help parents ensure a safe environment for playing and sleep.

## **Age-specific care for infants**

When infants and toddlers are brought in, ask the parents how feeding is progressing, ask if the infant seems to be developing motor skills normally, and if they have noticed any hearing or vision problems. Remind the parents that children develop at different speeds and if the infant seems slow to crawl or walk, remind them it may be perfectly normal.

Look for and ask the parents about any signs of colds or flu and remind the parents that these conditions are very common, especially among children who attend daycare. Hand washing as a way to prevent disease transmission should be emphasized to children, and parents should be aware of its importance for themselves and anyone providing care.

Check the toddler's teeth and help the parents understand the essentials of basic tooth care, even for one or two teeth. You will probably see the infant or toddler before any dentist does.

Encourage the child to communicate, and encourage hugging, cuddling and touch by staff and parents. All this will promote healthy bonds and good parenting. Be aware of the problem of "stranger anxiety" and try to limit the number of staff workers assigned to each infant.

Keep a safe environment, as well as helping parents learn how to care for the child safely at home.

There are many safety tips such as supporting an infant's head that may not be obvious to all parents, especially new parents.

## **YOUNG CHILDREN: 4-6 YEARS**

Next we will discuss some of the common characteristics of young children from about ages 4 to 6. This is a period where growth slows a little but motor skills increase, and children learn many new skills including things like dressing and toilet training. Their minds begin to use symbols and they play with imagination and fears and stories. They identify with their parents but grow more independent and begin to become sensitive to others' feelings.

Key emotional and health and safety issues at this age are for praise and clear rules to provide a secure set of boundaries, to keep immunizations and checkups on schedule, and learn healthy habits for nutrition and grooming. In addition parents may need help teaching about safety equipment, such as bike helmets and elbow and knee pads for skateboarding. Match safety and pool safety can also be issues.

### **Age-specific Care for young children**

The healthcare worker should work to involve both parents and children in healthcare choices. Always explain what you are going to do in a firm and direct way before you start. Don't lie to the child about whether something will hurt, but reassure them that it won't hurt for long.

Injury and disease can be very upsetting to children. Children at this age tend to weave fantasies, so a minor wound may suggest that the whole limb is about to fall off. Explain healthcare issues clearly and reassure the child. Explain grooming and hygiene issues and point out to the parents that it's not just to look good, but an important infection control technique. And try to allow the child to make some reasonable choices, too. This will foster a growing sense of independence. It is important to incorporate the child's home routines as much as possible.

Use toys and games to help teach the child and reduce fear of health issues. Use talking, singing, and distractions like colorful stickers to divert attention from frightening procedures. Encourage the child to ask questions, talk about feelings, and play with other children to encourage both growing independence and social skills.

---

## **OLDER CHILDREN: 7-12 YEARS**

Now we will discuss some of the common characteristics of older children from about ages 7 to 12. This is a period where growth continues slowly until there is a spurt at puberty. Children this age become mentally active, eager learners and love to share their knowledge. They learn about cause-and-effect, and they perfect their reading and writing and learn math skills.

While they are developing a greater sense of self, there is also a great need to fit in with their peers. School activities become very important and they may start negotiation with their parents for greater independence.

Key emotional and health and safety issues at this age are to learn to feel competent and useful, to continue immunizations and check-ups, and to begin to learn honest information about alcohol, drugs and sexuality. It is also time to begin learning playground safety habits and how to resolve conflicts peacefully.

## **Age-specific-care for older children**

At this age vital signs approach the norms of adult parameters. Some questions may arise about the development of secondary sexual characteristics and should be dealt with honestly. The healthcare worker should explain procedures in straightforward terms, using correct terminology, and invite the child to make some healthcare choices. If equipment is needed, allow the child to explore the equipment ahead of time. You should allow longer training and teaching sessions. Provide privacy if necessary, and build into your teaching rewards and praise. Do your best to guide the child toward healthy lifestyle and safety choices. Habits formed at this age may last a lifetime. It's not too soon to begin to discuss exercise and nutrition and maintaining a healthy lifestyle. And help the parents talk to the child about crucial issues of peer pressure around smoking, sexuality and all kinds of substance abuse. It can be very hard for parents to know how to initiate these discussions and an outside authority such as a healthcare worker can be a big help in getting the ball rolling.

---

## **ADOLESCENTS: 13-20 YEARS**

Now we will discuss some of the common characteristics of adolescents from about ages 13 to 20. This is a period where growth spurts upward and the body transforms into an adult, sexually mature body, and physical appearance becomes increasingly important.

At this age adolescents are able to entertain complex moral thinking, and they begin to make up their own minds and choose their own values. Adolescents need to balance developing their own identity with the need for very close relationships. Peer groups can come into conflict with family demands, and it can become a time of challenging authority.

Key emotional and health and safety issues at adolescence are for privacy and respect, and to find ways to foster teamwork. Checkups should continue and adolescents must learn about sexual responsibility, and ways to resist vastly increased temptations to substance abuse. Risk-taking, particularly in driving and risky sports needs to be addressed, and adolescents should be helped to learn ways to peacefully handle violent situations.

## **Age-specific care for adolescents**

At adolescence, you should begin looking for signs of common adolescent health problems such as nutritional disorders, obesity, anorexia, bulimia, acne problems, STDs, substance abuse, pregnancy and any stress-related problems. This is a stress-filled age. Reassure adolescents about the normality of the changes they are going through. When working with adolescents, remember their self-consciousness about their bodies and provide for privacy.

The healthcare worker should begin treating as an adult and avoid authoritarian approaches. Talk directly to the adolescent, not through the parents. Always explain why something is being done. Be considerate of how any treatment may affect the adolescent's appearance and relationships, because these are very sensitive issues at this stage. Encourage questions about their fears. And respect any expressed or implied religious or cultural beliefs.

Adolescents with family histories of genetic-related diseases, such as cardiovascular disease, diabetes, or sickle cell trait, should be screened as appropriate. Adolescent girls should be taught breast self-examination. And boys should be taught testicular self-examination. Peak age for testicular cancer is 20-35. Guide the teen-ager toward positive lifestyle choices, and pay particular attention to misinformation that is common at this age and help correct it. Realize that there may be some resistance to taking advice from an adult. Encourage the teen and parents and peers to have open communication on any issues of concern. As an outside authority, you can often play a powerful role in opening up channels of communication.

---

## **YOUNG ADULTS: 21-39 YEARS**

Now we will discuss some of the common characteristics of young adults from about ages 21 to 39. This is an age when young people finally reach physical and sexual maturity, and nutritional needs shift away from growth toward maintenance of a healthy body.

Young adults are still acquiring the new skills that will help them at home and at work. They are seeking closeness and partnership. And they are making decisions that may last all their lives on careers, communities and starting a family.

Key emotional and health and safety issues for young adults are for support and honesty and respect for their personal values. They need to have regular health checkups and updated immunizations. They should be encouraged to pursue healthy lifestyles, including good nutrition, exercise and weight control. There is a need to begin to be aware of long-term health-risks for issues like heart disease and cancer. They also need to be guided to give their attention to safety hazards at home and at work.

### **Age-specific care for young adults**

Young adults need to be monitored for STDs. Testicular and breast self-exam should be taught and encouraged. Discuss questions of stress in their lives, as this can be a time of great change, marriage, and beginning families, starting new jobs.

The healthcare worker should encourage young adults in making positive fitness and health care choices. Help the young adults recognize the new reality of their time and financial commitments to family, career and community. Explore the impact of hospitalization or illness on the patient's job or family. This is a time when most couples become parents and they need help considering the long-term commitments and challenges this brings. They may also need help with family planning and prenatal information.

Explain the specifics of a healthy physical workout, including warm-up and stretching exercises, and if necessary explain proper nutrition and diet to encourage a healthy lifestyle. Explain risk factors and signs to watch for chronic conditions such as heart disease because young adults often feel invulnerable and tend to ignore or deny early signs of disease.

---



## **MIDDLE ADULTS: 40-64 YEARS**

Now we will discuss some of the common characteristics of middle adults from about ages 40 to 64. Adults of this age have had tremendous life experiences and continue to use them to learn and create and solve problems. They often reach a point where priorities are reevaluated and new decisions are made about their lives to stay productive and avoid feelings of being stuck in a rut in life. Many start to think of retirement and start to plan for it. Some may begin to develop chronic health problems and women experience the life change of menopause.

Key emotional and health and safety issues for middle adults are to focus on strengths and keep a hopeful attitude. Checkups and preventive exams must continue to address age-related issues and monitor any risks, and immunizations should be updated. Women, for example, should be encouraged to continue having breast exams even after menopause. Some middle adults need to be made aware of age-related changes in their senses, such as reduced visual and auditory acuteness and slower reflexes and how this may affect activities such as driving.

### **Age-specific care for middle adults**

Middle adults should be screened for chronic conditions that often develop at this age, such as diabetes, prostate disorders and breast cancer. Women should be counseled about menopause issues, such as taking estrogen or methods of minimizing the risks of osteoporosis.

The healthcare worker should encourage middle adults to express freely any worries about the future, and encourage them to plan for a healthy and active retirement. Be sure to acknowledge their abilities and contributions throughout life. This can be a time mid-life crisis when some people begin to doubt themselves and their contributions and they need encouragement. Some may need specific psychiatric interventions so be alert for signs of depression or other mental illness.

Be alert for any worries they have about their children or older parents. This is an age where many become the "sandwich generation," caring for both older and younger family members at the same time. This can also be a positive stage of life, with more time available to fulfill lifelong dreams of travel and leisure, and to pursue new interests or volunteer work that had been put off.

---

## **OLDER ADULTS: 65-79 YEARS**

Now we will discuss some of the common characteristics of older adults from about ages 65 to 79. An older adult continues to be an active learner and thinker and can now pass on skills and wisdom to other generations.

There is some decline in physical abilities and senses that need attention. Often new roles will be taken on, such as grandparent or the return to single life after the death of a husband or wife. There is a tendency now to review one's life, and to find new balances between independence and dependence.

Key emotional and health and safety issues for older adults are to remain respected and prevent isolation. Aspects of aging need to be accepted and extra effort made to remain active. Nutritional needs are changing and there are still needs for regular checkups,

breast and prostate exams, and immunizations, particularly against influenza, which can be much more serious at later ages. It's important to promote physical, mental and social activities and guard against depression. Home safety needs attention, especially guarding against falls, and changes in skills may make driving risks much greater.

### **Age-specific care for older adults**

Stay alert for signs and complaints of the more common chronic conditions at this age, such as arthritis, hypertension, hearing impairment, and heart disease, and conduct regular screening for these conditions. Also be alert for digestive and esophageal problems such as reflux, and bladder and bowel problems, which become more common at this age. The healthcare worker should encourage the older adults to express freely their feelings about their accomplishments in life, but also their feelings of loss and grief. As they age, they will lose friends and family and grief counseling can be very important.

Often medication use, with multiple medications can become quite complicated, and it is important to help an older adult work out a manageable schedule. Explain any procedure using appropriate terms. Provide for warmth if necessary because of the possibility of decreased heat regulation. Be alert for the development of any impairment that may inhibit mobility or activities of daily living.

And also point out ways to make the environment safer, such as removing slick throw rugs. You should also suggest practical ways of dealing with any impairment that exist, but do not assume impairments exist just because of age. Offer contacts to support services. To keep an older adult busy and engaged, you can encourage social activities with peers or volunteer activity to give something back to the community. The sense giving back and staying active can make all the difference in a person's outlook at this age.

---

## **ADULTS 80 AND OLDER**

Last we will discuss some of the common characteristics of adults 80 or older. There is no reason to think a person this age is in mental decline. Some great writers and artist continued to create until well past this age. While you should be alert for signs of confusion, they may just signal an illness or depression that might be treatable. Many people this age begin to accept that the end of the life is approaching and begin to prepare for it.

Key emotional and health and safety issues for adults over 80 are to encourage expression of feelings and thoughts, encourage humor and stay positive to help prevent depression. Health should be monitored closely, and proper nutrition, exercise, and health rest and avoidance of stress should all be encouraged. Immunizations should be updated, particularly against influenza which can be more serious, even life threatening, for older adults. The environment should be monitored to prevent any hazards, particularly falls, which can be devastating at this age. Safety grips, ramps and similar aids may become crucial at this age, either at home or in a nursing home.

### **Age-specific care for adults 80 and over**

There is an increased risk of chronic illnesses and major health problems that need to be watched. The healthcare worker should encourage as much independent living in older adults as possible. Physical, mental and social activities should be encouraged. An active

mind and a sense of humor can often support a person's spirits.

Medications for those over 80 can become even more complicated and may require you to work out very detailed plans. You may need to include helps like color-coding and timed reminders to help the person follow the schedule. Encourage healthy eating and adequate fluid intake. Be alert to the fact that changes in tastes or ability to chew may result in decreased intake. You may need to monitor bowel function daily. It is important to avoid treating an older adult like a child. Almost anyone will sense and resent being patronized.

Support any end-of-life decisions, offering access to appropriate information such as advance directives, and encourage the preparation of trusts and living wills. Offer any assistive devices that can keep the person adept at his own activities of daily living, and make sure he has access to all necessary safety ramps and other equipment. The more independence the person can maintain, the better the quality of life.

### **Environment of Care (EOC)**

The Environment of Care (EOC) Committee that ensures the facility is a safe and secure place for patients, employees, visitors and vendors. The Environment of Care is comprised of seven areas: Fire Safety, Safety, Security, Emergency Management, Hazardous Materials, Bio Medical and Utilities.

### **Safety and Security**

The Hospital Safety and Security Officer is Greg Newchurch.

The safety of every person who works here or visits our facility is of the greatest importance. There are several measures we can take to help ensure a safe environment for all of us.

- To report any emergency in the facility dial "777".
- All employees, physicians, vendors, sales representatives, contract, construction, service workers, clergy, chaplain associates, volunteers, and students should wear identification badges at all times while in the facility.
- Do not to bring excessive amounts of money or valuables with you to work.
- Always lock your vehicle and lock any valuables out of site in the trunk.
- Immediately report any suspicious or unusual activity to your supervisor / security guard.

### **Fire Safety**

When there is a fire, fire alarm or an activated sprinkler system "**Code Red**" is announced over the Public Address System three (3) times along with the location of the incident.

If you discover a fire anywhere in the hospital use the RACE method.

#### **R.A.C.E.**

- **Rescue** - Remove the patients to a safe location – Save the patient

- **Alarm** - Activate the nearest fire alarm box promptly. Turn on the alarm
- **Contain** - Contain the fire in the immediate area if possible
- **Extinguish** - Extinguish the fire if possible.

To report a fire in the facility, dial "777". This emergency number will connect you to the switchboard. The switchboard (PBX) operator and/or House supervisor is responsible for communicating with the city fire department.

Fire Alarm pull stations and fire extinguishers are typically located near the exit of the department. Because it is dangerous to use the elevators during a fire the pull stations and extinguishers are located near the stairwells.

All departments not in the location of the fire should begin clearing the corridors, closing the patient room doors and begin making preparations to evacuate the area if necessary.

Fire drills are conducted once a month. A red flag is used to simulate a fire. When an employee discovers the flag they should respond according to the RACE method. (Note: only bring a fire extinguisher to the area where the flag is located. **Do not** discharge the fire extinguisher.)

A red square located in the top corner of the doorframe signifies a fire door. Never block these doors with equipment or prop them open!

### **Fire Extinguisher Operation**

Use the PASS method when putting out a fire with an extinguisher.

#### **P.A.S.S.**

- **Pull** - pull the safety/locking pin from the handle
- **Aim** - aim the fire extinguisher at the base of the flames
- **Squeeze** - squeeze the handle
- **Sweep** - sweep the extinguisher back and forth, aiming at the base of the flames

Fire extinguishers are ABC, which means they will put out any kind of fire - ash (paper, wood or plastic), chemical or electrical.

### **Fire Drills**

SRMC performs fire drills once a month to test the readiness of the staff to a fire. A red piece of cloth (flag) with fire written on it is used to simulate a fire. When someone discovers the flag one should:

1. Activate the fire alarm system by pulling the nearest pull station
2. Get the nearest fire extinguisher and return to the fire with it (do not discharge the fire extinguisher unnecessarily).

3. The fire alarm will activate and everyone else should perform their normal fire alarm duties of clearing the corridors and closing doors.
4. A fire drill critique should then be filled out for each department and turned in to maintenance at the conclusion of each drill.

## **Security**

For the security of the patients and employees, all employees, doctors, volunteers, and vendors should follow SRMC badge policy and wear their badges as described in the policy.

There are two public accesses/ entrances for our facility; the Emergency Department (ED) and the Front Lobby. The front lobby will be locked at 9pm. 24-hour access is available through the ED.

Certain Employees may be given a proximity badge (with sensor on back) so that they can access the hospital through doors by the cafeteria, the back door near Materials, or the Administration hallway.

There are several important items to remember regarding identification and access:

- All physicians, employees, volunteers, contractors, vendors, students, case managers, etc will be identified through wearing of badges; Patients will have wristbands (plastic ones for inpatients and paper ones for outpatients).
- All non-public access doors can only be entered using a sensor.
- If employees lose their sensor, they will be charged \$25.00 to replace.
- All employees must wear badges at all times.
- Visitors will NOT be given a badge but will be given a “visitor pass”.
- Please question anyone in the facility without a badge.

Employees cannot use their employee badge if here on personal business, or as a visitor. They must comply with the visitor policy at that time.

## **Code Pink**

When a code Pink is announced overhead for a missing infant or child, every available employee should:

- Report to the nearest exit, elevator or stairwell to look out for anyone attempting to leave the facility
- Be on the look out for someone carrying a baby (against hospital policy)
- Be on the look out for someone carrying a bag big enough to hide a baby
- Be on the look out for someone with large enough clothes to hide a baby.

If a staff member encounters someone attempting to leave the facility with or without a baby, that person should be asked to stay in the building until the all clear is given. If that person becomes uncooperative, dial **777** and have the operator page security to that location.

## **Bomb Threat/Warning**

If a letter or note is received, handle it as little as possible. Dial **777** to initiate an emergency response.

If a bomb threat is received by a telephone call:

- Remain calm – make a note of time and date
- Keep the caller talking as long as possible – delay

Use the Bomb Threat Check-off Sheet, found in the Red Emergency Preparedness Procedures Book to obtain as much information as possible about the bomb and bomber. The more accurate and credible the information obtained from the phone caller, the more likely there is a real bomb in the facility.

Dial **777** to report the threat and initiate emergency response procedures. If you are on the phone with the caller, have someone else dial **777** and report the threat.

## **Emergency Management**

The Emergency Management Coordinator is Greg Newchurch.

The emergency Management plan addresses Mitigation, Preparedness, Response and Recovery.

### **Hazardous Vulnerability Analysis**

SRMC's Hazardous Vulnerability Analysis is reviewed annually by the EOC to determine the probability of an event occurring, the risk to SRMC if an event occurs and how prepared SRMC is to handle an event. Policies and Procedure are written to deal with the higher scoring events. The highest scoring events are drilled/exercised.

Each person at Santa Rosa Medical Center is responsible for knowing his or her department specific protocols during an event/disaster.

The PBX operator will announce emergencies by overhead announcement on the public address system. The emergency will be announced 3 times. The response code for the type of incident and the incident location will be given.

### **Incident Command System (ICS) / National Incident Management System (NIMS)**

SRMC follows the NIMS format and training for its incident command center. Once an incident requiring activation of the command center is announced the hospital will activate the ICS, which will assume management of the event. The incident command has an organizational chart and job sheets to define what roles are required for the disaster and what tasks are required of each role. This is designed so that any person could assume any role until a more qualified person becomes available to take over that role.

## **Response Code Designations**

- |                               |   |
|-------------------------------|---|
| ➤ <b>CODE BLUE</b>            | Respiratory/Cardiac arrest                          |
| ➤ <b>CODE GRAY</b>            | Manpower Required for Hostile or Combative Behavior |
| ➤ <b>CODE RED</b>             | Fire Alert  |
| ➤ <b>CODE TRIAGE INTERNAL</b> | Disaster Situation Internal                         |
| ➤ <b>CODE TRIAGE EXTERNAL</b> | Disaster Situation External                         |
| ➤ <b>CODE BLACK</b>           | Bomb Threat   |
| ➤ <b>CODE PINK</b>            | Infant or Child Abduction                           |
| ➤ <b>CODE ORANGE</b>          | HAZMAT spill  |

- **CODE BROWN**                      Severe Weather
- **CODE ZEBRA**                      Bio-terrorism Disaster Threat
- **CODE YELLOW**                    Patient has fallen and needs assistance

### **Bio-terrorism**

SRMC's response plan for a bio-terrorism event was developed in coordination with the Escambia and Santa Rosa County Health Department's emergency plan. The response guide is called the ZEBRA packet.

The ZEBRA packet is located in the emergency department, House Supervisor's office, Employee Health office and other departments as appropriate.

In the event of a bio-terrorism incident, the Hospital Incident Commander will activate the Emergency Management Plan (EMP). Once the EMP is activated, your supervisor will assign you specific job tasks.

SRMC has a specially trained Decontamination Team to receive casualties of bio-terrorism, weapons of mass destruction (WMD), and chemical related events.

### **Safe Areas**

Each department has identified two areas on the same floor as their safe areas. This is an area where a department moves to in the event the area they are in becomes hazardous, but there is no apparent danger to patients or staff, such as the area becomes smokey or water floods the area. This is known as a Horizontal Evacuation. These safe areas should be past at least 1, preferably 2 fire doors. Fire doors are marked with a red square in the corner of the doorframe.

### **Rendezvous Location**

Rendezvous Locations are an external location where departments are to meet in the event a department; floor or the entire hospital becomes damaged and needs to be evacuated. Each department has identified its rendezvous location. It is important that every employee knows where their department's rendezvous location is because once the building is evacuated, Incident Commander will need a head count to determine who may still be in the building.

### **Entering the Facility During a Disaster**

Employees who are called in or who are reporting to work because there is a disaster in the community or at the facility should enter the facility through the south lobby (main entrance), sign in at the employee pool and then either remain in the employee pool or report to their assigned location. The ER entrance is reserved for incoming patients and patient families.

## **Hazardous Materials**

### **Spills (Call Environmental Services)**

Blood/Body Fluids

- Contain the spill
- Decontaminate with household bleach

- Call Environmental Services to clean area

#### Mercury

- DO NOT attempt to clean up a mercury spill
- Increase ventilation of the area
- Call Maintenance and Housekeeping
- Complete a Hospital Occurrence Report

#### Chemical

- Contain the spill if it is safe to do so
- Call for MSDS Sheet and follow instructions (located on every floor)
- Complete Hospital Occurrence Report
- Chemical Spill Kits are located in Maintenance and Environmental Departments.
- Chemical spill kits are to be used by trained personnel only!

### **Bio-Medical**

Art Schaefer is the Bio-medical Equipment Manager.

Call Bio-medical Services to report any incident involving the malfunctioning of patient care equipment.

Tag the malfunctioning equipment as "OUT OF SERVICE" and remove it from the unit.

Do not make any statements to patients regarding the status of equipment.

### **Utilities**

#### **Electrical Safety**

Common electrical hazards found in a hospital are:

- Light bulbs – make sure the recommended watt bulb is utilized
- Power Cords
  - Don't yank out of the wall sockets
  - Don't use with damp or wet hands
  - Don't drag over wet areas
- K-pads – be careful about over heating.

There are several ways of eliminating or reducing the risk of injury from electric hazards.

- Regularly check seldom used equipment to ensure that is still in good working order
- Label and send plugs that are damaged for repair
- Have maintenance or Bio-medical check all new equipment prior to it's use
- Discourage use of extension cords
- Do not simultaneously touch electrical equipment and the patient
- Tag all faulty equipment and refer to maintenance or biomedical.
- Know how to operate the equipment prior to use
- Dry your hands adequately before handling any electrical equipment

Be prepared in the event of a power failure. Use red outlets for critical equipment because red outlets are emergency power outlet.



Nursing staff should check electrical items brought in by patients for electrical safety. They should check for frayed wires and to make sure the device and plug are in good shape. If they are not, the staff needs to contact the safety officer. Items that should be checked are electric razors, blow dryers and curling irons.

Patient medical equipment such as C-Paps or B-Paps should be reported to either Bio-Medical or Respiratory Therapy.

### **Medical Gas Safety**

Med Gas zone valves are typically located at the entrance of each wing or specialty room such as OR or the Cath lab. The valves are utilized to turn off the oxygen, suction, air or nitrous oxide to these areas. The only personnel allowed to turn off these valves are Nurse Supervisor (House Supervisor), Respiratory Therapy or Maintenance. That is not to say in an emergency a staff member from one of these departments cannot instruct someone else to shut off the valves.

### **Utility Failures**

In the event of a utility failure such as water, power or natural gas to the facility or your area, maintenance should be contacted immediately. Included in the Utility management plan are policies that describe how to handle utility outages.

## **HIPAA Security**

The HIPAA Security Officer is Pam Chesser, Director of Risk Management.

The HIPAA Privacy Officer is Angie Dreading, Director of HIM/ Medical Records.

### **Information Systems/Computer information**

- All screen savers are standardized throughout the facility.
- You cannot save information to the hard drive.
- All floppy drives, USB ports, and CD ROMs will be disabled, except for managers.
- The automatic log off will pop on in 10 minutes of the computer not being used; but if you are off the computer and someone may access within the 10 minutes, then you need to log off sooner using the icon on the monitor.
- System locks you out after 5 chances of logging on; you must contact IS to have password reset. Voice recognition is not acceptable; IS will contact your manager or HS to get face verification.
- No shared user Ids, not even department ones. Nursing units may use the log on for network access, but must have individualized passwords for specific systems. IS can track all logins and passwords being used (*Note: You may be terminated for sharing your password or using another employees password*).

## **ALCOHOL AND DRUGS (Drug-Free Workplace Policy)**

**I.** To deter the use of drugs and alcohol in the workplace by establishing a drug-free workplace program in accordance with State requirements.

**II.** It is a condition of employment to refrain from taking drugs on or off the job. All Santa Rosa Medical Center employees are expected to report to work and perform their duties without any effects due to the use or abuse of any drug, medication or alcohol.

Possession and/or use by an employee of an illegal, un-prescribed, controlled drug or usage of unauthorized alcoholic beverages are prohibited on the Facility premises. It shall be the policy of Santa Rosa Medical Center to provide each prospective employee a written copy of this Drug- Free Workplace Program ( herein after “Program”) and to secure from the prospective employee a signed acknowledgment of his/her receipt of the Program.

Santa Rosa Medical Center will not discriminate against prospective employees because of past abuse of drugs or alcohol. It is the current abuse of drugs and alcohol that Santa Rosa Medical Center will not tolerate.

### **Drugs**

Employees are absolutely prohibited from using, possessing, distributing, manufacturing, selling, attempting to sell or purchase or being under the influence of illegal drugs or inhalants while on or off duty, while on Facility property, or on any Facility work site. Employees who violate this Program will be subject to discipline, including discharge. As used in the Program, an “illegal drug” is any drug: (1) which is not legally obtainable; (2) which may be legally obtainable but has not been legally obtained; or (3) which is being used in a manner or for a purpose other than as prescribed. The term drug shall include all forms of amphetamines, cannabinoids, cocaine, phencyclidine (PCP), hallucinogens, methaqualone, opiates, barbiturates, benzodiazepines, synthetic narcotics, designer drugs, or metabolite of any of the substances listed herein.

### **Alcohol**

All employees are absolutely prohibited from using, possessing, distributing, manufacturing, selling, attempting to sell or purchase or being under the influence of alcohol while on duty, while on the Facility property or on any Facility work site. Any Employee who violates this Program will be subject to discipline, including discharge. For the purposes of the Program, alcohol includes distilled spirits, wine, malt beverages and intoxicating liquors.

### **Prescription Drugs**

Employees must notify their supervisor when under any medication that may limit their ability to perform their job duties. Verification of any and all medications may be required. Where prescription medication is involved, verification may include the employee submitting a prescription copy and/or a physician’s statement showing the medication required and dates of use. Failure to do so may result in discipline up to and including termination.

## **Risk Management/Quality Management**

Pam Chesser is the Director of Risk Management

Tami Ward, RN is the Director of Quality Management

Any employee who has concerns about the safety and quality of care provided at Santa Rosa Medical Center may report their concerns to the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) at 1-800-994-6610. Such reporting will be done without any retaliation or disciplinary action for reporting such concerns.

SRMC has a system for reporting incidents using the *Event/Occurrence Report Form*.

What to Report:

- **Any event that is inconsistent with patient care, which includes medication errors, adverse drug reactions.**
- A violation of an established policy or procedure.
- Mishap due to faulty/defective equipment or environment conditions.
- Patient, visitor, or employee property loss or damage.

Event Reports are **not to be copied**. They are to be filled out in black ink only – **NO WHITE OUT!** Completed reports should be forwarded to the Risk Manager, within **48 hours**. All areas printed in red are required to be completed.

Visitors or patients are not required to sign the Event Report and should NEVER be given a copy. Do not discuss the event with anyone who does not have a "need to know". Do not document it in the medical record that the Event Report was filled out.

### **Accidents**

Report any accident with or without personal injury to a patient, employee or visitor immediately to the Charge Nurse or House Supervisor.

Employee injuries should be immediately reported to the Employee Health Nurse. The Employee Health Nurse is Judy Wood. Her office is located in Human Resources.

You and your supervisor must fill out an *Initial Report of Employee Injury*, HMA form WC100, and turn the form into Human Resources within 24 hours of the incident.

### **Adverse Events**

An Adverse Event is an unintended injury/outcome to a patient resulting from medical intervention/treatment. Adverse Events should be reported to the Risk Manager immediately and an Event Report must be completed.

Florida Law requires that the Risk Manager report an adverse event to Agency for Healthcare Administration (AHCA) within **15 days** of the occurrence.

Examples of Adverse events (unanticipated outcomes) reportable to AHCA are:

- Permanent injury or death resulting from intervention/treatment that was not anticipated in routine care of patient.
- Brain damage or spinal damage to a patient.
- Surgery/procedure performed on the wrong side or level, wrong-site, wrong patient.
- Performance of a surgical procedure that is medically unnecessary or unrelated to patient's diagnosis/condition.
- Surgical repair of damage resulting from a planned surgical procedure in which the damage is not a recognized risk, as disclosed to the patient.
- Removal of unplanned foreign objects remaining from a surgical procedure (i.e. retained sponge, instrument, etc.)

The procedure for the "Disclosure of Unanticipated Outcomes" is:

- Notify supervisor and physician.
- Notify Risk Manager and complete an Event Report.
- Document factual information in the medical record.

The physician and/or administrative designee will speak to the patient or family representative.

## **OSHA/MSDS/Hazmat**

The Director of Materials Management is Tim Mallon.

It is the policy of Santa Rosa Medical Center to communicate any hazards associated with handling hazardous materials to employees involved in those operations. By State statute the hospital will provide instructions to all employees, within their first thirty (30) days of employment and at least annually thereafter, on the adverse health effects of each toxic substance that they work with in the workplace, how to use the substance safely, or what to do in case of an emergency.

An 800 number is located on each floor for Material Safety Data Sheets Information (MSDS Information) Employees may obtain MSDS's 24 hours a day from the 3E Company by calling **1-800-451-8346**. You may also go to **www.3ecompany.com**

All hazardous materials and waste spills must be documented using the Event Report.

Hazardous materials must be stored in appropriate containers. (See Policy 107-400 and 107-401)

Department Heads have the following responsibilities:

- Review with supervisors and staff a composite list of all chemicals being used or stored in their department.
- Annually instruct employees on MSDS's and how to obtain them.
- Notify Materials Management Director of any changes affecting the hazardous materials being used.
- In case of spill or exposure to complete the Event Report.
- Review and submit training practices to the Materials Management Director.
- Review and submit Department Hazards Policies and Procedures to the Materials Management Director.

As an employee, you have the following responsibilities:

- Obey safety rules.
- Use personal protective equipment as required.
- Attend annual training on hazardous chemicals in the workplace.
- To know how to obtain MSDS's.
- To use all chemicals as trained according to established procedures.
- To immediately notify supervisor of any spill or exposure.

Materials Management Responsibilities:

- Review annually OSHA training requirements and evaluate Departments training.
- Review annually Departments Hazard Policy and Procedures.
- Assist in obtaining MSDS's.
- Maintain existing hospital hazardous chemical inventory.

## **National Patient Safety Goals**

Florida law requires that the hospital have a Patient Safety Committee and Patient Safety Officer.

Tami Ward is the Patient Safety Officer.

The Patient Safety Committee is part of the Acute Care/ED Careline and meets monthly to review and take action on safety issues.

Patient Safety is a major part of JCAHO unannounced surveys. The 2008 National Patient Safety Goals (NPSG) are to:

### **Improve the accuracy of patient identification**

According to JCAHO, the patient's room number is not considered and appropriate identifier. Patient identification is to be done whenever administering medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments/procedures. SRMC patient identifiers are:

- Patient's name (used most often)
- Patient DOB (used most often)
- Patient Account Number
- Blood Bank # when transfusing blood

You must have at least 2 patient identifiers for identification to be complete and proper.

### **Improve the effectiveness of communication among caregivers**

SRMC Policy is to write the verbal order and then read back to the physician. For Documentation you should write, "RB" or "read back" on the order with the date/time.

SRMC has a *Do Not Use abbreviation list*. Laminated copies are a part of the patient chart and clinical employees are issued a card size list to wear with their name badge.

There should be a standardized approach to "handoff" communication when patients are moved from different levels of care or there is a change in the caregiver. Persons receiving the information should have an opportunity to ask and respond to questions.

Santa Rosa Medical Center policy states that handoff communication will occur between healthcare providers:

- at the beginning of each shift
- when the provider is physically away from the patient (lunch, etc)
- when the patient is transferred from/into another unit in the hospital
- when the patient is transferred to another facility
- following completion of invasive procedures including operative/radiological interventions
- when physician transfers total responsibility to another physician or facility
- there is a transfer of physician on-call responsibilities

**Improve the safety of using medications**

There is an emphasis on reducing the likelihood of patient harm associated with the use of anticoagulant therapy.

Pharmacy has removed all concentrated electrolytes from the care units.

"Tall man lettering" identifies look-a-like/sound-a-like medications. Look-a-like / sound-a-like medications are physically separated when stored.

All medications, or solutions removed from their original containers and not immediately administered are to be labeled, including those on and off the sterile field.

**Reduce the risk of healthcare related infections**

Santa Rosa Medical Center complies with current hand hygiene guidelines issued by the World Health Organization (WHO) and Center for Disease Control (CDC). Hand Hygiene monitoring program oversight is provided by the facilities Infection Control Nurse.

**Accurately and completely reconcile medications across the continuum of care**

Complete reconciliation of medications includes a complete list of all current patient medications (including over-the-counter, herbals, and vitamins). The list should be initiated and forwarded with the patients records on admission, transfer within the facility; transfer to another facility, and on discharge. A copy of the medication reconciliation list is given to the patient at discharge, so they may address their medication needs with their private physician.

**Reduce the risk of patient harm resulting from falls**

In order to reduce the risks of patient falls, patients are assessed on admission. If a patient is identified as "at risk", a yellow magnet is placed on the doorway outside of their room and the patient is to wear a "yellow" falls precaution bracelet.

**Encourage patient's active involvement in his or her own care**

Patients and families are encouraged to report any safety concerns to administration while in the facility or after they leave. Patients are asked if they have any safety concerns on a post discharge Patient Survey, which is mailed to them.

Patients are encouraged to ask questions, interact with the staff, and be part of the decision making process regarding their care

**Identify safety risks inherent to the patient population**

Santa Rosa Medical Center does not provide inpatient care for psychiatric services. Our facility will perform a suicide screening in the ER for all patients who are brought in with an emotional or behavioral disorder. Appropriate treatment is given to medically stabilize the patient before transferring them to another facility for appropriate treatment.

**Improve recognition and response to changes in a patient's condition**

There are often observable changes in a patient's condition hours before serious and significant alterations occur, such as cardiac arrest. This goal is to prevent unexpected patient deaths whenever possible.

Santa Rosa Medical Center has a Rapid Response Team (RRT) comprised of a Critical Care Nurse and a Respiratory Therapist to respond and provide early evaluation and intervention when a patient's worsening condition is noted. If you suspect that a patient's condition is worsening, activate the RRT.

To activate the RRT dial beeper # 318-0082.

## **Impaired Professionals**

Any provider who appears to be impaired should be reported to your Manager, House Supervisor or Human Resources. Even if you just suspect a provider is impaired, report it. The health of that provider is at risk as well as the health and safety of other staff and patients.

Signs of impairment may include:

- Slurred speech
- Irrational behavior or behavior "out of the norm" for that person
- Severe mood swings
- Continuous tardiness
- Agitation
- Elaborate excuses
- Unexplained increases in work related performance

Impairment includes the use of prescription medications, which may affect your judgment or physical abilities. If you are prescribed a medication that could potentially affect your judgment while at work, you must notify your supervisor

Florida Professional Conduct Standards state that we must report to the state any healthcare professional, even if not licensed, certified or registered, who is found to use illegal drugs or be impaired at work.

Florida is also a self-report state. If you have a problem involving drug or alcohol use that may impair your judgment as a healthcare provider you are required to report this fact to the professional board you are licensed, certified or registered under. Certain Boards have programs to help you while allowing you to keep you license.

## **Back Safety**

Your safety and health as a member of our team is of great importance to us. While we strive to provide a safe workplace, there are also steps you should take to help insure your well-being.

### **Maintain good Body Mechanics and get assistance when moving patients.**

- Use Assistance Devices
- Use draw sheets
- Trapezes
- Slide Boards
- Transfer Belts
- Mechanical lifts

Reduce you risk of back pain by working smarter, not harder.

### **Self-care: A daily dose of prevention**

Regular exercise is a proven way to improve your health and reduce the risk of musculo-skeletal injuries.

- Do back exercises
- For strength
- For flexibility
- Use relaxation techniques

### **What if my back aches?**

There are several ways you can help relieve backaches. Remember, your health is important. If your pain is acute (sudden) or persists for more than two - three days, see your physician.

- Rest and refrain from activities such as lifting
- Ice helps reduce pain and swelling after the first onset of pain – apply ice packs for 30 minutes, several times a day
- Stretches – gentle stretching can prevent stiffness and increase range of motion. Do slow stretching every hour or two.

If a patient falls don't try to catch them – lower them gently to the floor with the fall. If you try to catch them you run the risk of injuring yourself.

## **Workplace Violence**

Unfortunately, in today's world, healthcare facilities are no longer immune from workplace violence. You can help increase the safety and security of our facility by practicing awareness and prevention.

Prevention of Workplace Violence – To present employees/staff, patients, and visitors with an environment that is safe, secure, and free from threats, intimidation, and violence.

Workplace Violence – Any intentional act, threat, or other conduct, which causes harm or the apprehension of harm, arouses fear, hostility, or intimidation. Violence also includes vandalism or destruction of property.

High-risk areas are the Emergency Department and Obstetrics.

### **Violence prevention basics you should practice as part of your daily routine.**

- Treat everyone with respect
- Good communication
- Use caution around patients with history of violence
- Keep objects that could be used as weapons away from patients and visitors. (i.e. scissors, syringes, etc.)
- Wear your ID Badge
- Act quickly and take all threats seriously

### **Possible reasons of Violent Behavior or Conduct:**

There are many reasons for violent behavior or conduct. Not all reasons may be related to a medical condition such as psychiatric disorders or drug reaction / withdrawal. Consider the fact that patients in health care settings can feel stress and frustration, and fear or



confusion. There may also be concerns over invasion of privacy or feelings of anxiety due to separation from family and friends.

### **Examples of Violent Behavior or Conduct**

- Bodily harm/assault or battery (actual or attempted)
- Sexual assault or battery (actual or attempted)
- Aggressive or intimidating/threatening behavior (includes verbal abuse)
- Stalking
- Vandalism or harm to property
- Direct or implied threats
- Possession of deadly weapons on SRMC property.

### **What should you do if you are exposed to Workplace Violence?**

Exposure to workplace violence does not mean that you have to be the direct victim. It is also an exposure if you are a witness. If you are exposed to work place violence do not ignore the situation or pretend that it did not happen. Report all incidents immediately.

For situations not requiring immediate response, notify your Supervisor, Security, or Director of Human Resources. They can help you with the proper reporting procedures as well as help recommend resources you may want or need.

If you perceive a serious threat, or you cannot contact any of the above notify the House Supervisor, or if needed dial **777** so the operator may initiate an emergency response. If you are on the hospital grounds and only have access to a cell phone, call 911 for police assistance.

Complete an Event/Occurrence report. Documentation assists with identifying additional measures that may need to be implemented by Administration.

## **Confidentiality**

Every patient has a right to privacy and confidentiality per federal HIPPA guidelines.

Protected Health Information (PHI) consists of healthcare information in any format written, verbal, electronic, or printed.

Examples of confidential information include:

- Treatment information
- Photographs / Videos
- Medical Record information
- Conversations between patient and healthcare provider.

Patient information is confidential and it is expected that the sharing of information and the patient's record be restricted to those persons directly responsible for the patient's care, the patient or designated healthcare surrogate.

To access PHI you must be involved in the patient care and have a "need to know". This includes your own PHI.

A breach of patient confidentiality is grounds for disciplinary action up to and including termination of employment.

Patients may review their medical records after they have been discharged through a request to the Medical Records Department.

Family members or others desiring to review a patient's medical record must have written permission from the patient or satisfy other legal requirements (i.e., subpoena or court order).

A patient's right to privacy and confidentiality may be considered to have been breached if you are somewhere in public, see a former patient, and ask that person how their health has been doing since they were last in the hospital

## **Sexual Harassment**

Sexual harassment is harassment or unwelcome attention of a sexual nature. It includes a range of behavior from mild transgressions and annoyances to serious abuses, which can even involve forced sexual activity. Sexual harassment is considered a form of illegal discrimination, and is a form of abuse.

The law says that any unwelcome sexual conduct or attention is sexual harassment if:

- Your job depends on your response
- Raises or promotions depend on your response
- The conduct makes it more difficult to do your job

Sexual harassment may take place in many forms. Though it may take place in several forms at one time, only one is required to meet the requirements of the law. The most common forms are:

- Verbal
- Non-verbal
- Physical

Sexual harassment depends on how the person being harassed is affected – not on the harasser's intent.

Help prevent sexual harassment – keep your conduct professional at all times.

If you feel you are a victim of sexual harassment inform your immediate supervisor or Human Resources immediately.

Some guidelines to help you deal with sexual harassment are:

- Confront the harasser and let them know that their behavior makes you feel uncomfortable.
- Talk to your supervisor and/or HR if the harassment doesn't stop
- Allow HR and/or Administration time to respond.
- Never ignore sexual harassment

## **Diversity**

It is important to value and celebrate diversity. Our goal is raise awareness about individual differences and use those differences to enhance the way we work together.

Diversity can spark creativeness. The distinctiveness of each individual makes him or her an integral part of our team. Creative ideas and innovations are vital to the success of Santa Rosa Medical Center.

Some cultural factors that you should be aware of are:

- Country of Origin
- Preferred language
- Communication style
- Views of health, family and community relationships
- Family and community relationships
- Religion
- Food Preferences

As we have discussed earlier, communicating effectively is essential to quality patient care and the daily operation of our hospital. What can you do to fill that vital communication gap?

- Listen to how the patient talks about his or her condition
- Ask indirect questions, if needed
- Look for clues such as cultural differences
- Talk with others who know the patient
- Ask for the patient's view on treatment
- Use an interpreter

The benefits of accepting and encouraging diversity include:

- Customers who appreciate our caring and sensitivity
- Our ability to hire and train talented employees
- Our ability to discover unknown talents that enhance our facility
- Increased organizational morale
- Productivity, profits and company growth increase

## **Child and Adult (Elder) Abuse**

Chapter 415, Florida Statutes, protects children, disabled adults and elderly persons (age 60 or older) from abuse and/or neglect. Section 415.103 provides for a contact registry (1-800-96-ABUSE) to receive reports. It also defines who must report abuse.

Under Florida law it is the duty of health professionals to report all cases of suspected abuse/neglect.

Abuse is found in many forms. The most common are:

- Physical
- Verbal
- Deprivation
- Social Isolation
- Emotional aggravation

Abuse also means the active encouragement of any person by a relative, caregiver, or household member to commit an act that inflicts or could be reasonably expected to result in physical or psychological injury.

Taking monetary advantage of the elderly or ill patient is considered a form of abuse and is punishable by law.

Any child or elderly patient should always be considered at risk for abuse.

## **Infection Control**

The Infection Control Nurse is Judy Wood, RN

Infection Control Manuals are located in each department, as appropriate. They may be identified by their yellow cover.

### **Hand Washing**

The most common mode of transmission of pathogens is via hands. When hands are visibly dirty, contaminated, or soiled, wash with non-antimicrobial or antimicrobial soap and water. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands.

Always wash your hands before:

- Patient contact.
- Donning gloves when inserting a CVC.
- Inserting urinary catheters, peripheral vascular catheters, or other invasive devices that don't require surgery.

Always wash your hands after:

- Contact with a patient's skin.
- Contact with body fluids or excretions, non-intact skin, wound dressings.
- Removing gloves.

Only use facility-approved and supplied lotions because lotions may make medicated soaps less effective, because breakdown of gloves, lotion may become contaminated.

Artificial nails shall not be worn when having direct contact with patients. Your nail length should not be any longer than 1/4 inch.

### **Standard Precautions**

Standard precautions should be observed when in contact with all patients. The degree or level of precaution required is determined by the evaluation of each patient prior to contact.

Standard precautions include:

- Hand washing as described above.
- Wear gloves when touching body fluids and non-intact skin.
- Wear gown to protect skin and prevent soiling of clothing during procedures that may generate splashes or sprays of body fluids.
- Reusable equipment is not used for the care of another patient until it has been appropriately cleaned.
- Properly discard single use items.
- Limit the movement and transport of the patient from the room to essential purposes only.
- If transport or movement necessary, minimize patient dispersal of droplets by masking the patient.

### **Airborne Precautions**

Use in addition to Standard Precautions for patient known or suspected to have serious illnesses transmitted by airborne droplet nuclei such as Measles, Varicella, and Tuberculosis.

### **Droplet Precautions**

Use in addition to Standard Precautions for patients known or suspected to have serious illnesses transmitted by large particle droplets such as Influenza, Neisseria Meningitidis, and Adenovirus (See Infection Control Manual for others).

### **Contact Precautions**

Use in addition to Standard Precautions for patient known or suspected to have serious illnesses easily transmitted by direct patient contact or by contact with items in patient's environment such as MRSA, C. Diff., Impetigo, and Scabies (See Infection Control Manual for others).

### **Initiation of Isolation Precautions**

Registered Nurses may initiate isolation as needed. A written order from the physician is required for termination of an isolation precaution.

### **Distribution Of Ice To Patient Room**

Hand Washing should be done before distribution of ice and between patients. Zip-lock bags will be used to take ice to the patient's room. When the ice is transferred from the Zip-Lock bag to the container, the bag will be disposed of in the patient's room.

### **Linen: Clean/Soiled**

#### **Clean Linen**

- Store and transported covered at all times. (No linen in hallway uncovered).
- Clean linen cannot be placed on any dirty surface (i.e. chairs, on bed, on trashcans).
- Clean linen taken into a patient room must be in a clear plastic bag.
- Clean linen taken into a room is considered dirty (you cannot take out and put back on linen cart).

#### **Soiled Linen**

- All linen (isolation or no isolation) goes into the blue plastic linen bags.
- The linen company treats all linen the same (linen saturated with blood and/or body fluids should be placed in the blue bag **not** the red bag). Double bag if needed.
- Linen hampers should be brought as close to the room as possible. Blue bags should be taken to the edge of the room, tied and placed inside the hamper.
- Always wear gloves and carry linen away from body.

### **Hazardous Waste/Biohazard Disposal**

Red biohazard bags are to be used only for:

- Items soaked with blood or containing blood.
- Highly communicable body fluids/waste, sputum, feces, wound drainage, urine (if MRSA of urine).
- Single use items that have had contact with highly communicable body fluids/waste, sputum, feces, wound drainage, and blood.
- Gloves (only if saturated with the above).

- Red bags must be tied and placed in the appropriate container in the soiled utility room.

### **Blood/Body Fluid Exposure**

An Exposure incident means you have had contact with blood or other potentially infectious material.

An occupational exposure results from doing one's job.

Parenteral contact involves exposure through piercing of skin or contact with mucous membranes.

If you receive a blood or body fluid exposure immediately take the following steps:

- Wash wounds and skin with soap and water.
- Flush mucous membranes with water.
- Notify your supervisor. If they are unavailable notify the House Supervisor.
- If the exposure occurs during normal working hours go immediately to Employee Health/Human Resources for referral to Workers Comp Physician. During other working hours and weekend report to the ER.
- Complete an Event Report within 24 hours.

Areas most susceptible to blood and body fluid exposure are the mouth, mucus membranes and openings through non-intact skin.

Potentially infectious materials include blood, urine, vomit, saliva or other body fluids. The risk is especially high when blood is present.

### **Epidemiology**

Two common Microorganisms present in human blood that cause disease are:

- Hepatitis B virus (HBV)
- Human immunodeficiency virus (HIV)

### **Exposure control plan**

Always use appropriate personal protective equipment (PPE) when in contact with patients, especially when there is blood or other body fluids present.

Use gloves when touching blood/body fluids or procedures involving non-intact skin or open wounds.

Use masks and protective eyewear or face shields during procedures generating droplets of blood or other body fluids.

Use gowns/aprons during procedures likely to generate splashes of blood/body fluids.

A current Hepatitis B vaccination or proof of immunity through lab work (titer) is highly recommended.

Post-exposure evaluation (Event Report) and follow-up with worker's comp physician and Employee Health are required after an exposure event.

Risk Management and Employee Health maintain records of exposure events.

Engineering and work practice controls are in place throughout our facility. These include:

- Hand washing
- Use of safety needles
- Proper disposal of needles, syringes, sharps in appropriate sharps container (Report overfilled containers to Housekeeping. Never disposed of in trash containers).

### **TB Exposure Plan**

The TB Exposure Plan is managed in accordance with all current local, state, and CDC guidelines and recommendations. The following policies are currently in place:

- A TB skin test is required for all new employees and volunteers. If you have a current test (within one year) then an initial test will be performed during your employee health screening process.
- If you do not have a current test (within one year) then a "two step" test will be given. This procedure requires two TB skin tests over a ten-day period.
- A TB Skin test is required yearly.
- Proof of a negative chest x-ray is required for positive conversions.
- TB Questionnaire is required yearly for positive conversions.

The N-95 Respirator Fit test will be performed at the time of your employee health screening. The frequency of periodic fit testing should be supplemented by the occurrence of any of the following:

- Risk for transmission of M. tuberculosis.
- Facial features of the wearer (presence of facial hair or weight loss).
- Medical condition that would affect respiratory function.

## **Employee Health**

The Employee Health Nurse is Judy Wood, RN

### **Employee health Clearance**

A new employee or volunteer may not be issued a badge or start work at Santa Rosa Medical Center until they have finished their employee health screening and are cleared by the Employee Health Nurse.

### **Injuries and Illness**

If an injury occurs during normal working hours go immediately to Employee Health/Human Resources for referral to Workers Comp Physician. If they are unavailable contact the House Supervisor.

No employee absent due to illness, injury, and/or surgery for more than three (3) working days may return to work without a physician's clearance and approval of the Employee Health Nurse.

## **Work Related Injuries and Illness**

The Worker's Compensation Coordinator is Scot Reid.

Immediately report all work related injuries or illness to your immediate supervisor. Failure to report work related injuries or illness could potentially jeopardize your Worker's Compensation benefits.

For non-emergent cases during normal hours of business, report to your supervisor who will refer you to Employee Health or Human Resources for initial evaluation and referral for treatment. For emergent cases, report to your supervisor who will escort you to the ED.

For all cases outside of normal business hours (nights, weekends, holidays), report to your supervisor who will escort you to the ED.

All work related injuries or illness require a drug screen that must be submitted no later than the end of your shift in which the incident occurred.

All work related injuries or illness require the incident to be reported and documented on the "Initial Report of Employee Injury" (Form WC100).

You must be evaluated by the Employee Health Nurse prior to returning to duty.

## **EMTALA (Emergency Medical Treatment and Active Labor Act)**

EMTALA requires hospitals to provide screening and stabilizing treatment to any individual presenting at the hospital and seeking evaluation and treatment for an "Emergency medical condition."

This law applies to any patient seeking emergency care within 250 yards of the Emergency Room.

Appropriate medical screening examination is required prior to request for financial/insurance information. There may be no delay in care for questions about financial status. Once appropriate medical treatment has been rendered and the patient has been stabilized, they may be transferred to another facility.

All employees are required to have EMTALA training annually. ED staff is required to receive an additional hour of training annually.

=====  
**Support Staff/Non-Clinical Staff STOP HERE!!!!**  
=====



## **SMDA (Safe Medical Devices Act)**

The SMDA provides for reporting and investigating incidents involving medical devices. These reports and investigations are used to help insure that there are no further injuries and that discrepancies with the equipment can be addressed and corrected by the manufacturer.

What makes a device incident reportable?

- The incident results in serious illness, serious injury or death of the patient
- The device has or may have contributed to the serious outcome.
- If medical or surgical intervention is required to prevent serious outcome
- Seriousness Test – was intervention required to prevent a serious outcome
- Contribution Test – did the device contribute to the serious outcome

Clinical Staff Responsibilities:

- Recognize potential device incidents
- Respond – treat patient or employee
- Secure device and other evidence
- Report to your Charge Nurse/Director or House Supervisor
- Complete Event Report
- Cooperate with the Quality/Risk Manager for investigation

## **Restraints**

The goal of the Restraint Policy is to reduce the use of restraints through individualized care planning and by promoting use of non-physical alternative measures.

### **Types of restraints**

- Physical
- Chemical
- Multi-purpose devices such as Geri chairs or side rails

### **Exceptions**

There are times when certain devices or procedures may restrict patient movement but not be considered a restraint device. Examples are standard practices, i.e., surgical positioning, IV arm boards, protection of surgical and treatment sites in pediatric patients.

### **Use of Restraints in Medical and Post-Surgical Care**

Clinical justification is required for the application of restraints. There must be an immediate danger to the patient, other patients, or hospital staff. The use of restraints must be medically ordered by a physician.

Restraints are intended to limit the patient's movement in order to protect the patient from harm and to directly support medical healing.

Restraints are never utilized, under any circumstances for punishment, coercion, convenience or retaliation by staff.

### **Use of Restraints for Behavior Management**

Restraint use for behavior management is an emergency measure only.

Restraints are reserved only for unanticipated, severely aggressive, or destructive behavior that places the patient or others in imminent danger (i.e. if the patient is combative/striking out at others or has an “intent” to harm themselves or others).

Order time limits for behavioral situations are dependent on the patient's age, and a physician must do a face-to-face assessment within 1 hour of initiation of restraints.

### **Emergency Situations**

The RN may immediately initiate the restraint and notify the Attending Physician of the intervention and change in the patient's behavior.

The Attending Physician must do a face-to-face assessment within 1 hour. If unable to respond, the Attending Physician may request a consultation from the Emergency Department Physician.

The written order for restraint will be limited to:

- 4 hours for adults
- 2 hours for children and adolescents ages 9-17
- 1 hour for patients under 9
- 

Examples of Emergency situations:

- Patient exhibits combative behavior by striking out at others
- Unanticipated, severely aggressive, violent, or destructive behavior
- Emergent dangerous behavior with suspected intent for self-harm and/or personal injury, injury to others, or destruction of property.

### **Examples of Non-emergent situations:**

- Agitated patient thrashing in bed and risking self-harm
- Patient who has fallen during the same admission and unable/unwilling to follow instructions
- Patient not cognitively intact and is unable to comply with restricted activity.
- Patients pulling at lines, tubes and artificial airways.

### **Physician Responsibilities**

- Physician must order the restraint under non-emergent situations
- Initial orders not to exceed 24 hours
- Continued use beyond the first 24 hours requires a new order every 24 hours
- The physician must assess the patient within 24 hours of initiation of restraints.

## **Blood/Blood Component Transfusions and Adverse Reactions**

The criteria for the use of blood or blood components are:

- A physician's order is required for all blood or blood components.
- Do not “piggyback” blood transfusion into any pre-existing IV tubing
- No medication, or any other IV solutions except Normal Saline, shall be added to blood, prior to, or during transfusion
- A micron dual screen filter Blood infusion set may be used to transfuse up to 2 units.
- Unused blood or blood components may not be returned to the Blood

- Bank if it has remained out Blood Bank refrigerator in excess of 30 minutes.
- Only the amount of blood that can be started infusing within 30 minutes will be removed from the Blood Bank refrigerator at one time.
- Signed forms for consent for blood transfusion and refusal of blood must be available.
- Blood bank armband must remain in place throughout hospitalization. If the blood bank armband is removed, the patient will need to be redrawn for type and cross.
- The pink Blood Product Issue Form must be taken to Blood Bank to sign out blood.
- The Blood Bank personnel and accepting medical personnel will verbally recheck the blood prior to release.

### **Transfusions**

2 Licensed Professional Nurses or a Nurse and Physician must check the blood against the Patient's Blood Bank armband information. Do not infuse if this information doesn't match.

Vitals must be taken prior to administration of blood.

Blood should always run slowly the first 30 minutes unless an emergency exists and the physician orders otherwise. Optimum transfusion time is 2-3 hours. Maximum transfusion time is 4 hours.

In addition to the pre-infusion baseline set, vital signs must then be taken every 15 minutes x1 hour after starting the blood, and then every 1-hour afterwards, per the blood form.

### **Adverse Reactions**

The symptoms of a possible adverse reaction are:

- Urticaria (Hives)
- Fever – increase of greater than 1.8 degrees F above baseline
- Chills
- Anxiety or restlessness
- Dyspnea
- Red or burgundy urine
- Severe back and/or lumbar pain
- Significant decrease in blood pressure
- Tachycardia
- Generalized bleeding

If a reaction is suspected, stop the infusion and switch to saline. Make sure all tubing is flushed of blood.

Immediately notify the Physician and institute the "Blood Transfusion Reaction" procedure.

Immediately return the unused portion of blood or blood components along with the tubing to the Blood Bank personnel for refrigeration **immediately**.

## **Consent to Receive Care or Treatment**

The healthcare provider-patient relationship is a dynamic interaction. Traditionally, providers caringly administered those treatments they considered best for patients. Historically, a patient could consent to treatment simply by lack of objections. The current interpretation of consent has evolved to require a more active role on behalf of the patient. The healthcare provider must disclose risks, benefits, and alternative treatments to the patient.

The following persons may give consent:

- Any person 18 years of age or older
- Married minors, even if subsequently divorced or widowed
- The Legal guardian of the patient
- The duly appointed Guardian Advocate
- Emancipated Minor – an individual who is under 18 years of age, living away from home and earning his/her own living. (Exception: does not include students living away from home who are supported by their families).
- Minors (anyone under age 18) – may consent to testing and treatment of sexually transmitted diseases, including HIV with parental consent..
- Prisoners:
  - Prisoners if 18 years of age or older
  - Minors, who have been adjudicated as an adult and in the custody of/or under the supervision of the Department of Corrections, can consent to health services except for sterilization.
- Pregnant Minors – (under 18 years of age) may consent to treatment relating to the pregnancy or treatment of her child after birth. After childbirth, if unmarried, she cannot consent to medical treatment for herself unless she is deemed an emancipated minor.
- Minors may consent to medical or rehabilitative treatment for drug/alcohol addiction or dependency.
- Parents or legal guardians of non-emancipated single mothers
- HRS can authorize basic health screenings including screening for infectious diseases, and emergency medical care or assessment for minors who are in the custody of HRS.

### **Exceptions**

When an adult patient is unable to sign for himself, the next of kin may sign.

During emergent care when an adult patient is unable to sign for himself.

The emergency medical care or treatment of minors when parents or guardian not available to give consent.

- In the absence of parental consent, a licensed physician may render medical care or treatment to any minor who has been injured in an accident or who is suffering from an acute illness, disease or condition, if within a reasonable degree of medical certainty, delay in initiation of medical care or treatment would endanger the health of the patient.

### **Acceptable Consents**

Consents for care and treatment may come in many forms. Acceptable consents at Santa Rosa Medical Center are:

- Written with one witness when patient signs consent
- Patient's mark (X) with 2 witnesses
- Verbal Consent, if patient is unable to sign the form – requires 2 witnesses
- Telephone consent – requires 2 witnesses
- A notarized, Special Power of Attorney for Medical and Hospital Care for Children form, which has been witnessed by two adults.
- Physician's Consent – i.e. affirmative nod of the head (must be documented in the record that the patient is competent as determined by the physician). Requires two persons to witness and sign the consent.
- Telegram Consent – use as a last resort when all other forms of consent for treatment has been tried.

### **Types of Consent**

Consent for Admission and treatment - Obtained in the hospital and is valid for the period of hospitalization.

Informed consent - A voluntary decision by a competent patient based upon receiving and understanding adequate information.

General Consent - Patients typically sign a general consent during the registration process. General consent indicates that the patients are willing to undergo basic evaluation and treatment.

Informed consent - A voluntary decision by a competent patient based upon receiving and understanding adequate information.

Non-emergent specific consent - A more specific consent for procedures and treatments that may be more invasive (i.e., chest tube placement), have more risks (i.e., conscious sedation vs. general anesthesia), or may be considered experimental.

Emergency (Implied) consent - In an emergency, attempt to obtain informed consent from the patient or from an appropriate surrogate decision maker. In certain situations, emergency consent is implied. In these instances, normal consent standards are not followed because immediate treatment may be required even before an opportunity to obtain consent is available. The assumption is made that the average, reasonable, competent patient would agree to standard treatment in an emergency if able to consent. An example of such a situation is a patient who suffered a pneumothorax and, as a result of decompensating vital signs, is unresponsive and unable to give consent. In the best interest of the patient, the physician should proceed with a tube thoracostomy rather than try to obtain consent.

### **When obtaining consent:**

It is the responsibility of the physician to explain the procedure.

Upon receiving a physician's order, or noting an entry in the Doctor's Progress, the licensed nurse, physician, or other designated medical personnel may have the necessary consent forms signed.

The patient must sign the consent for him/herself for all elective procedures if they are an un-emancipated minor the consent must be signed by the parent/guardian.

For surgical procedures, when the patient makes additions/deletions or requests on the consent form, the surgeon and anesthesiologist are to be notified as soon as possible.

Deletions made on the consent form should have one line through with the date and initials of the patient.

## **Adverse Drug Reactions**

Significant adverse reactions - Any undesired, unintended excessive, or exaggerated effect of a drug administered to a patient within the facility due to either the drug itself or patient idiosyncrasy (excluding gross overdose and therapeutic failures).

Adverse reactions - A drug response that necessitates or results in complications of the diagnosis, supportive treatment, prolonging the stay in the hospital, stopping the drug, changing the drug, or death.

If a patient experiences an adverse reaction to a drug, the following procedure should be followed:

- Monitor and treat the patient as needed
- The drug should be terminated immediately unless such act would endanger the health of the patient.
- Contact the Physician who ordered the drug or the attending if the physician who ordered the drug is not available.
- Document in the medical record (just the facts)
- Fill out an Adverse Drug Reaction Report Form and send to the Pharmacy Director.
- Fill out an occurrence report and forward to the Director of Risk Management

If a medication administration error causes an adverse drug reaction, both the Adverse Drug Reaction Form and a Medication Error Report shall be completed and sent to Risk Management.

## **Care Plans**

The patient plan of care is to be utilized by all disciplines. It is to remain in the patient chart so all disciplines will have access to the plan of care.

Care plans must be updated / reviewed daily by an RN.

The nurse admitting the patient must initiate care plans on each patient upon admission.

Care plan must be discussed with patient and other caregivers.

### **Care Plans to be implemented upon admission**

- 1.) *Protection/Safety* - for patients at risk for falls or skin breakdown.
- 2.) *Patient Education* - on all patients.
- 3.) *Comfort Pain* - for all patients with pain complaints, chest pain, chronic pain, acute pain.
- 4.) *Nutrition* - on all patients that are ventilated, NPO, or receiving parenteral or enteral nutrition.
- 5.) *Elimination* - on patients that have fluid restriction, indwelling catheters, or problems with constipation.

- 6.) *Oxygenation* - on all patients on O2 and who have a respiratory related diagnosis (CHF, COPD, Pneumonia).
- 7.) *Activity* - for all physical / occupational therapy patients.
- 8.) *Growth and Development*
- 9.) *Discharge Planning* - on all patients.

If you document a plan of care on your care plan then your notes must reflect that it is being done. For example, if you plan for "IS q 1hr" then the Nurse and Respiratory Therapist must document IS has been taught and carried out hourly.

Only check plans applicable to patient and make sure you resolve the plan of care appropriately as problems are resolved.

## **Pain Management**

Upon admission every patient's comfort level will be assessed and documented on the Pain Management Flow Sheet form.

Pain scale of 0 –10 used for alert and oriented patients.

Use Wong faces or the FLACC scale (0-3) to correlate the face or behavior to the appropriate number of the 0 – 10 scales for patients unable to describe pain.

Never document "unable to assess for pain." You must assess **all patients every shift** for pain regardless of patient responsiveness and the presence of pain.

Pain will be assessed **every shift** and documented on the pain management flow sheet.

If patient did not have pain during the shift, document as 0/10 on pain management sheet.

When taking action to relieve patient pain you must document in each box of the pain management flow sheet.

Appropriate interventions for pain relief include medications, repositioning, relaxation techniques, and decreasing lighting and noise.

You must document reassessment on the pain management form within one hour of any intervention.

All disciplines should document assessment/reassessment of pain on the pain management flow sheet as they interact with the patient.

The pain management flow sheet must go with the patient when the patient leaves the floor for any procedures or treatments.

## **Read Backs, Critical Test Results and Verbal/Telephone Orders**

"Read backs" should be documented on every verbal/telephone order that is taken.

The department calling the critical test value should document the name (first and last name) of the person receiving the critical value.

Licensed nursing personnel must take the report from the department calling the critical result.

The receiver should document read back results. When calling they should identify self by full name; the department calling the critical test result. Documentation must include the date, time, and name of person taking the oral result.

Licensed nursing personnel must call the appropriate physician or designee within 1 hour of receiving the test results.

You must request that the physician or designee receiving the result read back the critical test results.

The “read back” with physician's name must be documented in the chart on the critical lab sticker. Documentation must include including date, time, and type of test result called. Stickers are placed in the MD orders.

The nurse does not have to call critical values that are improving under current regime or values that are covered by standing orders/protocols and/ or medication orders (i.e. ptt for heparin nomogram).

If in doubt, discuss it with charge nurse/supervisor.

## **Fall Precautions**

The key to patient safety is being proactive. Intervention before the fall happens is the best way ensure the continued safety and well being of our patients, the following actions are to be used:

- A Registered Nurse will assess each patient for risk of falling upon admission.
- Risk of falling will be assessed whenever the patient’s condition changes.
- Nursing will document on the nursing assessment the patient’s risk for falls every day.
- The Nursing Plan of Care will reflect the patients level of risk for falls and will be re-evaluated daily by a Registered Nurse.
- All patients who are identified as high risk for falls will be identified with a yellow sign on the door and yellow armband stating “Fall Precautions”. Family and patients will be provided with education sheets concerning fall precautions.
- Beds will be kept in low position.
- Call bells will be kept within easy reach.
- Bed alarms will be placed on patients who are determined to be unable or unreliable at calling for assistance.
- Do NOT use 4 bed rails this is considered a restraint.
- Obtain assistive devices when needed.
- Encourage family member involvement as appropriate.
- Offer toileting at least every 2 hours for patients assessed with frequency problems.
- Frequently reorient confused patients.
- Obtain appropriate slippers/footwear for patient.
- ANY staff member who observes an unattended high risk for fall patient should intervene immediately.



- It is the responsibility of ALL SRMC staff to be aware of those patients who have been identified as a high fall risk patient.

## **Core Measures**

These indicators are monitored throughout the country through JCAHO, Medicare, and at the State level. The hospital statistics are posted on the JCAHO and Medicare website for public viewing.

### **Heart Failure**

Discharge instructions must address diet, activity, follow-up medications (include list of home meds and new prescriptions), when to notify MD – must list symptoms, and weight monitoring. Must address smoking cessation – document that it was offered/given. Must provide medication instructions for each medication prescribed at discharge. Discharge medications listed for the patient **must** match those ordered by the physician.

### **Pneumonia**

Blood cultures must be drawn prior to the start of antibiotics. Antibiotics must be started within 4 hours of hospital arrival and documented; and smoking cessation must be offered/given and documented.

### **Acute MI**

Must document use of Aspirin upon arrival to the facility. Document smoking cessation offered / given, and follow-up medications on discharge. Aspirin must be ordered at discharge.

### **Surgical Infection Prophylaxis (SIP)**

Antibiotics are to be given within one hour of cut time and should be discontinued 24 hours after the procedure.

## **Advance Directives**

An Advanced Directive is considered a living will or durable power of attorney for healthcare.

On admission patients are to be asked if they have an advanced directive.

If they have an advanced directive, a copy needs to be obtained and placed in the record. 2 attempts should be made to obtain the copy and the attempts must be documented in the health record.

If they do not have an advanced directive, they should be provided information and an opportunity to have one completed should they wish.

## **Patient Rights**

Patient Rights include:

- Right to be informed on care and treatments provided.
- Right to have prompt/reasonable response to questions and requests.
- Right to interpreter, if unable to speak English.
- Right to refuse care or treatment, except as otherwise provided by law.
- Right to respect and privacy.
- Right to express grievances (JCAHO, CMS, ACHA, FL law)

**Thank you for completing your Orientation Mandatory Education Notebook (OMEN). If you should have any questions about the material contained in this manual please contact your supervisor or Human Resources. If you have any suggestions for improvements or changes to this manual, please contact the Education Office, located in Human Resources.**

# **Santa Rosa Medical Center Orientation Mandatory Education**

**I have read the Santa Rosa Medical Center Orientation Mandatory Education Notebook (OMEN) and I understand its contents. I also understand that I have the opportunity to ask questions and discuss the contents with my supervisor, manager and the Human Resources staff.**

**I also acknowledge the obligation to adhere to and support all hospital policies and procedures.**

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**OMEN training was satisfactorily completed with a passing score of at least 80%.**

Score: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date