



**Lead Healthstaff**

**Provider Handbook**

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## **WELCOME**

Welcome to the Lead Healthstaff team! We look forward to working with you and assisting you in achieving exciting and rewarding assignment opportunities with Lead Healthstaff! This handbook will serve as your point of reference for any standards, policies and procedures that Lead Healthstaff practitioners are expected to follow.

It is required that you review and return the acknowledgement form that accompanies this handbook. This acknowledgement form will be kept on file for our records.

Your association is at will and this handbook is in no way, shape or form a contract. You, the practitioner and Lead Healthstaff have the right to terminate your association with Lead Healthstaff with or without notice or cause at any time.

## **MISSION STATEMENT**

Lead Healthstaff will provide professional independent healthcare practitioners to all forms of healthcare delivery systems.

## **ADMINISTRATIVE BASICS**

### Availability of Lead Healthstaff Office Staff

The Lead Healthstaff corporate office, located in Tarzana, CA and is open Monday through Friday, from the hours of 9:00AM - 5:00PM. Our local telephone number is (818) 996-9812 and the toll free number is (877) 247-8847. Outside of normal business hours and in the event of an emergency, please contact us at either number and leave a voice message. Lead Healthstaff' staff will return your call as soon as possible.

Our goal is to always provide you with a consistent level of service. If for any reason you are dissatisfied with our service or the service provided by one of our healthcare professionals, we encourage you to contact the local manager to discuss the issue. Lead Healthstaff has processes in place to resolve complaints in an effective and efficient manner. If the resolution does not meet your expectation, we encourage you to call Lead Healthstaff and ask to speak with the facilities manager. We will work with you to resolve your concern. Any individual or organization that has a concern about the quality and safety of patient care delivered by Lead Healthstaff healthcare practitioners, which has not been addressed by Lead Healthstaff management, is encouraged to contact the Joint Commission at [www.jointcommission.org](http://www.jointcommission.org) or by calling the Office of Quality Monitoring at (630) 792-5636. Lead Healthstaff demonstrates this commitment by taking no retaliatory or disciplinary action against practitioners when they do report safety or quality of care concerns to the Joint Commission.

In the event of an emergency, natural disaster or other uncontrollable event, Lead Healthstaff will continue to provide service to you through our network from a location where phones and computers are functional. Lead Healthstaff will do everything possible to support you in meeting your needs during crisis situation(s). A copy of our Emergency Management Plan is available upon request.

### Orientation

An Lead Healthstaff internal employee will gather the necessary assignment protocol information for each practitioner prior to the start of assignment and the internal employee will discuss the assignment details directly with each practitioner. This information will include but is not limited scheduling, timesheet submittal, client facility arrival instructions and whom the practitioner reports to. This information will be kept on file at Lead Healthstaff and the conversation duly recorded.

### Clinical Supervision

The President/CEO provides clinical staff supervision for Lead Healthstaff practitioners. The President/CEO has an understanding of the scope of services provided by the healthcare professionals supervised. The President/CEO utilizes the appropriate practice acts, the professional licensing and certification boards and professional associations

as clinical resources, as needed. It is the President/CEO's responsibility to identify and report aberrant or illegal behavior to professional boards and law enforcement agencies.

### Reassignment Policy

Lead Healthstaff practitioners may only be placed in assignments that match the job description for which Lead Healthstaff assigns them. If a practitioner is asked to provide services to another client facility, the client facility must be a like department or unit and the practitioner must have demonstrated previous competency and have the appropriate certifications, credentials for that department/unit. Practitioners should only be reassigned to areas of comparable clinical diagnoses and acuities.

The following procedures should be followed by practitioners when assigned to an area in which they do not feel competent:

- The practitioner will immediately notify Lead Healthstaff
- The Lead Healthstaff practitioner is obligated to inform the hospital of his/her professional limitations based upon the State Boards and Professional Associations standards and upon Lead Healthstaff' client contract specifications as they relate to the assignment.
- The President/CEO at Lead Healthstaff will work within the bounds of each discipline's Professional Association or State Governing Body and the client agreement to resolve the issue.
- Lead Healthstaff or client facility will pay a practitioner for hours worked up until the end of his/her shift.

## **Joint Commission Policy Statement**

Lead Healthstaff is committed to providing a higher standard of service and to the delivery of safe, quality patient care. Lead Healthstaff complies with the Joint Commission's Standards for Healthcare Staffing Services. You can have confidence that through the processes within Lead Healthstaff health care professionals working in your organization have met the requirements established by the Joint Commission. To assure compliance with the Joint Commission Standards for healthcare staffing services, Lead Healthstaff provides the contracted client a written description of the following service features.

### **1. Competency Review**

It is the responsibility of Lead Healthstaff to conduct and finalize the pre-employment assessment of the health care professional's competency based on the techniques, procedures, technology and skills needed to provide care, treatment and services to the populations served by the client upon completion of Lead Healthstaff' orientation.

It shall be the responsibility of the client to cooperate in a review or evaluation of each Assigned Practitioner, relative to the practitioner's ability to perform specific job functions upon completion of practitioner's assignment or shift. Lead Healthstaff relies on the client's feedback in order to accurately assess and re-assess the competency of the Assigned Practitioner on an ongoing basis based on the client's report of clinical performance.

### **2. Subcontractors**

Lead Healthstaff will not engage subcontractors to provide Assigned Practitioner unless agreed to in advance by the client. Lead Healthstaff will conduct and finalize the pre-employment assessment regardless of subcontractor's assessment of Assigned Practitioner.

### **3. Orientation of Clients**

Lead Healthstaff will provide all new clients with an orientation to the company's policies and procedures. It shall be the responsibility of the client to orient assigned practitioner to the facility and its rules and regulations

and to acquaint them with the facility's policies and procedures, including dress code, physical layout and equipment and to validate competency and ability of assigned practitioner to properly use equipment.

#### **4. Client and Independent Contractors**

Lead Healthstaff will be the agency/registry of assigned practitioner to client. At its sole discretion, Lead Healthstaff reserves the right to utilize independent contractors in addition to specifications of direct hires, to assist in the provision of all agreed upon healthcare staffing services.

#### **5. Incident, Error, Tracking System**

Upon notification of Incidents and or Errors, Lead Healthstaff shall document and track all unexpected incidents, including errors, sentinel events and other events, such as injuries and safety hazards related to the care and services provided, utilizing its data gathering tools. Information gathered tracked and analyzed is to be shared and reported appropriately to clients, regulatory bodies and the Joint Commission as required.

#### **6. Communicating Occupational Safety Hazards/Events**

It shall be the responsibility of the client to notify Lead Healthstaff within 24 hours of the event; any competency issues, incidents, and/or complaints related to the assigned practitioner and/or Lead Healthstaff Client agrees to initiate communication with Lead Healthstaff whenever an incident/injury report related to the assigned practitioner is completed

#### **7. Requirements for Staff Specified**

The requirements of practitioners sent to the client by Lead Healthstaff are to be determined by the client as part of the written agreement between the two parties. It is Lead Healthstaff' obligation to comply with the requirements of the client by supplying staff and/or independent contractors who have the documented competencies, credentials, health screening and experience to satisfy the requirements specified by the client in order to deliver safe care to the population being served.

#### **8. Staff Matching Requirements**

Lead Healthstaff shall verify the assigned practitioner's licensure, certification, education and work experience to assure practitioner is competent and possess the skills and experience that match requirements for the assignment. Matching the assigned practitioner's licensure, certification, education and work experience to assure practitioner is competent and possesses the skills and experience matching the specified requirements of the assignment may include the use of new grad practitioners upon the request or approval of the client.

#### **9. Reassignment**

Assigned practitioner may only be placed in assignments that match the job description for which Lead Healthstaff assigns him or her; if an assigned practitioner is asked or requests to be reassigned to another facility with the client, the department must be a like department or unit, and the practitioner must have demonstrated previous competency and have the appropriate certifications and credentials for that department/unit. Assigned practitioners should only be resubmitted to areas of comparable clinical diagnoses and acuities as well as other suitably matched assignments of Lead Healthstaff' various clients.

#### **10. Information**

The Lead Healthstaff office, located in Tarzana, CA is open Monday through Friday from the hours of 9:00AM - 5:00PM. Our local telephone number is (818) 996-9812 and can also be used outside of normal business hours in the event of an emergency.

In the event of an emergency, natural disaster or other uncontrollable event, Lead Healthstaff will continue to provide service to you through our corporate network from a location where phones and computers are

functional. Lead Healthstaff will do everything possible to support you in meeting your needs during crisis situation(s). A copy of our Emergency Management Plan is available upon request.

Our goal is to always provide you with a consistent level of service. If for any reason you are dissatisfied with our service or the service provided by one of our healthcare professionals, we encourage you to contact the local manager to discuss the issue. Lead Healthstaff has processes in place to resolve complaints in an effective and efficient manner. If the resolution does not meet your expectation, we encourage you to call the Lead Healthstaff corporate office at (402) 614-1340. A corporate representative will work with you to resolve your concern. Any individual or organization that has a concern about the quality and safety of patient care delivered by Lead Healthstaff' healthcare professionals, which has not been addressed by Lead Healthstaff management, is encouraged to contact the Joint Commission at [www.jointcommission.org](http://www.jointcommission.org) or by calling the Office of Quality Monitoring at (630) 792-5636. Lead Healthstaff demonstrates this commitment by taking no retaliatory or disciplinary action against clients when they do report safety or quality of care concerns to the Joint Commission.

## CODE OF BUSINESS ETHICS

The first element of the Code of Business Ethics is putting the interests of the client facilities and ultimately the patient above our personal and individual interests. It is in the best interest of Lead Healthstaff to avoid conflicts of interest between the client hospital, practitioners and staff.

Lead Healthstaff has developed corporate compliance guidelines to supplement and reinforce our client facilities' existing policies and procedures. It is also meant to assist Lead Healthstaff' efforts to comply with all applicable laws, rules and regulations.

- All practitioners are responsible for conducting their jobs in a manner reflecting standards of ethics that are consistent with accepted criteria for personal integrity.
- Preserving Lead Healthstaff' reputation for integrity and professionalism is an important objective. The manner in which practitioners carry out their responsibilities is as important as the results they achieve.
- All activities are to be conducted in compliance with both the letter of the law and spirit of the law, regulations and judicial decrees.
- No practitioner should, at any time take any action on behalf of Lead Healthstaff., which is known or should be known to violate any law or regulation.
- Information about a practitioner's medical condition and history is required during the hiring process. Lead Healthstaff recognizes this health information and electronic information must be held securely and in confidence. It is the policy of Lead Healthstaff that practitioners' specific information is not to be released to anyone outside of Lead Healthstaff without a court order, subpoena of applicable statute.
- Marketing materials, regardless of medium, shall accurately describe the services, facilities and resources of Lead Healthstaff
- To maintain high standards of performance, Lead Healthstaff employs only those individuals it believes are most qualified without regard to race, color, religion, sex, age, national origin, handicap or disability in compliance with all federal and state laws regarding discrimination.
- Lead Healthstaff is committed to maintaining a work place environment in which practitioners are free from sexual harassment.
- Lead Healthstaff will not tolerate violence or threats of violence, including but not limited to abusive language, threats, intimidation, inappropriate gestures and/or physical fighting by any practitioner. These actions are strictly prohibited and may lead to severe disciplinary action up to and including termination of contract.
- Lead Healthstaff recognizes that its practitioners and internal employees are its most valuable assets and is committed to protecting their safety and welfare. Practitioners are required to report accidents and unsafe practices or conditions to their supervisors or other management staff. Timely action will be taken to correct unsafe conditions.
- Practitioners that are licensed or certified in any profession shall follow all applicable rules and professional codes of conduct pertaining to that profession, in addition to the rules stated herein.

- Lead Healthstaff prohibits the use or possession of illegal drugs and alcohol abuse on Lead Healthstaff property or while engaged in company activities.
- Lead Healthstaff is committed to providing initial and ongoing information for all practitioners regarding their responsibilities to uphold the code of business ethics and this set of Lead Healthstaff Corporate Compliance guidelines.
- Lead Healthstaff prohibits internal employees to discuss bill rates of hospitals or special rates of Lead Healthstaff with other healthcare practitioners.
- Lead Healthstaff prohibits internal employees from discussing personal or business affairs of any practitioner (or internal employee) with any individual not directly involved with the said personal or business affair.
- Lead Healthstaff is committed to protecting the privacy, confidentiality and security of the personal (education, employment and health) information of its practitioners. This policy is designed to assure compliance with applicable state and federal laws and regulations.
- Lead Healthstaff is committed to protecting its own and its clients' trade secrets, proprietary information and other internal information.
- It is Lead Healthstaff' desire to provide only authorized third parties with information whenever requested while committing to our responsibility to control the release of information to protect the privacy and confidentiality of the practitioner and/or corporate information.
- Practitioners are not authorized to issue any statement, written or oral, to any news media representative or grant any public interview pertaining to the company's operations or financial matters.

Any practitioner that becomes aware of any ethical issues or unethical practices must immediately report it to their supervisor. If the supervisor is unavailable or you believe it would be inappropriate to contact that person because of their involvement in the situation, you should immediately contact the Lead Healthstaff corporate office or any other member of management. Any practitioner can raise concerns and make reports without fear of reprisal or retaliation.

All reports and inquiries are handled confidentially to the greatest extent possible under the circumstances. You may choose to remain anonymous, though in some cases that can make it more difficult to follow up and ensure resolution to the situation.

Lead Healthstaff wants every practitioner to report violations of our ethical or other principles whenever you see them or learn about them. In fact, it is a requirement of your contract. If you do not know whether something is a problem, please ask a member of management.

## **STANDARDS OF CONDUCT**

It is the responsibility of members of Lead Healthstaff' internal employees to exercise appropriate judgment, and conduct themselves in a manner that reflects the highest standards of professional and personal ethics and behavior.

### Lead Healthstaff Practitioner Responsibilities

A Lead Healthstaff practitioner is and shall be duly licensed to practice his/her profession in any state where the Lead Healthstaff practitioner is assigned and shall maintain current professional standing at all times during the assignment. Evidence of such licensing shall be submitted to Lead Healthstaff prior to commencing the assignment. AN Lead Healthstaff practitioner agrees to give immediate notice to Lead Healthstaff in the case of suspension or revocation of his/her license, initiation of any proceeding that could result in suspension or revocation of such licensing, or upon the receipt of any notice or any other matter that may challenge or threaten such licensing.

A Lead Healthstaff practitioner agrees to submit to Lead Healthstaff before commencing any assignment, all requested documentation that is necessary to comply with Joint Commission, the client and Lead Healthstaff expectations 10 days prior to assignment start date in assignment detail.

A Lead Healthstaff practitioner agrees to and shall observe and comply with the applicable policies, procedures, rules and regulations established by the client.

A Lead Healthstaff practitioner agrees to work all scheduled shifts as directed by the client (including weekends and holidays).

A Lead Healthstaff practitioner agrees to adhere fully with all quality assurance, peer review, risk management program or other programs that may be established by the client to promote appropriate professional standards of medical care. An Lead Healthstaff practitioner agrees to accept both clinical and operational supervision from his/her immediate supervisor.

A Lead Healthstaff practitioner agrees that patient records and charts shall at all times remain the property of the client. AN Lead Healthstaff practitioner agrees to maintain the confidentiality of all information related to patient records, charges, expenses, quality assurance, risk management or other programs derived from, through, or provided by clients and all information related to this agreement.

A Lead Healthstaff practitioner agrees to immediately provide written notice to Lead Healthstaff as to any legal proceeding instituted or threatened, or any claim or demand, made against the Lead Healthstaff practitioner or Lead Healthstaff with respect to the Lead Healthstaff practitioner's rendering of services under this agreement.

An Lead Healthstaff practitioner agrees to notify client and Lead Healthstaff of any unscheduled absence at least two (2) hours prior to beginning a shift.

A Lead Healthstaff practitioner agrees not to disclose any Lead Healthstaff trade secrets or any confidential or proprietary information of Lead Healthstaff practitioners, clients, or patients of clients. Practitioner agrees to refer client facility to Lead Healthstaff for any future arrangements for temporary or permanent coverage that may be requested of practitioner by client facility, including without limitation any hospital, clinic, office, organization, individual, or group directly or indirectly owned by, operated by, or affiliated with client facility for a period of two (2) years from the last day of service.

## **Lead Healthstaff Contract Termination Policy**

### **Do Not Send (DNS) Policy**

The following point system is used to determine termination of contract between Medical Practitioner and Lead Healthstaff as a result of unsatisfactory services, referred to as Do Not Send. The contract Practitioner will be notified and counseled if a Do Not Send is documented. A Contractor who receives 5 points will be considered for termination of contract with Lead Healthstaff. Any practitioner involved in illegal activity will result in contract being terminated immediately.

#### **1 Point**

- Unprofessional communication / lack of professionalism

#### **2 Points**

- Clinical incompetence – poor clinical performance
- Poor time management
- Medication Error
- Documentation Deficiencies/Facility Reported Charting Error

#### **3 Points**

- Danger to patient.
- No call-No show.
- Departing facility before end of shift without prior approval from facility.

#### **5 Points**

- Illegal Behavior (includes false identity; falsified documentation, use of or distribution of controlled substances etc.)
- Error resulting in patient death or permanent physical or mental damage

- Self-terminating assignment without proper notice to facility or Lead Healthstaff

### **Other Points**

If any of the following are found to be no longer acceptable once a practitioner has begun working, an assessment of the severity of the situation will be made by Lead Healthstaff Clinical Consultant and Do Not Send Points will be applied accordingly.

- Background Check, AMA, or other report is found to have previously undisclosed negative information.
- Job Appropriate Credentials are found to have lapsed. Lead Healthstaff will routinely notify the practitioner that credentials are set to expire with the intent of reminding them to prevent lapse in licensure. If a practitioner fails to keep current all necessary licensure or other requirements, he or she will be immediately removed from their current assignment (as they will no longer be qualified) and if possible, once licensure is brought up to date, returned to the position.

## **SAFETY MANAGEMENT**

### **LIFE SAFETY (FIRE) MANAGEMENT**

#### **GENERAL RULES**

When fire strikes, the actions taken during the first few minutes make the difference between containment and catastrophe. It is with the training of personnel that proper action can be taken during these very important first few minutes and disaster averted.

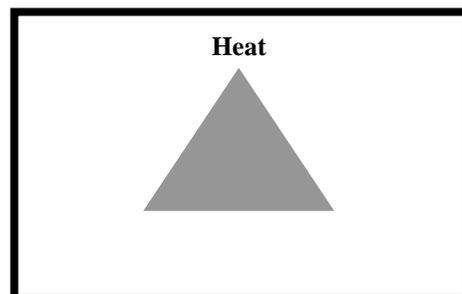
#### **Important locations you need to know:**

- Fire extinguisher in your department
- Closest fire-alarm pull
- Evacuation route
- Fire doors and walls
- Next safe fire zone (smoke compartments)

#### **Important facility conditions to maintain:**

- Keep emergency exits, firefighting equipment and fire-alarm pull stations clear at all times
- Never put door wedges under doors that prevent doors from closing.
- Keep doors closed unless they are controlled by an electromagnetic system.
- Keep all corridors and exits clear of all unnecessary traffic and/or obstruction.
- Keep telephone lines clear for fire control.

**Creation of fire** - A fire requires that the following three elements (known as the fire triangle) are present at the same time to burn:



## Fuel                      Oxygen

If the sides of the triangle are not allowed to meet – if the triangle does not form, there will be no fire.

In the event of a fire, follow the below action plan:

- R** Rescue- Remove everyone in immediate danger from the fire area.
- A** Alarm- Pull the nearest FIRE ALARM box and alert PBX to announce a Code Red
- C** Contain- Close the door and isolate the fire
- E** Extinguish/evacuate- With proper extinguisher, fight fire without endangering yourself

When using a fire extinguisher, follow the below action plan:

- P** Pull- Pull out the safety pin
- A** Aim- Aim the nozzle at the base of the fire, standing about 10 feet away from the fire.
- S** Squeeze- Squeeze the handle
- S** Sweep- Sweep the nozzle from side to side

## ENVIRONMENTAL SAFETY

In every client facility, it is important to follow security procedures. By taking simple security precautions, you can help to:

- Protect personal, patient, and institutional property
- Maintain a safe environment.

### Personal Property

There are a number of security precautions that you can take at your client facility to help protect your own personal property:

1. Lock car doors.
2. Secure all valuables.
3. Keep purses and wallets in a locked area or locker.

### Patient Property

Patients should be encouraged to leave their valuables at home. If patients choose to bring their valuables into the client facility with them, you can help to keep them safe by:

1. Securing patient valuables.
2. Educating patients about security.

Follow your client facility policy for securing patient valuables. For example, valuables may be placed in the client facility safe according to policy. You can educate patients by explaining the visitor policy, including who can visit, visiting hours, and any restrictions. You should also explain how patients can identify staff.

### Institutional Property

There are also things you can do to protect institutional property:

1. Keep restricted areas locked.
2. Report missing or damaged equipment.

### “Security-sensitive” Areas

Some areas in your client facility may be restricted or "security-sensitive." These are areas with limited or restricted access. Your client facility may have policies restricting access to these areas. There may also be security devices, such as alarms and video cameras. Restricted access to security areas applies to everyone, even staff. This means that only people who need to be in these areas should be there.

Security-sensitive areas may include the following:

- Pharmacy, because of access to drugs
- Operating rooms
- Obstetrics (especially the nursery, because of the risk of child abduction)
- Pediatrics
- Medical Information Systems
- Medical Records, because of access to confidential information
- Billing

If you work in a security-sensitive area, follow client facility policies and procedures to keep them secure. Procedures that should be followed all the time, especially in security-sensitive areas may include:

1. Wearing your ID badge
2. Keeping doors locked
3. Reporting missing or damaged equipment

You should wear your ID badge according to client facility policy. If you lose your badge, you should report it and have it replaced immediately. It is important for you to be properly identified. It is also important to insure no one else uses your badge.

In addition to wearing your own ID badge, you should be suspicious of people who are not wearing proper identification. Remember, wearing a lab coat or scrubs does not mean someone is a practitioner or staff member.

You should also be sure to keep doors to security-sensitive areas locked. Do not prop doors open that are supposed to be secure. If you do see someone acting suspiciously, report it to your security personnel.

There are good reasons that some areas need to be secure. For example, the pharmacy must restrict access to drugs. In Obstetrics (particularly the nursery), it is important to guard against infant abduction. Medical Records contains sensitive personal information. By following procedures, you can help keep these areas secure.

In addition to protecting personal, patient, and institutional property, it is important to ensure your personal safety. Take the following simple precautions:

1. Do not walk alone to your car at night or any time you feel uncomfortable. Follow your client facility procedure to get an escort.
2. Park in well-lit areas and do not keep valuables in your car, especially in plain sight. If you do have valuables in your car, lock them in the trunk.
3. Report any potential security hazards. This includes such things as burned out lights in a stairwell or garage. If you feel someone is acting suspiciously, notify security personnel immediately.

## **EMERGENCY PREPAREDNESS/DISASTER SAFETY**

Emergencies or disasters can be classified as either "internal" or "external."

An internal emergency is one that directly involves the client facility and is a threat to the staff and patients, such as an in-house fire, a toxic chemical spill or a natural disaster such as a tornado, earthquake or hurricane that causes damage to the facility.

An external emergency is one that occurs outside of the client facility and does not directly threaten the staff, patients and others inside the building(s). The indirect effect on the client facility is the possibility of large numbers of casualties arriving for treatment. External disasters include such things as:

- Accidents involving buses, trains, airplanes or multiple vehicles
- Explosions
- Chemical spills
- Large fires
- Violent incidents involving a large group of people
- Natural disasters occurring outside the facility such as tornadoes or floods.

All organizations must have an emergency management plan or disaster plan so that patient care can continue if a disaster occurs.

Client facility disaster/emergency management plans must:

- Address both external and internal disasters
- Include general activities that will occur no matter what the emergency situation
- Allow specific responses to the types of disasters the client facility might face
- Include a plan for evacuation of the hospital if all or part of the client facility is damaged or non-functional.

When there is an emergency situation that could affect many workers, a client facility's facility-wide notification system will be activated to let you know what is going on and the location. The notification will direct you to take action according to the type of emergency.

## **EVACUATION**

Client facility evacuation is an entirely different process than is recommended for schools and factories. Leaving the client facility is the very last resort, while in other establishments the objective is to clear the building as quickly as possible.

Familiarity with several types of evacuations is a necessity in any client facility. There are four types of evacuations. Each may be separate and complete operation, or all four may have to be used in successive stages if circumstances so require.

1. **Partial Evacuation:** This is removing one or more patients from a dangerous room or ward. When the patients are removed, an attempt must be made to subdue the fire with the extinguisher and hose line. If this is impossible the door must be closed and the threshold sealed with a wet towel or blanket. If the fire continues to grow, then the next step is to proceed with the horizontal or vertical evacuation.
2. **Horizontal Evacuation:** This type of evacuation takes place when fire or heavy smoke from a single room or ward threatens to spread to the adjoining area. All patients should be moved laterally by bed, cart, wheelchair, gurney, blanket or other conveyance to the nearest and safest protected area. Patients in immediate danger should be moved first, including those who might be separated from safety if the fire enters the corridor. Next to move (and contrary to some opinion) should be the ambulatory patient. Panic is never caused by helpless people. Those who are ambulatory should be pre-instructed to line up outside their rooms, form a chain by holding hands and follow a lead person into the safe area. The rooms should be checked for stragglers and all windows and doors closed. When horizontal evacuation is ordered, the personnel in the receiving area should assist in the removal of the patients if needed.
3. **Vertical Evacuation:** This is the downward movement of patients to a safe area. This may be one or two floors below, or it may be down and out of the building. If the movement is out of the building, it should be an area far enough from the building to be safe and also to be out of the way of the fire department. In most cases, a horizontal movement to a safe stairwell will precede this movement. The priority for movement is the same for a horizontal movement.
4. **Total Evacuation:** This means vacating all floors to a place of safety. Cause would be possible conflagration or an enemy air attack warning, or dense smoke and fumes. A place of safety might mean the basement, or even leaving the building, or even leaving the city. It would be necessary to use all stairways and safe elevators. It would require the help of everyone available. This action must be undertaken floor by floor with enough trained help above and below to keep traffic moving quickly and properly by stair and elevator.

Untrained or unassigned personnel would report to the manpower pool under the direction of personnel. Remember that more good work could be accomplished and less panic created by the work of two-dozen competent people than by 300 anxious but untrained volunteers.

There should be carrying teams to get the patients downstairs and fire escapes. These practically trained people should be called loaders, movers and carriers. It would certainly be a much more orderly arrangement than for a single team to tackle all three phases.

## **EMERGENCY REMOVAL**

In a client facility fire, the first duty of the personnel is to remove the patient(s) who are in immediate danger. This may require moving one person or many. If eight out of twenty-five are helpless as acknowledged, then it seems sensible to assume that the proper time to learn removal techniques would be before rather than during the fire.

Three considerations may be dominant factors in emergency patient handling:

1. The nature of the emergency
2. The weight and condition of the patient
3. The strength and adaptability of the rescuer

Of all the possible equipment for evacuation, the BLANKET is more important than any other. It can be used to smother fire, drag a patient from the room, made into a stretcher with or without poles, used for carrying in halls, on stairs, or fire escapes. Eight or ten infants can be carried easily and safely in a blanket.

There should be no uncertainty in bed fires. The rule is to get the patient on the floor. In an oxygen tent fire: **SHUT OFF THE OXYGEN, THEN GET THE PATIENT ON THE FLOOR.** In both situations, if you throw a blanket on

the floor, you can use it to smother fire or as a drag. The fear of handling people who are on fire is undeserved. Bodies do not burn, they cook. So really all you have to contend with is the night clothing and the hair, once you free the patient from the bed.

Personnel working in orthopedics should carry a small sharp pocketknife. Do not depend on the pair of scissors in the desk; someone else may need them, too. Remove the small pair in your pocket because they may severely injure you or the patient you are moving. If there is any question of responsibility in removing someone from traction, just remember that there is always a chance of recovering from an aggravated fracture, but never from cremation or asphyxiation.

In case of fire, do not be surprised to find the patient on the floor. He/she will get out of the bed if he/she can. If the patient is supposed to be in the room and you cannot see or feel him or her, look under the bed, or in the closets or elsewhere.

### **Earthquake/Disaster Preparedness**

1. Attempt to familiarize yourself with the client facility/unit earthquake preparedness plan. You can reduce injuries to co-workers and patients and lessen the possibility of panic after the disaster has occurred by planning for all eventualities.
2. At least 2 persons in each unit or on each floor should assume leadership roles after the disaster has occurred. It is the client facility's responsibility to be sure they are properly trained.
3. Understand how to protect yourself (and patients if possible) during an earthquake. Get under a desk or table or stand in a doorway away from the glass. Do not leave the building during the quake.
4. Attempt to locate, and have available for immediate use, the telephone numbers and alternative means of communication with public safety agencies. When given the chance, participate in drills; take advantage of the opportunity to prepare for possible disasters.
5. In medication rooms, patient rooms, clean and dirty utility rooms be aware of high or top-heavy shelves, cabinets, machinery or any other equipment that could fall during a tremor. Heavy objects should not be on top shelves, but stored in lower places.
6. Be aware of the possible necessity to shut off lights, gas and water.
7. Attempt to locate several alternate routes of evacuation in the various parts of the unit and or client facility, should you need to leave your work area because it is unsafe.
8. Consider the possibility that you may not be able to leave the premises and attempt to locate supplies on hand that may be needed.
9. Provide assistance for physically compromised patients and co-workers who are unable to leave the building without the aid of another person.
10. Attempt to locate areas of the client facility that may be suitable as shelter areas should practitioners and patients be required to stay there after the disaster.
11. Be sure the fire extinguishers are kept in good working order and that you know how to use them.
12. If your building is windowless, consider alternative means of ventilation and lighting if the power is off.
13. Attempt to locate contingency plans for continued operation of the hospital based on total and/or partial shut downs due to building/utility/communication/transportation failures. Try to identify key personnel, communication systems, utilities and other support needs for 24 hours, 72 hours, one week and one month, if available.

14. Organize Interdisciplinary Team and patients for whom they are responsible and determine what steps are to be taken in accordance with the hospital's earthquake plans.
15. Immediately check for injuries among fellow workers and render first aid as needed. Seriously injured persons should not be moved unless they are in danger of further injury. Be sure your entire area is checked for injured.
16. In the event of fatalities, cover bodies and notify the coroner. They should not be moved.
17. Check for fires and fire hazards, especially for gas leaks and damaged electrical wiring.
18. See that these are turned off at main vales and switches if required. Check for building damage and move patients to safe areas.
19. Do not use elevators or to run into the street.
20. Flashlights should be used if power is off, since sparks from a match or light switch could ignite leaking gas.
21. Immediately clean up dangerous materials that may have spilled.
22. Limit use of "land line" and mobile telephones for outside calls except in genuine emergencies. Use battery-powered radios for damage reports and information from public safety agencies.
23. Check closets and storage areas very carefully, watching for falling objects.
24. After a major earthquake prepare for aftershocks which will be occurring and may cause more damage.
25. Check that all telephones are correctly "on hook" so the system does not indicate a busy signal to incoming or internal calls.

## **ELECTRICAL SAFETY**

Much of the work to support patient care depends on electrical devices. A few basic reminders will help you to maintain a safe work place.

- All outlets are "grounded" outlets, accepting three-prong plugs. Never try to introduce another kind of plug into the outlets.
- Water and electricity are a bad mix. Never try to plug something in, or run an appliance, if water is in the area. Clean up the water first. Electricity passes easily through water and can cause serious harm to you and others around.
- If you notice an electrical hazard, contact your supervisor immediately.

## **CHEMICAL SAFETY/HAZARDOUS COMMUNICATIONS**

A variety of chemicals are used to support patient care, including things as simple as cleaning agents or complicated medications such as chemotherapy drugs. It is your legally protected right to know about these chemicals.

### Understanding the Material Safety Data Sheet (MSDS)

The Hazard Communication Standard is also known as the Workers' Right-to-Know standard. You have the right to know about the chemical hazards in your workplace. The MSDS and manufacturer's product label(s) are a fast and easy way to obtain information about how to work safely with a specific product.

A hazardous substance is one, which causes physical or related health hazards, that may be found on Lists issued by the State of California such as: “List of Regulated Substances,” “Pesticide 200 Ingredients” and/or “The Safe Drinking Water and Toxic Enforcement Act of 1986” also popularly known as “Proposition 65.”

### Information within the MSDS

1. Identification of product: You will find the product name, manufacturer’s name, address, telephone and emergency number.
2. Hazardous ingredients: Lists of all the ingredients in the product.
3. Physical data: Provides information on how to work with the chemical and describes the physical characteristics.
4. Fire and Explosion Hazard data: Specifies if the material may present a fire or explosive hazard and under what conditions the hazard exists.
5. Health hazard data: Identifies the symptoms related to overexposure (nausea, vomiting, and dizziness).
6. Reactivity Data: Describes what materials will react with the chemical you’re using.
7. Spill/leak procedures: Addresses how to respond to an accident spill or leak.
8. Control measures and special precautions: Specifies the type of PPE that you should wear when handling the product.
9. Handling and storage precautions: Describes how to safely store and handle materials.

The following are examples of some important information one may find on an MSDS.

### Physical Hazards

The coverage of physical properties associated with the specific material may include the following information:

1. Compressed gas: such as high-pressure oxygen and nitrous oxide cylinders.
2. Explosive: substance that can explode under certain conditions of release.
3. Flammable or combustible: substance that burns easily such as alcohol.
4. Organic peroxide: derivative of hydrogen peroxide.
5. Pyrophoric: ignites spontaneously in air under certain conditions.
6. Unstable: reactive substance.
7. Water reactive: such as strong acids and bases when mixed with water.

### Health Hazards

Disseminated as hazardous to your health are chemical substances. Both liquids and solids may be identified on a MSDS and are indicated as:

1. Carcinogens: these cause cancer; reproductive toxicity in males or females, reproductive toxins can result in fetus damage.
2. Toxic: a substance that acts as a poison.
3. Irritants: these may cause irritation to any body part.
4. Corrosives: these can cause damage to body tissue.
5. Sensitive: these can cause allergic reactions.
6. Hepatoxin: this is a liver poison.
7. Nephrotoxin: this is a kidney poison.
8. Neurotoxin: this is a nerve poison.
9. Hematopoietic System: act on the system resulting in blood poisoning.
10. Substance compounds: damaging to lungs, skin, eyes or mucous membranes upon contact.

### Acute and Chronic Exposure

An acute exposure is a short-term exposure to a substance and can cause dermatitis, headaches, or rashes.

A chronic exposure is a long-term exposure and can cause cancer or permanently damage a biological system.

### Routes of Entry

1. Through inhalation (painting, stripping floors, anesthesia gas waste).
2. Through absorption (handling formaldehyde and glutaraldehyde).
3. Through ingestion (this can occur if you handle poisonous chemicals and do not wash your hands before eating, smoking or applying cosmetics. This can also occur if containers are not properly handled, labeled, sealed).
4. Injection (accidental needle sticks).

### Your responsibilities when handling hazardous materials

1. Read the label and MSDS of new chemicals you are working with.
2. Follow warnings and precautions.
3. Use appropriate PPE.
4. Learn emergency procedures for the chemicals with which you work.
5. Act in a sensible manner, be a safe and responsible worker.
6. Never use hazardous material substances you're not trained to use
7. Never place a chemical substance into an unlabeled container.
8. Never mix substances without asking your supervisor first.
9. Always ask your supervisor if you have a question about any substance.

### HANDLING HAZARDOUS MATERIALS

Infectious waste: Separate infectious waste from other waste as soon as the material becomes a waste.

Blood or body fluids: Minimize your risk by containing, removing, and disinfecting all blood or body fluid spills as quickly and effectively as possible.

Wear PPE: PPE stands for "Personal Protective Equipment." A PPE is an item you use for safety when working with chemicals. Some examples of PPE are utility gloves, safety glasses, goggles, gowns, ventilators and masks. PPE is listed on the MSDS (Material Safety Data Sheet) for all the chemicals you work with. The PPE necessary for each substance are determined by the ways the substance can harm you.

There are three ways that a chemical substance may harm you:

- Breathing the chemical
- Having physical contact with the chemical
- Swallowing the chemical

#### Breathing the chemical

The chemical may have toxic fumes that can injure your lungs if you breathe them. For example, cleaning materials, especially bleach, are toxic when inhaled.

Appropriate PPE for toxic fumes may include:

- Special mask
- Ventilator

In addition, always use these products in a well-ventilated area. If you begin to feel dizzy or weak or have difficulty breathing when using a product, you need to leave the area immediately.

#### Having physical contact with the chemical

The chemical may injure any part of the body that comes in contact with it. Your eyes are in danger from liquid splashing into them. Any exposed skin is also at risk.

Appropriate PPE to prevent physical contact may include:

- Goggles, safety glasses, or other eye protection
- Gown
- Gloves
- Mask

In addition, flushing with water is usually the most immediate treatment for any accidental splashing of solutions in your eyes or on your skin.

#### Swallowing the chemical

Some chemicals are dangerous if swallowed. To prevent swallowing a solution that may have splashed on your fingers, always wash your hands thoroughly after coming in contact with anything that should not be swallowed.

Appropriate PPE to prevent swallowing may include:

- Mask (that covers your nose and mouth to prevent the solution from being splashed onto your lips)
- Gloves (to protect against hand to mouth transfer).

In addition, if you should accidentally swallow a harmful chemical, tell your supervisor immediately. You will probably be sent to the Health Nurse or to your Emergency Department.

## JOINT COMMISSION EDUCATION

The Joint Commission emphasizes prevention - identifying problems and correcting them before anything happens. The organization has definitions that you need to know for the following terms:

- Error
- Sentinel Event
- Near Miss
- Hazardous Condition

#### Error

An Error is an unintended act of either omission or commission, or an act that does not achieve its intended outcome. In other words, an Error is:

- Something done by accident
- Something that should have been done but was not
- Something that was done that did not have the expected result.

An example of an Error is a patient's blood pressure not being measured when it should have been.

#### Sentinel Event

A Sentinel Event is an unexpected occurrence **which actually happened** and which either resulted in death or serious physical or psychological injury, or carried a significant risk thereof. Serious injury specifically includes loss of limb or function.

An example of a Sentinel Event is the wrong dose of medication being given to an infant, causing death.

Certain types of events are reported to The Joint Commission under their Sentinel Event policy, whether they actually or potentially resulted in death or serious injury. These events are:

- Rape
- Patient suicide
- Infant abduction or discharge to the wrong family
- Hemolytic transfusion reaction involving administration of blood or blood products
- Surgery on the wrong patient or wrong body part.

### Near Miss

This term is used to describe any process variation, which could have led to a Sentinel Event, but the Sentinel Event did not actually happen because of some kind of intervention. A recurrence of the process variation carries a significant chance of a serious adverse outcome.

Here is an example of a Near Miss. By mistake, a patient is handed a medication to which she is allergic, and which could lead to death or serious illness. Fortunately, she recognizes the medication is different from what she is usually given, questions staff about it and ultimately receives the correct medication instead. In this case, the process variation is that the patient is not wearing a wristband listing her allergies, and that the information about her allergies is not available to staff anywhere else.

### Hazardous Condition

This refers to any set of circumstances (other than the disease or condition for which the patient is being treated) that significantly increases the likelihood of a serious adverse outcome.

In other words, a Hazardous Condition is:

- Something that could cause the patient harm
- Something other than the patient's disease or condition.

An example of a Hazardous Condition is a power outage and simultaneous failure of the back-up generator that shuts down life-support systems for some patients, meaning staff must manually ventilate affected patients until power is restored.

All hospitals must have a plan to identify risks to patient safety. They must also have policies for reporting and investigating sentinel events, near misses, and hazardous conditions.

## **2010/2011 NATIONAL PATIENT SAFETY GOALS**

The National Patient Safety Goals are derived primarily from informal recommendations made in the Joint Commission's safety newsletter, Sentinel Event Alert. The Sentinel Event database, which contains de-identified aggregate information on sentinel events reported to the Joint Commission is the primary, but not the sole, source of information from which the alerts, as well as the National Patient Safety Goals, are derived.

1. Improve the accuracy of patient identification  
Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products, taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures. For example, use the patient's name and date of birth.
2. Improve the effectiveness of communication among caregivers

- For verbal or telephone orders or for reporting critical test results over the telephone, verify the complete order or test result by having the person receiving the order or test result “read-back” the complete order or test result.
  - Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
  - Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
  - Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions.
3. Improve the effectiveness of communication among caregivers
    - Have on hand a small supply of the medicines that are used in the hospital.
    - Create a list of medicines with names that look alike or sound alike and update the list every year. This will prevent errors involving the interchange of these drugs.
    - Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in preoperative and other procedural settings.
    - Take extra care with patients who take medicines to thin their blood.
  4. Prevent infection
    - Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
    - Report death or injury to patients from infections that happen in the hospital.
  5. Check patient medicines
    - Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any medicines with their current medicines.
    - Give a list of the patient’s medicines to the patient’s next caregiver. Give this same list to the patient before they leave the hospital.
  6. Prevent patients from falling
    - Find out which patients are most likely to fall. For example, is the patient taking any medicines that might make them weak, dizzy or sleepy? Take action to prevent falls for these patients.
  7. Help patients to be involved in their care
    - Tell each patient and their family how to report their complaints about safety.
  8. Identify patient safety risks
    - Find out which patients are most likely to try to kill themselves.
  9. Watch patients closely for changes in their health and respond quickly if they need help
    - Create ways to get help from specially trained staff when a patient’s health appears to get worse.
  10. Prevent errors in surgery
    - Create steps for staff to follow so that all documents needed for surgery are on hand before surgery starts.
    - Mark the part of the body where the surgery will be done. Involve the patient in doing this.

### **Do-Not-Use List**

Joint Commission has created a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout organization. The Do-Not-Use list applies to all orders and medication-related documentation and information that is handwritten or computer entered as free text

| Do Not Use | Why | Use Instead |
|------------|-----|-------------|
|------------|-----|-------------|

|  |   |                            |
|--|---|----------------------------|
| U (unit)                                   | Mistaken for “0” (zero), the number “4” (four) or “cc”                                    | Write “unit”               |
| IU (International Unit)                    | Mistaken for IV (intravenous) or the number 10 (ten)                                      | Write “International Unit” |
| Q.D., QD, q.d., qd (daily)                 | Mistaken for each other. Period after the Q mistaken for “I” and the “O” mistaken for “I” | Write “daily”              |
| D.O.D., QOD, q.o.d., qod (every other day) |   | Write “every other day”    |
| Trailing zero (X.0 mg)*                    | Decimal point is missed   | Write X mg                 |
| Lack of leading zero (.X mg)               |   | Write 0.X mg               |
| MS   | Can mean morphine sulfate or magnesium sulfate. Confused for one another.                 | Write “morphine sulfate”   |
| MSO <sub>4</sub> and MgSO <sub>4</sub>     |   | Write “magnesium sulfate”  |

## INFECTION CONTROL: UNIVERSAL PRECAUTIONS AND BLOODBORNE PATHOGENS

Lead Healthstaff strives to educate practitioners on nosocomial infections and their method of transmission and to provide education on work practices; engineering control and personal protective equipment prevent the spread of nosocomial infections.

### NOSOCOMIAL INFECTIONS

Nosocomial infections are infections which are a result of treatment in a healthcare facility or service unit, but secondary to the patient's original condition. Infections are considered nosocomial if they first appear 48 hours or more after hospital admission or within 30 days after discharge. This type of infection is also known as a hospital-acquired infection.

Nosocomial infections are even more alarming in the 21st century as antibiotic resistance spreads. Reasons why nosocomial infections are so common include:

- Healthcare facilities house large numbers of people who are sick and whose immune systems are often in a weakened state.
- Increased use of outpatient treatment means that people who are in the healthcare facility are sicker on average.
- Medical staff moves from patient to patient, providing a way for pathogens to spread.
- Many medical procedures bypass the body's natural protective barriers.
- Routine use of anti-microbial agents in healthcare facilities creates selection pressure for the emergence of resistant strains.

### THE SPREAD OF GERMS

Germs can be spread through 4 different modes of transmission

1. Airborne transmission: Occurs by dissemination of either airborne droplet nuclei (small-particle residue of evaporated droplets containing microorganisms that remain suspended in the air for long periods of time) or

dust particles containing the infectious agent. Microorganisms transmitted by airborne transmission include *Mycobacterium tuberculosis* and the rubeola and varicella viruses.

2. **Droplet transmission:** Contact of the mucous membrane of the nose, mouth or eye with infectious articles can be produced by coughing, sneezing, talking or procedures such as bronchoscopy or suctioning. Droplet transmission requires close contact between the source and the susceptible person because particles remain airborne briefly and can travel. Microorganisms transmitted by droplet transmission include the common cold and flu.
3. **Blood borne transmission:** Germs can live in the bloodstream and in other body fluids that contain blood components. A person's skin prevents germs from entering into the body, but if the skin is broken because of a cut, it is possible for infected blood of another individual to enter. Mucous membranes, found in the mouth, vagina, or rectum may also allow germs to spread through contact with blood and/or secretions containing blood. Unprotected sexual contact can lead to this method of transmission.
4. **Direct Contact Method:** Infectious agents can spread directly or indirectly from one infected person to another, often on contaminated hands. The best protection is proper hand washing (Please see Centers for Disease Control and Prevention Hand Hygiene Guideline for more information on proper hand washing).

## GENERAL PREVENTION

General steps to follow to prevent the spread of germs are:

- Following the Infection Control policies of your client facility
- Identifying the people, patients, and staff, who are most at risk
- Washing your hands
- Staying healthy by getting plenty of rest, eating properly and exercising
- Getting vaccinated against flu and hepatitis B
- Following the standard recommended precautions with everyone
- NOT coming to work if you are sick.

## CDC HAND HYGIENE GUIDELINES

Improved adherence to proper hand hygiene has been shown to terminate outbreaks in health care facilities, to reduce transmission of antimicrobial resistant organisms and reduce overall infection rates.

The Centers for Disease Control (CDC) has released the following guidelines to improve adherence to hand hygiene in health care settings.

The six steps in routine hand washing are:

1. Wet hands thoroughly under running water. Warm or hot water is best.
2. Lather with soap from a dispenser.
3. Wash hands thoroughly for 15 seconds, using friction. Be sure to include the backs, palms, wrists, between fingers, and under fingernails.
4. Rinse hands thoroughly under running water.
5. Leave the water running and use a paper towel or an air dryer to dry hands thoroughly.

The four steps to round alcohol hand rubs are:

1. Pour the alcohol hand rub in the palm of one hand
2. Rub both hands together

3. Rub all parts of the wrist, hand, and fingers
4. Rub until completely dry

## **STANDARD PRECAUTIONS**

Standard Precautions combine the major elements of Universal Precautions and Body Substance Isolation. Standard Precautions call for the use of gloves and other personal protective equipment to guard against anticipated or accidental contact with any body fluid, secretion or excretion.

Personal Protective equipment is to be utilized when there is a break in the skin or when working around mucous membranes. All practitioners shall follow Standard Precautions in order to minimize and/or eliminate exposure to blood borne pathogens and communicable diseases. All body substances shall be treated, as a potential source of infection and all facilities shall provide an adequate supply of Personal Protective Equipment in appropriate sizes to ensure all personnel have access when required.

At a minimum, all practitioners should follow these basic practices:

### **1. Hand protection**

Protect your hands by wearing latex/hypoallergenic gloves (the correct size) when:

- Emptying a Foley catheter
- Emptying a bedpan
- Starting an IV
- Dealing with trauma in the emergency room
- Pricking the finger for blood glucose
- Handling blood specimens
- Drawing arterial or venous blood
- Cleaning biomedical equipment.

### **2. Body protection**

Wear gown, mask and goggles to cover any part of your body that could be splashed or sprayed (or otherwise come in contact with) the blood and/or body fluids of another person (for example, when caring for a trauma patient in the Emergency Department or when assisting in a procedure where exposure is possible).

### **3. General protection**

- Dispose of all materials containing blood in the proper waste containers.
- Use a barrier device instead of performing direct mouth-to-mouth ventilations during CPR.
- Avoid contact with blood from needles by using safety devices provided by your facility.
- Never recap a needle (if you miss, you could jab your finger).
- Dispose of all shaLead Healthstaff (needles, blades, IV catheters) in the proper disposal box.
- Wash your hands after removing gloves.
- Do not eat, drink and/or apply make-up or contact lenses in areas where exposure to body fluids is possible.

## **POST EXPOSURE EVALUATION AND FOLLOW UP PLAN**

An exposure incident to blood borne pathogens involves specific eye, mouth, mucous membrane, or parenteral contact with blood or other potentially infectious materials that result from the performance of a practitioner's duties. All practitioners involved in direct patient care should be familiar with appropriate decontamination procedures. Lead Healthstaff shall make immediately available a confidential medical evaluation and post-exposure follow-up with the exposed individual. Post-exposure follow-up shall be:

- Made available at no cost to the practitioner.
- Performed by or under the supervision of a licensed healthcare professional whom has a copy of all relevant information related to the incident.
- Made available at a reasonable time and place.

Lead Healthstaff post-exposure and follow-up, shall include the following:

- Documentation of the route(s) of exposure, and the circumstances under which an exposure incident occurred
- Identification and documentation of the source individual
- Collection and testing of blood for HIV and HBV serological status
- Post-exposure prophylaxis, as recommended by the U.S. Public Health Service
- Counseling
- Evaluation of reported illness

Lead Healthstaff maintains confidential medical records for each practitioner with occupational exposure. Records are kept for the duration of employment plus thirty (30) years. Each record shall contain the practitioner's name, social security number, hepatitis B vaccine history, and a record of all post-exposure follow-ups.

## **BLOODBORNE PATHOGENS**

The Occupational Safety and Health Administration (OSHA) has a standard which was developed to protect the healthcare worker. The Bloodborne Pathogen Standard addresses the potential exposure of healthcare workers to blood and body fluids in the work environment. Bloodborne pathogens are Hepatitis B, C and Human Immunodeficiency Virus (HIV).

### **HEPATITIS**

Hepatitis is a serious disease of the liver, an organ necessary for life. Hepatitis B and C, the two most serious kinds of hepatitis, are similar kinds of liver infections that are caused by different viruses. Methods of blood-borne transmission of both Hepatitis B and C include:

- Blood splashes from minor cuts and nosebleeds
- Procedures that involve blood (especially in health care)
- Hemodialysis (using kidney machines)
- Sharing personal items like nail clippers, razors and toothbrushes
- Sharing needles for intravenous drug use

In order to prevent the spread of Hepatitis:

- Follow Standard Precautions.
- Receive the Hepatitis B vaccine at no cost, if you are not already immune to the virus.
- Maintain good personal hygiene habits.

### **HUMAN IMMUNODEFICIENCY VIRUS (HIV)**

HIV is the virus that causes AIDS, a condition in which the immune system begins to fail, leading to life-threatening opportunistic infections. Once this virus enters and infects the body, the person is said to be "HIV Positive." However, the person may be infected with the virus for up to 10 years or more before developing AIDS. The routes of transmission for HIV are:

- Sexual route: Acquired through unprotected sexual relations, wherein infected sexual secretions of one partner come into contact with the genital, oral or rectal mucous membranes of another.
- Blood/blood product route: Accounts for infections in intravenous drug users, hemophiliacs and recipients of blood transfusions and other blood products.
- Mother-to-child: Occurs in utero during pregnancy and intrapartum at childbirth.

In order to prevent the spread of HIV:

- Follow standard precautions.
- Wear protective equipment.
- Abstain from sex or sex-related activities when the HIV status of your partner is doubtful or not known.
- If you are HIV infected and pregnant, take appropriate medication to reduce the chances of passing the virus to your unborn child.
- If you are HIV infected, DO NOT breastfeed.
- NEVER share needles, including needles used for tattoos, body piercing, or injecting steroids.

## **TUBERCULOSIS**

Tuberculosis is a common and deadly infectious disease caused mainly BY *Mycobacterium tuberculosis*. Tuberculosis most commonly attacks the lungs but can also affect the central nervous system, the lymphatic system, the circulatory system, the genitourinary system, bones, joints and even the skin. Tuberculosis is curable, but it involves taking medication for a very long time. TB is caused by airborne bacteria and spreads through coughing, sneezing, talking, laughing and breathing.

Practitioners and persons exposed to TB need to have a Purified Protein Derivative (PPD) skin test or a chest X-ray. Positive test results indicate the person is infected with TB but may not have TB disease. He or she may be given preventive therapy to kill germs that are not doing any damage now, but could break out later.

To protect yourself and others from contracting tuberculosis, follow your facility's recommended Special Precautions in addition to Standard Precautions.

Special Precautions for the treatment of TB patients:

- Place TB patients in private rooms.
- Ventilate rooms directly to the outside if possible, to prevent the circulation of TB germs to other areas of the facility.
- Wear a special "fit-tested" mask (and receive training in how to wear it correctly) when entering the room and while in the room.
- Explain to patients and visitors how to use special masks.
- Keep patients in their rooms as much as possible.
- Encourage patients to cough or sneeze directly into tissues and to dispose of them.
- Have patients wear masks when being transported to other areas of the hospital
- 

## **MEDICATION SAFETY AND DOCUMENTATION**

### **What are medication errors?**

Medication errors are errors involving drugs that cause, or could cause, harm to a patient. They may be errors in prescribing, dispensing or administering, and they include both errors that reach the patient as well as those errors that do not reach the patient. They can occur in any patient care area or in the pharmacy.

### **What are common sources of medication errors?**

- Lack of knowledge about drugs: with so many new drugs being developed each year, it's never been more important to understand what each drug can do and how to use it properly.
- Lack of patient information: Ensuring medication safety means it's important to know key information about each patient, including his/her age, weight, clinical status, known drug allergies and use of other medications (herbs, supplement, vitamins, other holistic remedies) and the potential for interactions.

- Poor communication: Problems can result from things such as:
  - o Not using standardized abbreviations
  - o Handwriting that's hard to read
  - o Verbal miscues (for example, mispronouncing a drug's name)
  - o Unclear decimal points
- Storage and stocking of drugs: For example, the risk of someone picking up the wrong drug is higher when the two drugs are similarly packaged (but are very different).
- Equipment used to administer drugs: Variations in the design of IVs and infusion pumps can cause confusion. Poor maintenance and not understanding how to program automated equipment also increases the risk of medication errors.
- Patient identifications: A good system to identify patients, such as armbands, may be in place. However, the system must be utilized (i.e. the armbands must be checked) in order for it to work
- Distractions: Ringing telephones, too much conversation, and interruptions can cause even the most careful healthcare worker to lose concentration.

### **How can medication errors be prevented?**

Contrary to popular belief, most medication errors are not due to a careless individual act, but are related more directly to some type of system failure or inefficiency. Medication errors can be prevented if everyone in the organization:

- Works together across departments, including physicians, pharmacists, nurses, support staff and administrators.
- Focuses on systems, which means improving procedures to help prevent mistakes.
- Takes blame away from practitioners and looks at the process (es) that led to the error.
- Helps patients understand their medications, follow their treatment plans, and take an active role in their care at every step along the way.
- Uses benchmarks to compare challenges and successes of other health care organizations with their own.
- Reports errors voluntarily so that a root cause analysis can be done. A root cause analysis is a step-by-step method to understand what went wrong and why. It allows us to make improvements in a system and monitor changes to see how well they are working.

### **Medication Administration and safety**

- Administered by a licensed nurse upon a written order by a staff physician.
- Pour medications immediately before administration. No pre-pouring!
- Always check patient ID band and Medication Sheet. Two forms of identification must be used.
- Patients must take all medications in the presence of the administering nurse.
- Medications can be given ½ hour before or ½ hour after the scheduled time.
- Double-check all insulin, chemotherapy agents, anticoagulants and PCA narcotics with another licensed nurse.

### **Anesthetic Documentation**

- Document the time the anesthetic was given.
- Include injection site for all injectables or sub queue injections.

### **Narcotics**

- Per client facility documentation, administration and wastage of narcotics must be handled following state and client facility policy and procedure.

### **Medication Labeling**

- Labeling and drawing of medications must be done per Joint Commission Standards.

### **Why is clinical documentation so important?**

- Communication
- Quality of care issues
- Compliance: reimbursement verification
- Fulfills federal, state, regulatory and accreditation requirements
- Supports if Standard of Care was met
- Memories fade, aids in defense in lawsuits when present
- May be used as teaching tools

### **Basic charting tips**

- Use a pen, black ink is preferred
- Print legibly
- Date, time and sign all entries
- Don't use white out or obliterate entries
- Use approved abbreviations
- Record objective information - be clear and concise

### **Good Documentation Habits**

- Use language patient understands for discharge instructions and patient education material
- Documentation of actions, conversations with the patient, family members, physicians
- Documentation of safety precautions reviewed with the patient and/or family
- Description of unusual incidents
- Documentation of contacts with the practitioner
- Contemporaneous, chronological
- Do not editorialize, criticize, add 'hearsay'
- Avoid blaming another person or department
- Complete all boxes / forms accurately
- Do not leave open lines on records between documentation entries
- Verification that informed consent was obtained
- Instructions given to patient/verbalization of understanding
- Do not alter entries

### **Alteration of Records**

- Medical records should never be 'edited' after the fact
- Never document in anticipation of an event
- Never chart for someone else
  - Exceptions
    - \* Code situations
- You may be personally assessed for penalties related to falsification of documentation
- Alterations in a record can make the case indefensible

### **Late Entries**

- Late entries are placing additional information in the medical record when pertinent information was missed or not written in a timely manner.
- A general guideline of when late entries can be added is within 7 days. Consult your Supervisor or Risk Manager for guidance if necessary.

- Should not be used if there has been adverse outcome to patient or there is known litigation.
- Must also include a reference point. This should specify the date and time. See below.

**Example:**

4/20/10 1600: Late Entry for 4/19/07 at 0800:

Patient also complained of pain at base of neck and bleeding from nose. Dr. Jones notified, CT of head ordered along with CBC & diff, INR.

**Corrections**

Draw single line through entry, initial, write the correct information. Review your hospital's policy for corrections. Sign and date the entry.

**Example:**

4/19/10 0800: Pt found on floor in LN hallway; BP:165/66

VS: 36.8-136-20

Dr. Jones notified. Orders for MRI obtained

**SUSPECTED ABUSE: IDENTIFICATION, TREATMENT AND REPORTING**

ELDER/ADULT ABUSE

As applied to an elderly person (65 years of age or older) or a disabled adult (18 years of age or older), abuse means the willful infliction of injury, unreasonable confinement, intimidation, cruel punishment resulting in physical harm, pain or mental anguish or the willful deprivation by a caretaker or oneself of goods or services which are necessary to avoid physical harm, mental anguish or mental illness.

SIGNS AND SYMPTOMS OF ELDER/ADULT ABUSE

- Patient or family member states that abuse is happening in the home
- Explanation for injuries is inconsistent with the injury
- Family or caregiver attempts to conceal injury
- Indications that someone is exploiting patient's finances or property
- Delay in seeking treatment
- Multiple bruises or injuries in various stages of healing
- Human bite marks
- Burns especially on back or buttocks
- Bruises in the shape of a hand or fingers
- Patient's behavior changes in the presence of the family or caregiver

CHILD ABUSE

With a child (under 18 years of age), abuse includes:

1. Mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning.
2. Causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results an observable and material impairment.
3. Physical injury that results in substantial harm to the child or the genuine threat of substantial harm from physical injury to the child.
4. Failure to make a reasonable effort to prevent an action by another person that results in substantial harm to the child.
5. Sexual contact, sexual intercourse or sexual conduct.
6. Failure to make a reasonable effort to prevent sexual contact, sexual intercourse or sexual conduct.

### SIGNS AND SYMPTOMS OF CHILD ABUSE

- Burns on the soles of the feet (from forced standing in hot places)
- Burns on buttocks, thighs, hands or feet (from submersion in hot water)
- Explanation for injury does not match developmental stage (for example, caregiver explains a broken leg by saying the patient fell down, but the patient is too young to stand up)
- Evidence of sexually transmitted disease
- Bruising or tearing around the genital area

### NEGLECT

With an adult, neglect means failure to provide the goods or services, which are necessary to avoid physical harm, mental anguish or mental illness.

With a child, neglect includes leaving the child in a situation where the child would be exposed to a substantial risk of harm, i.e. failure to seek or follow through with medical care, failure to provide food, clothing or shelter.

### SIGNS AND SYMPTOMS OF ELDER/ADULT NEGLECT, INCLUDING SELF-NEGLECT

- Malnutrition
- Dirty, unkempt
- Unattended medical conditions
- Alcohol or substance abuse by caretakers

### SIGNS AND SYMPTOMS OF CHILD NEGLECT

- Chronic truancy (caregivers do not send child to school)
- Failure to thrive (unexplained weight loss)
- Unexplained delay in development
- Accidental injuries that suggest poor supervision

### SPOUSAL PARTNER/VIOLENCE

Spousal/partner violence involves the situation where a victim has been involved in an intimate, romantic or spousal relationship with the perpetrator. It encompasses violence against both men and women and includes violence in same-sex relationships. It consists of a pattern of behaviors that establish power over another adult.

### SIGNS AND SYMPTOMS OF SPOUSAL PARTNER/VIOLENCE

Signs and symptoms of spousal/partner violence can include the usual signs and symptoms of abuse and neglect. Violence in a relationship may not result in physical evidence. For example, the abuser may deny the victim the ability to communicate with friends or relatives. The abuser may abandon the victim in a dangerous place, refuse help when sick or injured or prohibit access to money or other basic necessities.

### EXPLOITATION

The illegal, improper act or process of a caretaker using the resources of an elderly or disabled person for monetary or personal benefit, profit or gain.

- The treatment team may identify possible history of abuse, neglect or exploitation.
- Any practitioner and/or staff member suspecting child and/or adult abuse and/or neglect is required to report suspicions according to local law and the rules and regulations of the state's Department of Human Services (DHS) or appropriate agency. If clarification is necessary concerning the criteria for reporting, an Adult Protective Supervisor will be contacted for clarification without disclosing the identity of the patient and/or family.
- The report to DHS may be made orally or in writing. It shall include:
  - a) The name, age and address of the person
  - b) The name and address of the person responsible for care
  - c) The nature and extent of the person's condition
  - d) The basis of the reporter's knowledge
  - e) Any other relevant information
  - f) Documentation shall occur in the appropriate section of the patient record

- If circumstances allow, the reporting procedure will be discussed with the patient and/or family involved prior to the report being made. Consent will be obtained if deemed appropriate by the treatment team.
- Outside agency personnel requesting information about the family should be referred to the patient's physician or other appropriate staff.
- Any act of omission is reportable. A reportable suspicion that includes a child victim of abuse shall be documented in the appropriate section of the medical record.
- The patient's treatment team will address symptoms resulting from abuse.
- Documentation of physical marking should include photographic documentation (with appropriate patient identification) and be included in the appropriate portion of the patient's medical record.
- Any other evidentiary material of abuse released by the patient will be included in the appropriate portion of the patient's medical record.
- Adult patients shall be given information regarding legal counsel.
- Physical injuries requiring medical attention will be treated as deemed necessary by the patient's physician.

### ABUSE REPORTING

All healthcare practitioners are mandated reporters. Social workers are not on site 24 hours/day so practitioners need to know appropriate procedures to take when abuse is suspected. Failure to report child, spousal or elder abuse or neglect is a misdemeanor punishable by up to six months in jail and a \$1,000 fine. The law requires that the suspected abuse be reported immediately by telephone and followed up with a written report within 26 hours. In order to recognize these situations, it is important to know signs and symptoms of abuse.

Suspected abuse, neglect and/or exploitation should be reported directly to the Nurse Manager/Nurse Director/Charge Nurse and should include:

- a. A description of the incident
- b. To whom the incident happened
- c. When the incident occurred
- d. Where the incident occurred
- e. Who was responsible for the neglect/abuse

## **PRACTITIONER ESSENTIALS**

### **RESTRAINTS**

It is the policy of Lead Healthstaff that the patient has the right to be free from any physical or chemical restraints unless it is necessary for patient's safety or safety of others. Restrictive devices/restraints will be applied when the safety of the patient and/or the practitioner is in jeopardy. Restrictive devices/restraints will be applied only after less restrictive measures have proved inadequate. Restraints shall not be used in a manner that causes undue distress or increases a risk for injury.

**BEHAVIOR MODIFICATION RESTRAINT:** Behavior modification restraint means the use of a physical or mechanical device to involuntarily restrain the movement of the whole or a portion of a patient's body for the reason of controlling his/her physical activities in order to protect him/her and others from injury (such as the use of 5-point restraints to keep a patient from injury or soft ties to keep a confused patient from self-injury). The following are not behavior modification restraints: 1) Safety Restraint; 2) The use of side rails or, in the case of infants, the use of a safety net to keep patients from falling out of bed; 3) handcuffs applied by peace officers; 4) isolation for control of communicable disease.

Behavior modification restraints shall only be used when alternative methods are not sufficient to protect the patient or prevent injury.

There are two types of behavior modification restraint: psychiatric behavior modification restraint (“psychiatric restraint” used hereunder) and medical restraint. A psychiatric restraint is used for patients with signs of acute mental illness who appear to be a danger to themselves or others. A medical restraint is used for patients whose primary diagnosis is medical and for whom psychiatric hospitalization is not indicated.

At the time of the patient assessment the clinical staff member shall comment on the patient’s clinical condition, circulation, condition of limbs and attentions that should be given to the patient’s needs including hydration, elimination and nutrition. A report of the clinical assessment shall be recorded in the medical record. All restraints shall be released at least every two hours.

### **MEDICAL RESTRAINT WITH CONSENT OF PATIENT OR FAMILY**

When other forms of medical restraint are to be imposed (for example, to restrain a confused patient from pulling at a nasogastric tube or intravenous line) a separate consent should be obtained when possible. In the case of a minor, consent should be obtained from the parents or guardian. In the case of a confused or comatose adult, consent may be obtained from the immediate family or conservator.

Steps to follow:

1. A physician’s order is required.
2. In addition to usual nursing evaluation and care, the patient’s needs including hygiene, elimination and nutrition shall be assessed at least every two hours.
3. Supports shall be released at least every two hours.

### **MEDICAL RESTRAINT WITHOUT CONSENT**

It is not always possible to get the consent of the patient, family or conservator for the imposition of medical restraint. In such cases, the following procedures should be used:

Steps to follow:

1. An assessment of the patient, either by physician or a registered nurse, is required prior to instituting medical restraint. The assessment shall consider the use of less restrictive means to protect the patient and shall be documented in the medical record.
2. Medical restraint shall be imposed upon the order of a licensed independent practitioner. In an emergency, a registered nurse may initiate the use of a medical restraint (without consent). The emergency implementation shall continue beyond one hour only with a physician’s order. Verbal orders may be accepted.
3. All physician orders for medical restraint shall be time limited. PRN orders shall not be given or accepted. Upon expiration of the time-limited order, a physician must review and renew the order.
4. Devices to be used may include soft ties, posey vests, mittens, etc. Hard leather restraints shall not be used for medical restraint.
5. Any patient in medical restraint (without consent) shall be observed at intervals not greater than fifteen minutes. The exact time interval of observation may be more frequent and shall be determined by the clinical condition of the patient. Staff shall document these observations in the medical record at the end of each shift or more frequently as the condition of the patient or findings of the observation dictate.
6. An appropriate clinical staff member shall assess each patient in restraint at least every two hours. At the time of the patient assessment the clinical staff member shall comment on the patient’s clinical condition, circulation, condition of limbs and attention should be given to the patient’s needs including hydration, elimination and nutrition. A report of the clinical assessment shall be recorded in the medical record.

### **SAFETY RESTRAINT**

There are two types of safety restraint: adaptive support and patient protection.

1. Adaptive Support: Adaptive support is the use of mechanisms or devices intended to permit a patient to achieve maximum normative bodily functioning (such as the use of orthopedic appliances, braces, splints to prevent contracture or devices intended to give postural support).

2. Patient Protection: In the context of the policy, “patient protection” means the use of mechanisms intended to compensate for a specific physical deficit or prevent safety incidents not related to cognitive dysfunction (such as the use of bedrail with safety net to keep the patient from falling out of bed during sleep). [NOTE: The use of side rails alone is not considered restraint. This is a protective measure taken to keep all hospital patients from falling out of bed].

Steps to follow:

1. A physician’s order is required. PRN orders may be used.
2. In addition to usual nursing evaluation and care, the patient’s needs, including hygiene, elimination and nutrition, shall be assessed at least two hours.
3. Supports shall be released at least every two hours.

## **ROUTINE TREATMENT IMMOBILIZATION**

Routine treatment immobilization means the use of mechanisms employed during medical, diagnostic or surgical procedures that are considered a regular part of such procedures (such as body restraint during general anesthesia, board immobilization of the site of intravenous therapy, immobilization during magnetic resonance imaging, etc). The patient’s consent for the procedure includes consent for necessary positioning and support. No separate order is required for such immobilization. Documentation of the immobilization is part of the documentation of the procedure itself.

## **GENERAL RESTRAINT GUIDELINES**

1. Restraints shall not be ordered on a PRN basis.

Restraints shall be only employed on the written order of a physician after personal evaluation of the patient’s physical and mental status. When the physician is not immediately available to assist the patient and make a determination regarding his/her need to be restrained the decision can be made by a registered nurse (RN), after careful assessment of the patient. All registered nurses shall be authorized to initiate or terminate the use of restraints as permitted by individual facility policy.

2. Evaluation of Patient

All patients using restraints shall be evaluated ongoing for continued use and need of restraints and shall be closely monitored, with the maximum time between observations being two hours.

3. Responsibilities of the Physician

The physician shall assess the patient to ascertain whether the restraint is justified. After consideration of the alternatives to restraint, an order for restraints must be written on the order sheet and should include:

- a) Type of restraint; b) the starting and ending times; c) indications for use; and d) level/frequency of evaluation. Verbal orders must be signed within 24 hours of implementation.

4. Responsibilities of Nursing

Documentation in the medical record shall include:

1. Time and type of restraint applied, noting skin condition and color
2. Reason for application of restraints
3. Time restraint are released/removed
4. Needs of the patient are addressed: ADLs, hygiene, fluids, and elimination
5. Prior alternatives considered and lack of effectiveness
6. Functional assessment

## 5. Monitoring of Patients in Restraints

All patients in restraints of any kind shall be closely monitored, with the maximum time between observations being two hours. Monitoring shall include condition of skin, observations that support adequate circulation, and observation for bruises, abrasions and lacerations.

## 6. Application of Restraints

Restraints must be carefully selected to be of appropriate size for the patient. Restraints are to be secured to the bed frame if the patient is in bed, never to the side rails. Use of restraints will be discontinued as soon as feasible.

When using wrist and ankle restraints, a finger's width of space must be maintained between the skin of the wrist/ankle and the restraining device.

Vest Restraints are to be applied with the crossing ties in the back, as per the manufacturer's directions. The patient must be able to maximally expand their chest wall without hindrance.

Soft leather restraints shall be used only for severely combative individuals.

Mittens are placed on the hand with the palm on the smooth side of the mitt. Mittens shall be removed every two hours to prevent contracture and to assess circulation.

## **END OF LIFE CARE**

As with all patient care, end of life care must emphasize comfort, relief of pain and distress, with provision of physical and emotional support. The patient and family as desired must be included in making decisions based on their personal beliefs and values. Many people do not consider their personal definitions regarding the meaning and purpose of life until crisis, illness, and/or suffering force the awareness of life as a finite experience. Staff will act with awareness of the psychological and spiritual aspects of support and care, participating in an interdisciplinary team that "affirms life and regards dying as a normal process," allowing the patient to die with dignity, while supporting the family during the final illness and their bereavement.

## **EMERGENCY CODES**

In all cases, you should know what your department-specific responsibilities are. Each hospital has a disaster plan designed to direct how to carry out patient care during an internal and external disaster. Always be prepared to respond to the following situations:

Actual colors associated with specific emergency situations may vary from one client facility to another.

- Code Red: Fire
- Code Blue: Life Threatening situation
- Code White: Life threatening situation for pediatrics
- Code Pink: Infant abduction
- Code Purple: Child Abduction
- Code Orange: Hazardous Materials Spill
- Code Gray: Potential or real violence occurring in the facility
- Code Yellow: Bomb threat
- Code Silver: Person with weapon or hostage situation

### What is my role in a disaster?

If you are on duty when a disaster strikes, you have certain duties to perform:

- Contact your Supervisor to find out where to report, or if you should continue your work assignment. Use pay phones if personal calls are necessary.
- Wear your photo identification badge at all times. Your photo ID will get you through Police roadblocks.

### Communication

The backup communication system includes: use of pay phones, use of fax machines, the distribution of 2-way radios to all patient care areas, and the use of runners in a disaster.

### Supplies and Equipment

Backup supplies and equipment are available for disasters.

## **AGE SPECIFIC EDUCATION**

As people age, they continue to experience physical and emotional changes. These changes are the result of many experiences and influences, including the genes we inherit and the lifestyles we choose. This review will outline the common changes that occur with age. It will provide some tips for helping you to remain sensitive to your patients.

### Early Older Adulthood (60-75 years)

The average American lives to be 77.2 years old. Most adults will live well into early older adulthood. People in early older adulthood usually have at least one chronic disease. High blood pressure, arthritis, heart disease and cancer are the most common. Most people in this age group will need eyeglasses to read. Many will suffer from the loss of hearing associated with old age. Most women have gone through menopause. Many in this group require daily medications.

People in this age group are beginning to lose friends and loved ones to the inevitable process of death and dying. Hospitalization may cause fear as patients confront their mortality. Other concerns relate to limited income, since many have retired. Fear of permanent disability may be a worry for hospitalized patients in early older adulthood. Arthritis is common in this age group. Older adults often experience both chronic and acute pain. Consistent use of the pain scale will help older adults evaluate their pain.

You can help to create an environment that is friendly to aging patients. Adjust lighting to help patients better navigate the hospital environment. Provide extra time for learning to help older adults retain the information presented. Use verbal as well as written instruction to help them learn. Make sure the telephone is within reach, the call light is close by and that the room is clutter-free to promote safety and independence.

### Middle Older Adulthood (75-85 years)

The average 75 year old has three chronic conditions and takes about 5 medications a day. Many in this group feel their body is “wearing out.” Almost all need glasses to see. Most have reduced hearing. Hospitalization can be frightening in particular ways for this group. Many have been struggling to live independently and most do not want to be placed in a nursing home. As a result of these fears, patients may make health decisions that are not in their best interest, like ignoring signs of disease, because they are afraid of the consequences.

People in this group are vulnerable to depression, which may not be obvious to you. Assessment should include an evaluation of coping skills. Providing spiritual and social services can be especially helpful for this age group, since it can take time to get someone to open up about these issues.

Many patients in this group, like those in the previous group, live with arthritis pain. They may not talk about this pain unless you specifically ask about joint or muscle aches. Good pain management will help them participate in physical activities like walking and physical therapy.

#### Late Older Adulthood (85 plus years)

With age the number and severity of disabilities increases. Chronic diseases progressively get more severe and many patients are diagnosed with new illnesses. Most in this group are frail and increasingly dependent on other people to assist them with their daily tasks. Older adults fear changes to their routine, so a hospitalization can be particularly stressful.

Care for adults at this stage in life should focus on improving or maintaining function. Allow the patient to express needs and then tailor the care environment to meet those needs. Maintaining a user-friendly environment will promote independence.

Some older adults may not report pain due to fear of losing independence. Others have been living with arthritis and other pain so long that they no longer express their discomfort verbally. Look for nonverbal signs of pain including confusion, inability to ambulate, grimacing and decreased range of motion. Adults in this age group have decreased cough ability and decreased swallowing skills. Aspiration precautions should be used with all frail older adults. In this age group, skin becomes thin, patients become at risk for skin tears and pressure ulcers.

People of any age can become confused while hospitalized, but the likelihood is greater for older patients. Memory loss is not necessarily a part of the aging process so if you speak with someone who seems to be losing memory, that patient should probably be evaluated for underlying illness. In many cases, we can find a cause and a solution. Confusion that is normal at admission may develop into delirium. This condition may indicate an underlying illness, such as infection, that needs to be treated. Frequent reminders about time, date, season and weather may help older adults regain a sense of security and confidence.

Patients who have lived this long have experienced many losses. Life review is common in this group. Many will enjoy telling you about “how it used to be.” Reviewing the past can help people achieve closure. Pastoral care and social work can provide assistance to patients beginning this profound and affecting final journey.

### **EMERGENCY TREATMENT OF PATIENTS (EMTALA)**

Federal law requires that a facility take care of any patients who need emergency care, regardless of their ability to pay for care. Unless the patient is pregnant and in labor, a facility can transfer the patient to a more appropriate hospital once the patient has been stabilized and once the facility has verified that the next facility has room.

Lead Healthstaff provides special education with regards to this legislation. You should be aware that if someone asks you about getting emergency treatment for any condition, you should refer that person to the Emergency Department or call the house supervisor. It is against the law to send a patient away who seeks treatment for an emergency condition.

If you will be working in the ER, please make sure you receive and complete Lead Healthstaff education module on EMTALA.

## THE HIPAA PRIVACY RULE

A patient's right of privacy and confidentiality is protected by law. No one, including spouses, friends, or attorneys, are permitted to review the patient's medical record without prior written authorization, except as required by law (court order or subpoena) or other regulation.

- Only information that is pertinent to a patient's treatment may be disclosed to other practitioners. Only authorized hospital personnel have access to medical records. All requests for medical information must be referred to the Health Information Management department.
- All Practitioners are required to sign a confidentiality statement upon employment.

To decrease the risk of uninvolved persons overhearing or seeing confidential patient information:

- Confine discussion of patient care information to the patient care areas.
- Keep computer ID/passwords confidential. Unauthorized use of ID/passwords may be subject to disciplinary action.
- Exit computer programs and log off before leaving the workstation.

### **What is HIPAA?**

The HIPAA Privacy Rule is a Federal Law that went into effect on April 14, 2003. The law protects the confidentiality of our patients' protected health information, or PHI. Protection of patient privacy and confidentiality is also required by the Center for Medicaid Services (CLINICAL RESOURCES, LLC) and the Joint Commission.

Healthcare has a tradition of privacy. People have kept patient information private as far back as the fourth century BC with the Hippocratic Oath. However, with the advanced communications technologies in use today, safeguarding the privacy of patient information is more of a challenge. The HIPAA Privacy Rule reflects these new concerns.

The HIPAA law is complex. Protecting patients' healthcare information involves two considerations: Privacy and Security. There are differences between the two that you should know.

"Privacy" is concerned with the disclosure of information about a patient to the patient directly, or to those to whom we reasonably believe the information can be disclosed if it is consistent with good health care professional practices. (See HIPAA Privacy.)

"Security" is concerned with the processes, procedures, and technologies that we use to make sure that the people viewing or changing the information are really the ones who are authorized to do so. (See HIPAA Security.)

### **What information is protected?**

All patients (including celebrities and our own practitioners) have the right to privacy, and this extends to their personal health information, referred to in the HIPAA Privacy Rule as "Protected Health Information," or PHI.

### **What types of information is protected?**

- Paper records
- Computerized information
- Oral communication

### **What are examples of PHI?**

- Face sheets
- Results of exam/evaluation
- Test results
- Treatment and appointment information

- Patient bills
- Photographs
- Paper records
- Computerized patient records and information

## **RELEASING PATIENT'S PROTECTED HEALTH INFORMATION (PHI)**

### **What information can be released only with the patient's approval?**

As a general rule, medical records can only be released to outside parties with the patient's approval, or if there is a law requiring release. (See following section, below). Again, as a general rule, this information can be released to outside parties only by the Health Information Management Department (medical records), or in some cases, the records custodian of each department.

### **Who are the Records Custodians?**

Each department or unit that maintains PHI has a "records custodian" to approve access to PHI, for purposes other than routine treatment, payment or operations purposes. Records custodians may include department leaders and supervisors, unit secretaries, or other persons designated by department leaders.

### **What are the Authorization Requirements?**

A written authorization, signed by the patient or legal representative, must be obtained for any release of information except when the release is required by law, or when the information is used for the routine purpose of treatment, payment, or operations. For example, we are permitted to share our patients' PHI with other practitioners such as physicians to treat the patient, or we may submit PHI to insurance companies to obtain payment, all without patient authorization.

### **What about releasing a patient's Protected Health Information (PHI) verbally in discussions with friends and family?**

When the patient is present and has the capacity to make his or her decisions, we may disclose PHI to friends and families if one of the following conditions is met:

- We obtain the oral agreement of the patient or legal representative.
- We provide the patient with an opportunity to object to the disclosure, and the patient does not object.
- We infer from the circumstances that the patient does not object to the disclosure. For example, when a friend has brought the patient to the emergency room for treatment.

When the patient is not present, or when the patient is incapacitated due to an emergency, it's okay to make the disclosure if our decision is consistent with good health care professional practices. For example, when a patient is brought to the emergency room, we may inform relatives and others involved in the patient's care that the patient has suffered a heart attack and we may provide updates on the patient's progress and prognosis when the patient is unable to make decisions about such disclosures.

Whatever information we disclose to the patient's friends or families should be directly relevant to that person's involvement. For example, a neighbor picking up a patient can be told that the patient is unsteady on his feet; however, the neighbor should not be told that a tumor was removed.

### **How is Protected Health Information handled for Minors?**

If a patient is a minor (under 18 years of age), the patient's parents or guardian may receive or direct use and disclosure of PHI on behalf of the patient, except for "Emancipated Minors."

**Emancipated Minors** are children who have been released from the control of parents or guardians, and may control their own PHI, in the same manner as an adult:

- Anyone who is not yet 18 years old but is legally married or who is a parent.
- Anyone who is not yet 18 years old, but has been legally married and is now divorced, or a widow or widower.
- Anyone who is not yet 18 years old but is maintaining his or her own residence and is self-supporting. A reasonable effort to contact parents must be made.
- Anyone who is not yet 18 years old, and is pregnant.

**Minors Who Are Not Emancipated:** Any minor (under 18 years of age) may without parents' consent, approval, or notification have the right, in the same manner as an adult, to protect their health information for the voluntary treatment of:

- Alcohol or drug abuse
- Testing and treatment for sexually transmitted disease

## **BODY MECHANICS**

With the use of proper body mechanics and ergonomics (the undersigning of the work place to fit the worker), most injuries are preventable. The following prevention points, when adhered to, will promote safety.

### **Lifting**

- Assess the situation and plan how to accomplish it before beginning.
- Use the muscles of the legs, hips and arms – the strongest in the body. Keep a neutral spine.
- Bend knees and hips avoid bending at the waist and lift with your legs, not your back.
- Keep feet at shoulder width to provide a broad base of support.
- Make sure the object is close to you, do not over reach, and carry the load close to you.
- Avoid lifting higher than your waist.
- Push and don't pull.
- Ask for help.

### **Sitting**

- Use chairs that provide support to the back, particularly the lower back.
- Both feet should be able to rest flat on the floor.
- Avoid slouching, walk around and stretch occasionally, or change position often to avoid strain.
- Avoid twisting and over-reaching
- Position yourself directly in front of your work and make sure your work is at eye-level to avoid neck strain.

### **Standing**

- Stand close to your work area with your back erect, chin in, pelvis tucked under and knees slightly flexed.
- Maintain a broad base with your feet and ensure even weight bearing.
- Avoid prolonged positions and slouching – stretch occasionally.

### **Back Care and Points for Prevention**

- Use good posture at all times and proper body mechanics.
- Change position frequently.
- Exercise regularly and eat a well balanced diet to control your weight.
- Ensure enough rest at night.
- Practice stress reduction techniques, such as yoga and relaxation.
- Ask for help in lifting or moving heavy objects.

- Keep work area safe – clean up spills, use wet floor signs, ensure no loose equipment, boxes or flooring, no loose power cables, close drawers. Notify appropriate personnel immediately, such as maintenance.
- Wear shoes with non-skid soles.
- Walk and don't run.
- Report any accidents to staff, patients or visitors to supervisor immediately.
- Monitor safety of patients closely.
- Ensure breaks are applied to wheelchair or bed when moving patients.
- Adjust height of bed or table to waist/mid-to-upper thigh level when moving patient.
- Maintain ergonomics at all times.

## **UNDERSTANDING CULTURAL DIVERSITY**

Ineffective culturally diverse relations can lead to prejudice, discrimination and racism. All three are due to a combination of factors.

- Lack of understanding of culturally diverse groups other than one's own.
- Stereotyping of members of culturally diverse groups without consideration of individuals within the group.
- Judgment of culturally diverse groups according to standards/values of one's own group.
- Assignment of negative attributes to the members of other culturally diverse groups.
- View of the quality and experience of other groups as inferior to those of one's own group.

### **ETHNOCENTRISM**

Because culture influences people so strongly including the way they feel, think, act and judge the world, it is typical for people to subconsciously restrict their view of the world to the point of inability to accept other cultures. This is called ethnocentrism.

Ethnocentrism can prevent one from accepting others and can lead to clash of values, shaky interpersonal relationships and poor communication.

### **APPROACHES TO MINIMIZE CULTURAL CONFLICTS IN THE MEDICAL SETTING**

- Deliver patient care that emphasizes the interrelationships among persons, cultures, health and medicine.
- Facilitate the practitioners/clients relationship through the development of special resources such as translators and multicultural workforce.
- Establish norms allowing family involvement in the healing process.
- Identify and increase knowledge about non-traditional community resources such as local herbalist or specialty stores.
- Explain community health practices to clients and assess their level of acceptance.
- Include cultural diversity concepts in the education of medical personnel and the orientation of hospital practitioners.

### **CROSS CULTURAL COMMUNICATION FOR HEALTHCARE EMPLOYERS**

In the business of healthcare, 90% of activities involve communication. Achieving effective communication is a challenge to managers even when the workforce is culturally homogenous. Communication is the exchange of meaning. Communication includes any behavior that another human being perceives and interprets. The meaning interpreted by the receiver may be different from the information being conveyed by the communicator. When translating meanings and behaviors, keep in mind that meaning is based on a person's cultural background and is not

the same for each person. The greater the differences in backgrounds between the sender and the receiver the greater the difference in meaning attached to particular words and behaviors. Cross-cultural communication occurs when a person from one culture sends a message to a person from another culture.

There are ways to increase the chances of accurately understanding people who speak a different language.

### **VERBAL BEHAVIOR**

- Speak clearly and slowly.
- Repeat each important idea.
- Use simple sentences.
- Use active verbs.

### **NON-VERBAL BEHAVIOR**

- Visual restatements (use pictures, graphs, etc.).
- Gestures (use facial and hand gestures).
- Demonstration: Act out the themes.
- Pause more frequently.

### **ATTRIBUTION**

- SILENCE: When there is silence, wait. Do not jump to fill in the silence. The other person is probably thinking.
- INTELLIGENCE: Do not equate poor grammar and mispronunciation with lack of intelligence. It is a sign of second language use.
- DIFFERENCES: If unsure, assume differences rather than similarities.

### **COMPREHENSION**

- UNDERSTANDING: Do not assume that they understand. Assume that they do not.
- CHECK: Have the people repeat their understanding.
- BREAKS: Take more breaks, second language comprehension is exhausting.

### **MOTIVATION**

- ENCOURAGEMENT: Verbally and non-verbally encourage and reinforce.
- REINFORCEMENT: Do not embarrass speakers.

### **STRATEGIES TO COMMUNICATE EFFECTIVELY**

Strategies to overcome our natural parochial tendencies do exist. With care, the default option can be avoided. We can learn to understand and control our own cultural conditioning. In facing foreign cultures, we can emphasize description rather than interpretation or evaluation and thus minimize self-fulfilling stereotypes and premature closure. We can recognize and use our stereotypes as guides rather than rejecting them as simplification. Effective cross-cultural communication pre-supposes the interplay or alternative realities. It rejects the actual or potential domination of one reality over another.

Miscommunication is a frequent problem in healthcare organizations. The most obvious case is when the patient and the hospital personnel do not speak the same language. Also patients and staff may operate on different beliefs, values and/or clocks causing confusion and resentment for all parties.

### **TIME**

When is the right time? People of different cultural background may give different answers to this question. Some people count time by a watch. They see time as money saved, spent, squandered. Others see only the rhythm or cycles of growth of people or things.

- Make allowances for the fact that differences about time can be legitimate cultural differences. Do not jump to conclusions that others are irresponsible. Do not assume that you are stupid or insensitive because you don't manage time the way they do.
- If you cannot adapt to the other person's sense of time, negotiate something that will work for both of you.
- Remember that culture runs deep. It is one thing to make an agreement and another to create a habit. Changes here will take patience and persistence with others and yourself.

### **PERSONAL SPACE**

How large space is depends on your background and culture. Getting too close may make another think you are intrusive, aggressive or pushy. Staying too far may give them the impression that you are cold, impersonal, afraid or disinterested.

- Learn to be flexible
- Know that others may feel differently about space. Stay put and let the other people adjust to where they feel comfortable with you.

### **TOUCHING**

When people touch physically it means different things.

- I have power
- Hello/Goodbye
- I want you to understand
- I like you
- I want to congratulate

### **COMMUNICATE**

When you communicate, be aware of:

- Tone of voice
- Body posture
- Breathing rate
- Distance
- Timing and pacing of speech patterns

## **DISCHARGE PLANNING**

This fact sheet discusses a hospital's responsibilities to assist with nursing home placement and right to challenge hospital discharge decisions. All of the information applies only to persons on Medicare, although there are similar rights under other health insurance programs.

### **WHAT IS HOSPITAL DISCHARGE PLANNING?**

Hospital discharge planning is a service to assist patients in arranging the care needed following a hospital stay. Discharge planners help arrange services including home care, nursing home care, rehabilitative care, out-patient medical treatment and other help. Hospital discharge planning is usually handled by the hospital's Social Services Department.

If a patient needs help arranging nursing home care, ask the nurse to contact the Social Work Department. If a hospital discharge planner does not contact the patient within a short time, contact the Social Work Department directly for assistance.

Discharge planning services in Medicare certified hospitals must meet the following standards:

- Hospitals must identify and evaluate persons who may need discharge planning assistance.
- The evaluation must be done on a timely basis and must determine the need for services after the hospital stay and the availability of these services.
- The results of the evaluation must be discussed with the patient or patient's representative.
- If requested by the patient's physician, the hospital must help develop and implement a discharge plan for the patient.
- Discharge planning must be provided or supervised by a social worker, registered nurse or other appropriately qualified person.

If a patient needs nursing home care, the hospital's discharge planner should provide information about local nursing homes and should help identify homes that have vacancies.

The hospital cannot force a patient to go to any particular nursing home or discharge a patient to a nursing home without the consent of the patient's legal representative. If the hospital believes that a patient no longer needs hospital care and is refusing appropriate discharge, it must issue notice to the patient of its determination. This notice can cause the patient to become responsible for payment of continuing hospitalization, subject to the patient's right to appeal. The notice and appeals rights are discussed below.

## **PATIENT RIGHTS AND RESPONSIBILITIES**

Lead Healthstaff practitioners must uphold their role as advocates and recognize the consumer/patients' right to dignity, individual value systems, access to medical care and confidentiality. As advocates, nurses should be able to speak up to protect the health and safety of patients in their care without fear of retaliation.

### **THE PATIENTS' BILL OF RIGHTS**

The U.S. Advisory Commission on Consumer Protection and Quality in the Health Care Industry conceived the Patients' Bill of Rights in 1998. Its purpose is to promote healthcare quality and support the public as they navigate through the healthcare system. The seven areas of rights and responsibilities are:

1. Information Disclosure: Patients have the right to accurate and easily understood information about their health plan, healthcare professionals and healthcare facilities. If a patient speaks another language, has a physical or mental disability, or just doesn't understand something, assistance must be provided so that the patient can make informed healthcare decisions.
2. Choice of Practitioners and Plans: Patients have the right to a choice of healthcare practitioners who can provide high-quality healthcare when needed.
3. Access to Emergency Services: Patients who have severe pain, an injury, or sudden illness that convinces them that they are in serious danger have the right to be screened and stabilized using emergency services. These services should be provided whenever and wherever needed, without the need to wait for authorization and without any financial penalty.
4. Participation in Treatment Decisions: Patients have the right to know their treatment options and to take part in decisions about their care. Parents, guardians, family members, or others that a patient selects can represent them if they cannot make their own decisions.
5. Respect and Non-discrimination: Patients have a right to considerate, respectful care from doctors, health plan representatives, and other health care practitioners without discrimination.
6. Confidentiality of Health Information: Patients have the right to talk privately with health care practitioners and to have their health care information protected. Patients also have the right to read and copy their own medical record. Patients have the right to ask that a doctor change their record if it is not accurate, relevant, or complete.

7. **Complaints and Appeals:** Patients have the right to a fair, fast, and objective review of any complaint they have against their health plan, doctors, hospitals or other healthcare personnel. This includes complaints about waiting times, operating hours, the actions of healthcare personnel and the adequacy of healthcare facilities.

## **THE SIX ETHICAL PRINCIPLES OF THE PATIENT'S BILL OF RIGHTS**

The Patients' Bill of Rights supports six basic principles of ethics:

1. **Autonomy:** Independence, self-direction, and freedom of choice. When patients choose a healthcare practitioner, a healthcare facility or make decisions about treatment they are exercising autonomy. The Patients' Bill of Rights supports autonomy by supporting the patients' right to the choice of plan and healthcare practitioners that ensures access to appropriate healthcare. The healthcare professional's duty is to support patients' autonomy by ensuring that patients understand their treatment options.
2. **Beneficence:** Acts of charity or kindness. As a principle of ethical care, it means that treatment provided is for the good of the patient. The principle of beneficence means that patients should receive considerate and respectful care and have the opportunity to let healthcare workers know when they are not receiving the quality or value of care necessary. The practitioner should assist patients to voice their concerns through a complaint procedure. The principle of beneficence indicates that healthcare practitioners must provide competent care so the patient is safe and is treated with respect.
3. **Confidentiality:** Private or secret. As a principle of ethical care, it means that information about patients and their care is protected and shared only with those who have the right or the need to know. The patient also has a right to know how others will use information about him/her, and who will receive that information. The principle respects that patients have the right to know about their treatment and to review their own records.
4. **Fidelity:** Faithfulness, as in a pledge or duty. As a principle of ethics, it means healthcare workers have a duty to be patients' advocates and to protect patients' rights. Fidelity is demonstrated by upholding the Patients' Bill of rights.
5. **Veracity:** Truthfulness. As a principle of ethics, it means supporting both information disclosure and the right to make treatment decisions as described in the Patients' Bill of Rights. Correct and truthful information helps patients to make informed choices.
6. **Justice:** Impartiality or fairness. As a principle of ethics, it means that all patients and their families are treated the same, without favoritism or discrimination based on race, color, gender, economic status, social status or any other personal trait. All people have the right to fair and unbiased treatment.

## **INFORMED CONSENT**

Informed consent is a process in which consent is obtained for a treatment or healthcare service when the patient knows about and understands the treatment, including its implications, benefits, risks and the alternatives. The patient must know they have the right to accept or refuse the treatment or service.

Before undergoing treatment, patients must give consent. Some patients may not be capable of giving consent because of age, mental competence or other possible factors. As such, a designated guardian (such as a parent, relative, friend or caregiver) represents that patient. Healthcare practitioners must ensure that the consent is "informed" and signed by either the patient or the guardian.

## **ADVANCE DIRECTIVES**

**Advance Directives:** Documents written in advance of serious illness or injury, which states choices for medical treatment or names someone to make treatment decisions on behalf of that individual should he/she become unable to make or communicate such decisions. Advance directives promote an individual's control over his/her own healthcare decisions. All patients entering the healthcare system must be given the opportunity to complete an advance directive document which will define the patients' preferences in end-of-life decisions or at any time that they are unable to convey their own wishes regarding healthcare. Advance directives are voluntary and are

supported by the Patient's Bill of Rights dependent upon state law. There may be two or more types of advance directives: the living will and the durable state of attorney/healthcare surrogate, as examples.

Living Will: A "Living Will" is a document that gives direction about the medical care, and limitations of medical care, desired by the patient when he or she is either in a permanent vegetative state with no hope of recovery or has an imminently terminal condition AND is unable to make his or her needs known.

Healthcare Surrogates/Durable State of Attorney: A document, which names someone to make medical care decisions for another, should that person become unable to make them for themselves. This document may include instructions about treatments the individual may or may not want, should he/she become seriously ill or injured.

### Guidelines

Written information regarding advance directives may be available to anyone and most often is administered through the admission department, Social Work department, Pastoral Care department, or Medical Records department. It is the responsibility of the registered nurse to assure this documentation is available in the medical record.

Any competent patient may sign a living will or durable power of attorney for healthcare. Witnesses to a living will may not be:

- Related to the patient by blood or marriage
- The patient's physician or nurse of the physician
- A patient care practitioner working on behalf of the hospital if the practitioner is providing direct care to the patient or is involved in the hospital's financial affairs
- Be a patient of the hospital
- Have a claim against the hospital

Witnesses to a durable power of attorney for healthcare may not be:

- The person appointed as agent in the document
- A practitioner of health or residential care
- The operator of a community care facility
- A practitioner or operator of a healthcare facility

Each adult (or their representative) who registers as an inpatient should be asked if they have a living will and/or durable power of attorney for healthcare. If the patient has a living will and/or durable power of attorney for healthcare, it shall be noted on the appropriate form and be made part of the medical record.

If a patient decides to revoke a written advance directive, the patient's physician should notify the appropriate department or staff nurse. Said department shall explicitly mark the advance directive as being revoked and should clearly document the date of the revocation. A patient may revoke an advance directive at any time, regardless of the patient's mental state of competency.

## **UTILITY MANAGEMENT**

Utilities are basic building services. They include:

- **Electricity:** Emergency Electrical Service is supplied from a hospital's emergency powerhouse generators. When normal service fails, the generators support essential building systems, fire safety systems and pre-designated medical equipment. Most hospitals have an Uninterruptible Power Supply (UPS) System. It permits power sensitive equipment to function normally during transitions in power supply.
- **Water:** Water is needed for drinking, cooking, bathing, cleaning, flushing the toilet, steam production, heating and cooling systems and cooling some clinical equipment.
- **Sewer:** The Sewer Service allows for waste disposal from the facility.

- Natural gas: Hospitals use natural gas as the primary fuel for the boilers to make steam and hot water. Natural gas also supports food service and lab processes. The hospital may have a backup diesel fuel supply to fire the boilers if the natural gas supply fails.
- Piped Medical Gases: Medical gases include oxygen, nitrogen, nitrous oxide and carbon dioxide. They are supplied from the hospital medical gas storage systems. Medical Gases are distributed to specific outlets throughout the hospital. Medical air is also distributed via special outlets throughout the hospital.
- Heating, Ventilation and Air Conditioning Systems (HVAC): The functions of HVAC include heating to support room comfort, ventilation to support air quality and infection control and cooling to support human comfort and in some locations, equipment function.
- Fire Protection System: Fire protection systems are operated and maintained by the Hospital's Physical Plant and Maintenance Departments. Smoke detection systems are designated to operate at all times. Fire sprinklers turn on when a defined temperature is reached. Fire alarms are triggered by either the smoke detection or fire sprinkler systems. They produce audible alarms and visual strobe signals.
- Pneumatic tube systems
- Telephones
- Computers

#### Code White: Utility Failure

The purpose of a Code White is to alert practitioners to a hospital-wide failure of one or more of the above utility systems. All departments and units have Utility Failure Plans that identify what action you need to take in the event of one or more utility failures. Make sure you know the location of the Utility Failure Plan and contact the hospital Safety Management, Department Manager or Safety Coordinator if you have any questions.

## **PATIENT EDUCATION**

Patient/family teaching has been recognized as an essential activity fundamental to every nursing, medical and allied specialty. The growing awareness that individuals can be more responsible and participate in their own health is prompting the practitioners, policy makers, regulatory agencies and payers to strengthen patient and family education in every phase of patient care.

Patient and family education is interactive and appropriate to the patient's age and length of stay. It includes, but is not limited to:

- Helping the patient adopt or function more independently.
- Information about access to additional resources.
- When and how to obtain further treatment.
- Safe and effective use of medication and medical equipment.
- Potential drug – food interaction.
- Nutrition information/counseling on modified diets as appropriate.
- Rehabilitative techniques, including activity and assistive devices.
- Maintenance of good standards for personal hygiene and grooming, including brushing teeth, bathing, caring for hair and nails, and using the toilet.
- Information on patient/family responsibilities for the patient's healthcare need (e.g. self-care, signs and symptoms to report, etc.) including the knowledge and skills to carry out these responsibilities.

#### **How is Patient/Family Education Implemented?**

- Patient teaching is based on assessed learning needs.
- Assessment includes consideration of cultural and religious practices.
- Barriers to learning are identified.
- Age-appropriate teaching is matched with developmental stage.
- Education is provided by the appropriate healthcare professionals (Pharm D, MD, RN, LCSW, RD, RCP, RT, OT, SLP and other disciplines involved with the patients care).

- Educational materials (video and print) utilized are medically current, instructionally correct, cost effective and developmentally coordinated through the Patient Education Committee.

### **The Practitioners Role in Patient Education**

- Asses/re-assess patient including cultural and religious beliefs
- Identifies learning barriers
- Identifies learning need
- Provides necessary information
- Discusses plan of care for patient with patient/family and explains roles of interdisciplinary team
- Explains treatment plan, verifies patient's knowledge about procedures
- Explains medication in collaboration with clinical pharmacist as necessary or upon request
- Provides discharge instructions such as:
  - Follow up appointment with physician
  - Danger signals and symptoms to report
  - Medications, food-drug interactions
- Provides patient with education materials
- Discusses appropriate pain management
- Discusses return to work and driving

## **MEDICAL EQUIPMENT MANAGEMENT**

The Safe Medical Devices Act, in an effort to monitor incidents involving equipment, requires all healthcare personnel to follow up on problems or incidents involving equipment promptly. If a piece of equipment does not function properly:

- Take it out of service and generate a work order for its repair.
- If the item has been involved in an incident causing serious illness or injury to anyone at the client facility, the equipment should be isolated and saved for Risk Management to examine.
- Fill out an incident report.
- Report the incident immediately to Risk Management. Risk Management staff will evaluate the incident for reporting to the FDA and manufacturer.

In order to provide quality patient care with the least amount of risk possible, all facilities have developed an Equipment Management Program. All equipment (clinical or non-clinical) must be inspected by the facilities' Management Department prior to its initial use. "Equipment" is defined as all equipment, fixed or portable, that is used for the diagnosis, treatment, monitoring or care of patients, which could pose a physical and/or clinical risk to a patient and/or operator during use.

- All practitioners who operate, monitor or maintain clinical equipment must be trained to do so safely.
- Practitioners are required to be familiar with the clinical equipment inspection stickers affixed to each piece of equipment.
- All equipment should have the facility's inspection sticker on it that indicates the equipment was inspected, the equipment passed the electrical safety test and how frequently the equipment is tested.

### **CLINICAL EQUIPMENT**

In order to provide quality patient care with the least amount of risk possible, the facilities management department has developed a Clinical Equipment Management Program.

Clinical equipment is defined as all equipment, fixed or portable, that is used for the diagnosis, treatment, monitoring or care of patients, and which could pose a physical and/or clinical risk to a patient and/or operator during use.

All equipment (clinical or non-clinical) must be inspected by the facility's management department prior to its initial use.

Many different types of clinical equipment are used to help treat patients in your facility. Some of these are:

- Ventilators
- IV (Intravenous) pumps
- Glucose-testing monitors
- Cardiac monitors
- Enteral pumps
- Radiant warmers
- Hypothermia blankets
- EKG (Electrocardiograph) machines
- Electric beds

Clinical equipment can be an important part of a patient's treatment, but there are things that can go wrong. There are three types of risk factors or potential problems that can arise in the use of clinical equipment:

1. Malfunction
2. Improper use
3. Damage to equipment

It is important that you do not use any equipment that you have not been trained to use. You need to know the following information about any equipment you use:

1. How to operate it
2. The purpose of the equipment and the intended results
3. Monitoring and observation activities - what to observe, frequency precautions, and adverse reactions
4. Contraindications - warning signs
5. Troubleshooting - including how to respond to alarms
6. Care and maintenance
7. Backup procedures and equipment

In addition to proper training, there are other things you can do to help ensure that equipment functions properly and safely:

1. Teach patients and their families about any equipment, including how it works, its purpose, safety precautions, signs of problems, what to do if problems arise and when to notify staff.
2. At the first sign of a malfunction, take equipment out of use. Label it so that others do not use it, and follow the policy of the client facility for repair.
3. If equipment has a battery backup, keep it plugged in whenever possible so that it stays fully charged.
4. Remove equipment from rooms when it is no longer needed to prevent it from being damaged and to make it available for others to use. Follow the policy of the client facility to prepare the equipment for use with another patient, including disinfecting, cleaning, re-inspecting and recalibrating where required.
5. If any equipment is dropped, take it out of service immediately. Even though it may seem intact, there might have been damage to some components that could pose a safety hazard.
6. Cellular phones have been found to interfere with some electrical equipment. The client facility may have a policy that bans cell phones in the facility or within certain areas.

## **PAIN MANAGEMENT**

Pain management is a complex, subjective and highly unpleasant sensory or emotional experience caused by a physical, neurological or emotional response to noxious stimuli. Pain can be acute or chronic in nature. No two

people experience or express their pain alike. The most reliable indication of the existence and intensity of pain is the patient's testimony, and its measurement is considered the fifth vital sign. Many factors can influence the severity of pain including the personal meaning of pain, additional anxiety, tension, depression, fatigue and sleeplessness. Chronic pain is the most frequent cause of reduced quality of life. Untreated acute pain in hospitalized patients can cause longer hospital stays, delayed healing and increased fear and anxiety.

When you are providing care, moving, lifting a patient or performing procedures, ask the patient if they are having pain. Do not assume a patient is not in pain just because he or she doesn't speak up. Often, careful moving or re-positioning may help.

Patient pain level will be assessed using ETRMC's Universal Pain Assessment 10-point scale. Pain management includes main assessment, planning, intervention, reassessment of patient responses to pain management measures, and education of patient and family regarding pain management. Patient assessment, reassessment and education must be documented on the medical record.

Pain control measures fall into two categories:

1. Pharmacological interventions
2. Non-pharmacological interventions

Pharmacological interventions are pain control methods that use medications. These include:

1. Opiates, such as morphine and codeine.
2. Non-opiates, such as acetaminophen.
3. Adjuvants, a variety of drug types that are usually used to supplement opiates or non-opiates.

Non-pharmacological interventions are alternative measures that do not use drugs. The methods that are selected will depend on the needs of the patient. Non-pharmacological pain management methods include:

1. Relaxation and distraction techniques.
2. Physical interventions.

#### Relaxation and distraction techniques

These techniques work best if they are practiced before they are needed for pain relief. They include:

- Deep breathing (with focus on breathing techniques)
- Listening to music
- Guided imagery
- Biofeedback
- Hypnosis

#### Physical Interventions

Physical interventions that can help in the treatment of pain include:

- Massage
- Exercise (especially for chronic pain)
- Application of heat or cold (not longer than 20 minutes; be careful of extremes of heat or cold that could damage tissue)
- Acupuncture
- Position change
- TENS unit (trans-electrical nerve stimulation therapy)

A TENS unit controls pain by stimulating the nerves at the pain location and helping to block pain signals.

When using drugs to control pain, the best strategy is to use the **least strong** drug which still gives adequate pain relief. If the intervention does not relieve the pain, it may require:

- An increase in dosage
- An increase in frequency
- An increase to the next level of drug

Usually, pain control measures begin with non-opiates (non-narcotic) drugs. Non-opiates, such as acetaminophen (Tylenol) are generally available in both over-the-counter and prescription strengths. Non-opiates are usually taken orally or by suppository. The most common side effect of acetaminophen is hepatotoxicity (liver involvement). This is most common with an overdose.

Non-opiates also include NSAIDS (non-steroidal anti-inflammatory), such as Advil and Motrin. These may also be used in combination with opiates. The most common side effects of NSAIDS are:

- Gastric irritation
- Prolonged bleeding time.

The name, **opiates**, refers to drugs that are based on opium. They can be either natural or synthetic. Opiates are used for moderate to severe pain.

#### Pure agonists

One class of opiates, known as "pure agonists," which refers to their specific mechanism for pain relief, includes:

- Morphine
- Hydromorphone (Dilaudid)
- Fentanyl
- Codeine

Increased dosage of pure agonists provides increased analgesia (pain relief) and side effects. Side effects include:

- Euphoria
- Sedation
- Constipation
- Nausea
- Vomiting
- Itching
- Urinary retention
- Hypotension
- Respiratory distress

Over time, patients may develop a tolerance for opiates, meaning they require higher dosages to achieve the same pain relief. However, the usual reason for increasing dose is because of disease progression. Patients who have received opiates for a long period of time may experience withdrawal when the drug is stopped. This means that patients should not be taken off the drug suddenly but should gradually decrease the drug level over several days.

There are two important things to remember about opiates and other pain drugs:

1. Drug-seeking behavior is NOT a sign of addiction.
2. Drug-seeking behavior IS a sign of inadequate pain relief.

#### Other opiates

Other types of opiates such as nalbuphine (Nubain) and butorphanol (Stadol) provide less analgesia, but also fewer side effects. There is also a limit to their effectiveness. After a point, higher doses do not increase analgesia. These drugs are sometimes used to reverse analgesia and side effects caused by pure agonists.

### Administration of opiates

Opiates can be given orally. As pain levels increase, they are administered in other ways, which deliver a higher level of pain relief:

- Sublingually (under the tongue)
- Buccally (placed in the cheek area if patient unable to swallow)
- Dermal patch (for continuous release)
- Intravenous (IV) by continuous infusion or intermittent dosage
- Patient-controlled analgesia (PCA) using intravenous delivery
- Intramuscular or subcutaneous injection
- Suppository

### Adjuvants

Other drugs that may help in pain control are called adjuvants. These include:

- Corticosteroids
- Antidepressants
- Local anesthetics
- Anticonvulsants.

These drugs are used to:

1. Enhance the effectiveness of a primary analgesic
2. Limit the side effects of a primary analgesic (usually an opiate)
3. Treat concurrent symptoms that increase pain
4. Provide analgesia for certain types of pain that are not relieved by opiates

## **RADIATION SAFETY**

Time, distance and shielding prevent unnecessary exposure to radiation. Spend only the needed time in the radiation area, keep your distance from the source of radiation and use proper shielding when radiation equipment is being used. To do this, routine testing and evaluation of equipment, procedures, personnel monitoring and continuing education are critical. Those involved with radiation need to attend an annual refresher course on radiation safety. The classes are listed in the Memorial Academy catalog.

- Always observe radiation-warning signs.
- Enter areas employing radioactive sources only for authorized and necessary purposes.
- Do not attempt to clean up spills on floors and counter tops labeled "Caution: Radioactive Materials." These may be radioactive and require special clean-up procedures.

## **FALL PREVENTION**

Most facilities have developed a Fall Prevention Program to identify those patients who are at highest risk to fall, with the intent of reducing injuries.

A patient fall may also result in:

- Longer hospital stays
- Permanent injury
- Disability
- Death

There are things you can do to help prevent patient falls:

- Orient patients to their surroundings.

- Show them how to use the call light and explain how and when to get assistance.
- Ensure good lighting in rooms and bathrooms.
- Keep beds at a low height.
- Make sure path to bathroom is clear.

You can also learn to recognize patients who are at risk for falls. These include:

- Infants and young children.
- Older adults.
- Sedated patients.

#### Infants and young children

These patients are immature, and they often do not understand what they should or should not do. Their motor skills are still developing, so they can fall easily. They are also full of curiosity.

#### Older adults

The majority of falls occur in patients over 65 with the highest number in the 80-89 age group. These patients may be unsteady on their feet. They may also have problems with hearing and eyesight.

#### Sedated patients

Patients who are sedated may not be able to understand instructions. They often cannot recognize dangers and may become confused.

Patient education can also help prevent falls. Teach patients and their families about:

- The hospital environment.
- Potential hazards.
- Equipment being used.

In addition to patient falls, there are other types of injuries. These include injuries from misuse of equipment and burns from hot liquids. These injuries are less frequent than falls, but all have one thing in common:

Most injuries can be prevented!

There are several things you can do to help prevent injuries:

1. Identify and correct safety hazards.
2. Take care in using equipment.
3. Follow the standard of care when doing procedures and treatments.

#### Identify and correct safety hazards

- **Slips**, such as water on the floor, should be cleaned up.
- **Trips**, or obstacles, should be removed.
- **Sharps**, such as needles or glassware, should be properly disposed of.

## **COMPLAINT RESOLUTION (PRACTITIONER AND CLIENT FACILITY)**

A Service Complaint is any complaint and/or concern from one of our valued practitioners and clients regarding a situation or incident that results in dissatisfaction of that practitioner or client. The purpose of our complaint policy is:

- To have a positive impact in improving service and satisfaction.
- To understand the causes that underlie a complaint and to focus on making changes to systems and processes to reduce the probability of a similar complaint in the future.
- To prevent potentially compensable events and to protect corporate financial resources potentially jeopardized by customer dissatisfaction.
- To analyze and trend data to identify opportunities for improvements in organizational performance.

All Lead Healthstaff practitioners and internal office staff are entitled to full and equal accommodations, advantages, facilities, privileges and services provided by the company.

Lead Healthstaff accepts complaints from persons who believe that they have experienced a violation of their rights. The following guidelines shall be followed in resolving complaints.

- Complaints must be filed within 30 days of the alleged act.
- The complaint is the written document that describes the occurrence and why the person filing the complaint believes the action or incident was in violation of his/her rights.
- An individual seeking to file a complaint needs to contact Lead Healthstaff management. An intake interview or phone interview will be conducted with the complaining party.
- After a careful screening process, the complaint is investigated to determine if there is sufficient evidence to support the allegation. The complaint documentation must contain a claim, which constitutes a violation of the complaining person's rights.
- A complaint may be settled at any time after it is filed. Opportunities will be given to all parties involved to ask questions, provide information, and suggest witnesses in order to resolve the complaint.
- As the investigation proceeds, individuals will be interviewed and pertinent records and documents will be reviewed.
- The person filing the complaint must cooperate fully by providing accurate information and by supplying documents to support the allegations.
- All information gathered in the course of an investigation is subject to disclosure unless otherwise protected by the individual's right to privacy (e.g. medical records).
- If the complaint is substantiated, a reconciliation conference to settle the complaint will be scheduled. Settlement terms may require:
  - Restoration of previously denied rights.
  - Compensation of any out-of-pocket losses incurred by person filing complaint
  - Correction of other harm(s) resulting from the violation(s).
  - Modification of practices that adversely affect persons protected under law
  - Other actions to eliminate the effects of violation of rights.

Our goal is to always provide you with a consistent level of service. If for any reason you are dissatisfied with our service, we encourage you to contact the Lead Healthstaff management to discuss the issue. Lead Healthstaff has processes in place to resolve complaints in an effective and efficient manner. If the resolution does not meet your expectation, we encourage you to call the Lead Healthstaff corporate office at (402) 614-1340. A corporate representative will work with you to resolve your concern. Any individual that has a concern about the quality and safety of patient care delivered by An Lead Healthstaff practitioner, which has not been addressed by Lead Healthstaff management, is encouraged to contact the Joint Commission at or by calling the Office of Quality Monitoring at (630) 792-5636. Lead Healthstaff demonstrates this commitment by taking no retaliatory or disciplinary action against practitioners when they do report safety or quality of care concerns to the Joint Commission.

## **HUMAN RESOURCES: APPLICATION PROCESS**

In keeping with our standard of excellence, Lead Healthstaff's initial application process and ongoing quality assurance initiatives are designed with the primary goal being to provide the highest quality of professionals possible. Our objectives include:

- To recruit professionals who are dedicated to quality care with proven skill histories.
- To provide an orientation for each physician so that he/she may perform his/her work in a safe and effective manner.
- To provide consistent opportunities for staff education via our website that has been equipped with educational links.
- To monitor the quality of performance through regular assignment evaluations.
- To work closely with clients while modifying our service concepts to meet their needs.

Each applicant undergoes a stringent screening process to verify skills and commitment to professional excellence.

### **BACKGROUND CHECKS:**

Lead Healthstaff performs criminal background checks on applicants, which includes at a minimum a felony and misdemeanor search in their state of current residence, and may also include states and counties of residence/employment for the previous 7 years. Criminal background checks can also be conducted during post assignment based upon a reasonable suspicion of criminal activity. In addition, Lead Healthstaff verifies that applicants are not included in the Office of Inspector General's (OIG).

### **LICENSE/CERTIFICATION/EDUCATION VERIFICATION**

At a minimum, applicants are required to provide copies of professional licenses to practice their profession in the state of the assignment and any other professional certifications required for the practice of their specialty. Lead Healthstaff conducts primary source verification of all professional licenses in all relevant states with the appropriate licensing bodies to verify issue date, expiration date, active status of license and to determine if a license has ever been suspended, revoked, restricted, reprimanded, sanctioned or disciplined. Any disciplinary action on a professional license can be terms for ineligibility to work with Lead Healthstaff and falsification of any documentation will render applicant completely ineligible for placement with Lead Healthstaff

Positions that require a specific educational requirement and/or certification must have verification of such. Where education and licensure are required, but the license may not be obtained without meeting the education requirements, it is not necessary to confirm education, but only to verify the license. (A specific example would be an RN where state licensure is required and completion of an approved nursing program or completion of a certain number of continuing education units. In this case, the individual may not obtain state licensure or renewal without completion of an approved program or continuing education units, therefore only license verification would be required. If the position requires state licensure as an RN and a Master's degree, then both the licensure and the education would need to be verified). It is the practitioner's responsibility to maintain a current valid license. Failure of the practitioner to maintain a current valid license will result in removal from duties and progressive discipline. Practitioners are required to immediately notify Lead Healthstaff if a license/certification is suspended or revoked or if a malpractice case is pending or been settled against the practitioner.

It is the practitioner's responsibility to maintain a current valid license. Failure to do so will result in removal from duties and progressive discipline. Practitioners are required to immediately notify Lead Healthstaff if a license/certification is suspended or revoked prior to education.

### **REFERENCE CHECKING**

Lead Healthstaff verifies at least one reference from previous employers or from clinical peers that may provide information related to the applicant's knowledge and applied job skill proficiency or confirm dates of employment

### **PRE-EMPLOYMENT SKILLS ASSESSMENT/COMPETENCY EXAMINATIONS**

To ensure that work is performed safely and efficiently in the hospital setting, all applicants are required to complete a competency self-assessment. All competency assessment tools are maintained in their personnel file.

Lead Healthstaff<sup>7</sup> placement department shall assess applicant competency through review of all competency self-assessments, competency examination, references and in-person or telephone interview. A position description that specifies job duties, expectations, qualifications and special requirements commensurate with the position are reviewed with each applicant as well.

#### **ADDITIONAL QUALIFICATIONS OF PROVIDER PERSONNEL**

- Applicants must be a graduate of an accredited medical school, nursing school, or appropriate certification program.
- All applicants must possess at least one year's full-time experience within the last three years in an Acute General Care Hospital, which experience shall be documented by reference in personnel file
- All applicants must be ACLS/BLS certified
- Applicants working in ER, PEDS and PACU must be PALS certified
- Applicants working in NICU and Nursery must be NALS/NRP certified
- Applicants working in L&D must be NALS/NRP certified and also be certified for Advanced Fetal Monitoring
- Applicants working in Post-Partum or any OB/GYN area must be NALS/NRP certified

#### **HEALTH SCREENING**

Applicants may need to go through a screening process when specified in the written agreement between Lead Healthstaff and its clients, to demonstrate that they are free from communicable disease and are free from any health impairment that is of potential risk to the patient, caregiver, other employees, or that may interfere with the performance of duties. All applicants may need to provide:

- Clearance for Work: are only required when specified in the written agreement between Lead Healthstaff and its clients. If required the applicant will Submit a written clearance for work conducted within the last twelve months prior to hire date. The Clearance for Work shall include whatever specifications are in the written agreement between Lead Healthstaff and its clients, which may or may not include a medical history, physical examination, laboratory work as indicated, and a written report to indicate that the employee is physically and medically qualified to perform the duties to be assigned. In addition, annual physicals are required thereafter
- Tuberculosis Test: are only required when specified in the written agreement between Lead Healthstaff and its clients. TB tests if required may need to be conducted within the last twelve months prior to hire date. The TB test may show a negative result. Applicants who test positive as a tuberculin reactor are required to submit documentation of a negative chest x-ray showing no abnormalities and/or provide proof of prophylactic antibiotic therapy. One clear chest x-ray is required for individuals following a positive skin test or documented history of positive skin test, repeat chest X rays thereafter are not required for those who present positive skin results, repeat chest x rays are only required when specified in the written agreement between Lead Healthstaff and its clients. Applicants with positive TB results must also complete a TB questionnaire upon hire and annually thereafter.
- Vaccinations: are only required when specified in the written agreement between Lead Healthstaff and its clients. If required the applicant will Submit proof of exposure to or immunization to Rubella, Rubeola, mumps, and Varicella zoster.
- Drug Test: are only required when specified in the written agreement between Lead Healthstaff and its clients. If required the applicant will Submit 10 panel drug screen for amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, meperidine, Methadone, Opiates, Phencyclidine, Propoxphene
- Hepatitis B: are only required when specified in the written agreement between Lead Healthstaff and its clients. Must provide proof of vaccination to Hepatitis B or sign waiver/declination. The Hepatitis B vaccine and vaccination series shall be made available at no cost to all employees. Employees shall not receive the vaccination if they have previously received the Hepatitis B vaccination series or have antibody resting which reveals the employee is immune or for whom the vaccine is contraindicated for medical reasons.

- for medical reasons.

\*\*\* *Please note that random drug screening and drug screening for cause may occur at any time.*

## **INTERVIEW AND EDUCATION**

The Lead Healthstaff recruiters screen the applicants. Screening is designed to determine if the applicant's knowledge, competence and skills in specified areas of expertise match what is requested by client facility. Screening is based on actual detailed requests solicited by the account manager from each client facility.

Applicants are also provided with current information on a variety of topics, including, but not limited to:

- Medication: administration, safety and prevention of errors
- Abuse: Child, elder and reporting, SCAN
- Sexual and domestic violence, assault, rape
- Drugs in the workplace, workplace violence
- Safety: electrical, fire, environmental, safety signals
- Hazardous materials
- Infection control and CDC Hand Guidelines
- OSHA and bloodborne pathogens
- Dress code and fingernail policy
- JCAHO education, National Patient Safety Goals, List of Abbreviations/Do-not-use
- Patient rights/advance directives
- Emergency preparedness
- End-of-life care
- Code situation policies
- Sentinel event policies and procedures
- Restraints
- Age-specific education
- HIPAA
- Pain Management
- Body Mechanics
- Documentation: of patient care, transcribing of physician orders
- Conscious Sedation
- Patient safety and education
- Fall prevention

Lead Healthstaff requires the review of the above information when applicable. The completion of the review is verified and documented upon the applicant signing the Practitioner Handbook Acknowledgement Form. The Practitioner Handbook Acknowledgement Form will be retained in the practitioner's personnel record.

### **Maintaining Personnel Files**

All personnel files are maintained by human resources, which monitors relevant requirements and expirations of any requirements. Requirements are kept current through daily alerts of soon-to-expire or expired requirements.

### ***Orientation***

Lead Healthstaff will provide all new practitioners with an orientation to the company's policies and procedures. Each Practitioner will receive a Practitioner Handbook.

Some facilities require some form of orientation. The amount of time required by each facility varies. Some facilities require computer training classes and orientation prior to the first shift worked. The account manager will explain required orientation to all practitioners prior to scheduling their first shift with a facility. Orientation time worked at the facility may be paid or unpaid at the rate specified by the client facility.

Some facilities require that the prospective practitioner at Lead Healthstaff complete their specific pre-employment orientation "packets" before the first shift is worked, and there is no pay for this required activity.

The first time you visit a facility the following guidelines should be followed:

- Report on time for orientation (it may vary for each facility).
- Carry photo ID for evidence of identity when reporting for assignment
- Take your nursing license and certifications with you
- Report to the appropriate supervisor
- It is expected that the healthcare practitioner locate and comply with the facility policy and procedures manual, locate fire pulls, crash cart, med. room, linen cart, and appropriate exits before your shift starts.
- Always dress in proper attire when working at the facility. Orientation is only paid if approved by the client facility and when facility staff has properly verified the time.

Occasionally, An Lead Healthstaff practitioner may show up early as directed for orientation shift and no one is available for orientation. Please take it upon yourself to utilize this time to become familiar with the floor layout and the location of vital items you may need in order to function effectively on your shift. It will be to your advantage to have knowledge of the location of the policy and procedures manual, fire pulls, crash cart, med. room, linen cart, and appropriate exits prior to the onset of your shift.

Lead Healthstaff attempts to provide a comprehensive and thorough pre-employment orientation and in service training that reflects current compliance and promotes safe healthcare delivery. The program includes, but is not limited to the following:

- Age Specific
- Disaster Preparedness
- Cultural Diversity
- Environmental Safety
- Hazardous Chemicals
- HIPAA
- Infection Control/Bloodborne Pathogens
- Abuse
- Domestic Violence
- Ethics For Healthcare
- 2008 National Patient Safety Goals
- Pain Awareness
- Patient Restraints
- Patient Rights
- Workplace Violence

## **PERFORMANCE IMPROVEMENT AND EDUCATION PROGRAM**

The purpose of performance management is to enhance the knowledge, skills and behaviors of all practitioners. This is accomplished by providing a means to measure a practitioner's effectiveness on the job; identifying areas of development where practitioners are in need of training, growth, improvement and/or additional resources; maintaining a high level of motivation through feedback with management and establishing individual performance goals.

### **INITIAL ASSESSMENT**

Upon initial contact, Lead Healthstaff will have an account manager contact a new applicant to inform him or her of the competencies that must be met. For the initial assessment, the competency self-assessments will serve as the baseline assessment.

### **ON-THE-JOB ASSESSMENTS**

Lead Healthstaff has implemented a continuous, systematic and coordinated approach to measure and assess client feedback on all agency personnel being utilized. The following assessments are utilized to ensure practitioner performance and customer satisfaction:

- **Initial Shift:** The chief of staff or hospital designee at the completion of the first shift assesses practitioners. Assessment focuses on professionalism, safety, patient care, compliance, assessment, planning and documentation.
- **Random:** The chief of staff or hospital designee assesses practitioners at random. Assessment focuses on professionalism, safety, patient care, compliance, assessment, planning and documentation.

Any unsatisfactory scores will be reviewed and discussed with each practitioner and Lead Healthstaff President/CEO will recommend methods for improvement. For more information on Lead Healthstaff Progressive Discipline Program, please see Progressive Discipline Program.

### **PERIODIC ASSESSMENTS**

Lead Healthstaff conducts ninety-day and annual assessments of all practitioners. The CEO evaluates practitioner job performance based on the functions and standards as outlined in the assignment requirements. Together, the CEO and practitioner will identify strengths, accomplishments and areas for improvement and development.

### **PRACTITIONER PERFORMANCE REVIEW**

- Every provider on assignment with Lead Healthstaff or who has worked in the last year, will have an annual performance evaluation carried out by the account manager or designee on or around your anniversary date.
- Lead Healthstaff will attempt to obtain feedback from client representatives regarding clinical staff competence and ongoing performance of professional provider. Unfortunately, some clients will not cooperate with Lead Healthstaff in this regard, so Lead Healthstaff follows a competence by exception philosophy. In the absence of client feedback, unless there is evidence of a performance issue, we assume that our providers are meeting performance expectations.
- Feedback from our clients regarding clinical and/or professional performance is addressed with our providers immediately. Follow-up with our clients is completed within an appropriate time frame.
- Every provider associated with Lead Healthstaff will complete annual skills checklists, which apply to his/her specialty area of work.
- When training needs are identified, an opportunity to complete the training will be provided at the earliest possible occasion.
- The company assesses aspects of the provider's competence during initial contact, at performance evaluation and as needed or required by state licensing agencies, to ensure that providers have the skills or can develop the skills to perform and continue to perform their duties.

President/CEO is responsible to ensure that any areas of development are identified and addressed.

### **EDUCATION**

Ongoing continuing education is the responsibility of Lead Healthstaff practitioners to ensure that all clinical staff has a current knowledge and practice base. Lead Healthstaff maintains information on available resources for BLS, ACLS, PALS, etc. The following online education programs are also available for continuing education; however this is not an inclusive list of available resources: [www.americanheart.org](http://www.americanheart.org). Evidence of continuing education is part of the ongoing competency assessment program and will be maintained in your personnel file. Please provide Lead Healthstaff with copies of your continuing education certificates.

### **CONSEQUENCES OF POOR PERFORMANCE**

Lead Healthstaff has established workplace standards of performance and conduct as a means of maintaining a productive and cohesive working environment. A positive, progressive approach is taken to solve discipline problems, which appeals to a provider's self respect, rather than create the fear of losing work. Our system emphasizes correction of the offensive behavior. If correction of the problem and sustained improvement does not occur, professional disassociation with Lead Healthstaff may result.

The following may be grounds for disciplinary action, up to and including termination:

- Accepting an assignment and not reporting to work or not notifying Lead Healthstaff
- Unauthorized possession, use, or removal of property belonging to Lead Healthstaff or any client of Lead Healthstaff

- Failure to comply with all safety rules and regulations, including the failure to wear safety equipment when instructed.
- Reporting to work under the influence of alcohol, illegal drugs, or being in possession of either item on company premises or work sites of client facilities.
- Lewd, unacceptable behavior, possession of weapons or explosives and provoking, instigating or participating in a fight is prohibited at Lead Healthstaff and/or at its clients' facilities.
- Violation of the harassment policy.
- Insubordination of any kind is grounds for immediate termination. (For example, refusal to carry out your supervisor's reasonable works request).
- Leaving an assignment without notice i.e. patient or assignment abandonment.
- Falsifying records, including but not limited to time records or claims pertaining to injuries occurring on company premises or work sites of client companies or personnel records.
- Disclosing confidential information without authorization.
- Disregard for established policies and procedures.
- Excessive cancellations or tardiness.
- Discourtesy to clients or fellow practitioners.

## **REPORTING ANY ISSUES**

### **ASSIGNMENT ISSUES:**

Issues may arise while a practitioner is on assignment for Lead Healthstaff. As a representative of Lead Healthstaff and as a responsible and mature medical professional, it is important that professionalism and integrity are maintained throughout the conflict resolution process and that above all patient safety is the priority.

Common issues that may arise are:

- Conflict with hospital staff
- Conflict with patient and/or patient family members
- Unfair patient assignments, or "dumping"
- Assignment to a unit for which you are incapable of safely performing your duties

In the event of any of the above events:

1. Contact the nursing supervisor for assistance.
2. If escalation is required, contact Lead Healthstaff for mediation.
3. Complete an incident report at the facility. (if required)
4. Complete an incident report at Lead Healthstaff (if required)

### **BLOOD BORNE EXPOSURE**

An exposure incident to blood borne pathogens involves specific eye, mouth, mucous membrane, or parenteral contact with blood or other potentially infectious materials that result from the performance of a practitioner's duties. All practitioners involved in direct patient care should be familiar with appropriate decontamination procedures.

In the event of exposure to any bloodborne pathogens:

1. Adhere to appropriate decontamination procedures
2. Contact the medical supervisor
3. Inform your workers comp carrier and Lead Healthstaff immediately of exposure

## **CLINICAL INCIDENTS AND SENTINEL EVENTS**

As a healthcare practitioner, it is your duty and responsibility to promptly report any unsafe condition, sentinel event or unusual event that can result in a sentinel event. Everyone is expected to participate in maintaining a safe environment for patients, visitors, physicians and their coworkers. This means taking an active role in reporting any

and all unsafe conditions, unusual or sentinel events. All such events should always be reported immediately to your supervisor and Lead Healthstaff.

As a healthcare practitioner, you must recognize the importance of following effective procedures and are encouraged to speak up if something has compromised or might compromise patient safety and quality.

A clinical incident is any event or series of events that results in or has the potential to result in an adverse patient outcome. Healthcare practitioners should notify Lead Healthstaff of any clinical incidents that occur while on assignment, regardless of any adverse outcomes.

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Such events are called “sentinel” because they signal the need for immediate investigation and response.

### **EXAMPLES OF CLINICAL EVENTS**

- Omission of treatment
- Deviation from policy
- Medication errors
- Improper equipment usage
- IV or Blood complications
- Patient fall
- Inaccurate clinical assessment
- Patient or physician complaint

### **EXAMPLES OF SENTINEL EVENTS**

- Any patient death, paralysis, coma or other major permanent loss of function associated with a medication error.
- A patient commits suicide within 72 hours of being discharged from a hospital setting that provides staffed around-the-clock care.
- Any elopement, that in unauthorized departure, of a patient from an around-the-clock care setting resulting in a temporally related death (suicide, accidental death, or homicide) or major loss of function.
- A hospital operates on the wrong side of the patient’s body.
- Any intrapartum (related to the birth process) maternal death.
- Any perinatal death related to a congenital condition in an infant having a birth weight greater than 2500 grams.
- A patient is abducted from the hospital where he or she receives care, treatment or services.
- Assault, homicide, or other crime resulting in patient death or major permanent loss of function.
- A patient fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall.
- Hemolytic transfusion reaction involving major blood group incompatibilities.
- A foreign body, such as a sponge or forceps that was left in a patient after surgery.

### **JOINT COMMISSION’S SENTINEL EVENT POLICY**

The Joint Commission has defined a sentinel event policy that you should be aware of. This policy has four goals:

1. To have a positive impact in improving patient care, treatment and services and preventing sentinel events.
2. To focus the attention of an organization that has experienced a sentinel event on understanding the root causes that underlie the event, and on changing the organization’s systems and processes to reduce the probability of such an event in the future.
3. To increase the general knowledge about sentinel events, their causes, and strategies for prevention.

4. To maintain the confidence of the public and accredited organizations in the accreditation process.

In the event of deviation of practice according to the professional practice act, fraudulent behaviors, narcotic abuse or deviation and/or other aberrant or illegal behavior, each event is documented and a report is made, which includes information from the customer. The President/CEO reports each situation according to the guidelines of the appropriate professional association.