

Contract Staff Orientation

Orientation is an important part of learning the culture and requirements of the organization where you are going to be part of the healthcare team. During your contract, you will play a vital role in the quality care given to our patients.

The purpose of this packet is to provide contract staff with Carilion the information they need to ensure their safety and the safety of others.

Contract Staff Orientation: Independent Study Process

You are required to complete an orientation to our organization before providing patient care.

Staff Responsibilities

1. Download the PDF of the Contract Staff Manual.
2. Once you have read and understand the materials, please complete required documents
 - Orientation Record
 - Access and Confidentiality Agreement
 - Contract Staff Local Address Form
 - Care Giver Patient Care Disclosure Form
 - Specific Practice Criteria Form
3. Return completed forms to:

**Contract Staff –signed by Service Area VP
Return to Unit Manager**

**Contract Staff – initiated by HR
Rhonda Johnson
HR Service Center
1212 3rd Street
Roanoke, VA 24016
rejohnson@carilionclinic.org**

A preceptor or manager will validate your knowledge of restraints.

4. Identify gaps between your company profile/skill assessment and unit assigned competencies with preceptor and complete competency validation on skills and equipment you are not able to perform/use independently utilizing the competency validation forms in the online manual.

Manager/Director Responsibilities

1. Complete Contract Staffing Checklist to ensure compliance with regulatory agencies.
2. Have your staff demonstrate their knowledge of restraints. Sign and verify the restraint demonstration on the Orientation Record.
3. Identify gaps between their company profile/skill assessment and your unit competency validation form. Complete competency validation on skills and equipment they are not able to perform independently utilizing the competency validation form in the online manual.
4. Provide staff time and space to complete Contract Staff orientation before providing patient care.
5. Please ensure that the signed forms have been returned to the appropriate recruiter (listed above) within (7) days of starting on your unit.
6. Provide ongoing feedback to Contract Staff in the same manner you would a hired employee.
7. If Contract Staff is here greater than 1 year, you will need to complete a formal Performance Review.
8. If Contract Staff is here greater than 1 year, you will need to obtain annual competencies from their contracting agency.
9. If Contract Staff require renewal of Life Support Certifications, they can complete through Carilion, at the current non-employee class rate.

Contract Staff Orientation



CARILIONCLINIC

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Overview of Carilion Clinic



Overview of Carilion Clinic

Content:

- ◆ Carilion Clinic—How We Support Communities
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- ◆ Who Are the Patients We Serve?
- ◆ Ethical Treatment of Patients
- ◆ Customer Service
- ◆ Measuring Success—Carilion Clinic's Scorecard
- ◆ Cornerstone OnDemand (CSOD) – Talent Management System

Objectives:

To describe the organization's mission, purpose, and values.

To explain the pillars of the Carilion Clinic.

To describe the ways we support the diversity of our patients.

To describe Carilion Clinic's scorecard.

To list the steps for taking required in-services and other training through Cornerstone.

Did You Know?

The name Carilion comes from the word "carillon," meaning a set of bells played in harmony.

Carilion literally means working in harmony.



Carilion Clinic—How We Support Communities

Carilion Clinic's Mission

Improve the health of the communities we serve.

Our Purpose

Excellence in patient care and healthcare outcomes

Our Vision

To support our mission we created a 5 year vision that we call Vision 2017. The vision statement explains what we are working towards – *We are committed to a common purpose of better patient care, better community health and lower costs.*

- Our highest priority is patient safety
- We will ensure excellent clinical outcomes
- We will provide appropriate acute care services for our region
- We will create focused efforts toward patients with chronic illnesses
- We will engage with our communities to promote health and wellness
- We will dedicate ourselves to our professional integration and collaboration to assure a thoughtful, kind, respectful patient experience
- We will provide patient-centered care that is effective, efficient, fair and timely
- We will be responsible for ongoing medical education and discovery so that we may continually improve
- We will pursue appropriate partnerships to achieve the “triple aim”
- We will be vigilant in our stewardship of the community's financial resources
- We will conduct ourselves with integrity and treat our guest, and each other, with dignity and respect

Did you know?

There are 7 hospitals that are part of the Carilion Clinic:

- Carilion Roanoke Community Hospital—Roanoke
- Carilion Franklin Memorial Hospital—Rocky Mount
- Carilion Giles Memorial Hospital—Pearisburg
- Carilion New River Valley Medical Center—Radford
- Carilion Roanoke Memorial Hospital—Roanoke
- Carilion Stonewall Jackson Hospital—Lexington
- Carilion Tazewell Community Hospital - Tazewell

Carilion has more than 160 physician practices in over 30 communities staffed by more than 250 physicians.

Our Employees

Carilion has more than 11,920 employees with a wide variety of education levels, experiences and degrees.

At last count, our employees represented more than 30 different nationalities. English is the primary language, but increasingly we're hiring workers for whom English is a second language.

Our employees are predominantly female

- 24 % Male
- 76% Female

They range in age from 16 years to over retirement age.

Our Values

1. **CommUNITY** - Working in unison to serve our community, our Carilion Family and our loved ones.
2. **Courage** - Doing what's right for our patients without question.
3. **Commitment** – Unwavering in our quest for exceptional quality and service.
4. **Compassion** – Putting heart into everything we do.
5. **Curiosity** – Fostering creativity and innovation in our pursuit of excellence.



Carilion Clinic—Who We Are

Carilion Clinic as a Not-for-Profit

What does it mean to be not-for profit?

- We still need to make money
- Surplus funds are reinvested in the organization and community
- We own some for-profit business such as Carilion Wellness Centers and Commonwealth Linen.
- That helps us cover costs of money-losing services such as Lifeguard 10, 11, and 12 and the Neonatal Intensive Care Unit.

What do we mean by “Carilion Clinic”?

It is an organization of physicians working together as a team to better care for patients. At Carilion Clinic, physicians, nurses, medical staff, facilities and technology are all aligned with a common goal of achieving the best possible outcome for every patient by working together to practice, teach and discover better ways to heal. Shared records and scheduling will provide more convenient medical care centered on the patient.

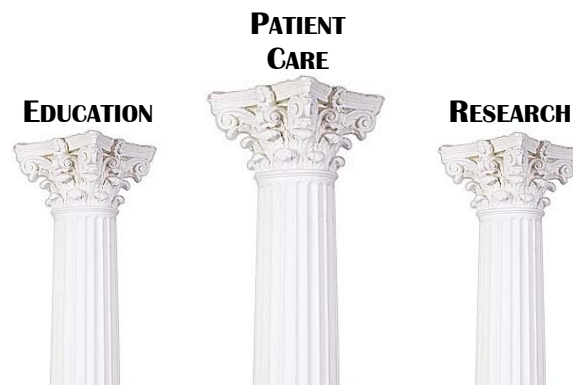
Carilion is also committed to helping our communities and our patients stay well, achieve fitness goals and manage chronic illnesses. We provide a wide range of wellness services including coordinated care teams in our primary care practices, patient education and athletic clubs.

Just like the Mayo Clinic, Cleveland Clinic, and Lahey Clinic, we are an academic center whose clinical excellence is strengthened by medical education and research.

The Pillars of Carilion Clinic

Carilion Clinic is built on three pillars:

- **Patient care** which includes clinical excellence and top quality customer service.
- **Education** which includes training new physicians and other healthcare providers as well as continuing to educate existing staff about the latest treatment options. This includes our relationship with the Jefferson College of Health Sciences, and Virginia Tech Carilion School of Medicine.
- **Research** which includes developing and testing new treatments and medical devices through the clinic and through our partnership with Virginia Tech in Carilion’s Biomedical Institute.



Who Are the Patients We Serve?

At Carilion, we recognize that our patients present with diverse backgrounds and experiences that affect the relationship we have with each of them and the experience they have. Assessing these influences and experiences is important so that their care/service can be modified to meet the needs identified.

Our patients are diverse in many aspects, including:

- Living location and the dwelling itself
- Gender
- Ethnicity
- Education background
- Activity level

We strive to meet our patient's needs in ways that respect and honor their backgrounds and beliefs. For example:

- We provide educational materials and discharge instructions that match the patient's educational background.
- We see patients ranging in age from newborn to elderly. The way we perform certain procedures on an infant may differ dramatically for adults. As a result, staff have age-specific competencies and complete the training and skills necessary to work with different age groups.
- We have patients and family members with spiritual beliefs and rituals unfamiliar to us, so we have chaplains who are trained to meet a variety of spiritual needs.
- We have patients who speak English as a second language or do not speak English at all, so we have access to translation services such as interpreters and the Language Line.
- We see patients with support systems in place, but we also see those who are completely on their own—some lacking financial resources, others who could benefit from counseling or support networks. We offer patient education materials, develop community contacts and make referrals.
- Of course our goal is always to provide the best clinical care to people who have a wide range of illnesses and injuries, so education is a continuous process. We have patient care conferences, Health Sciences libraries, and Clinical Nurse Specialists all to help us stay informed of the most effective treatments and options.

In the course of your career with Carilion, you will come in contact with people of different types, illnesses and personalities. There will be some patients with whom you can easily identify, while other patients may be very different from you in background, education, or economic status. There will be some patients with issues that are more complex and demanding of your time and skills, while other patients will have simpler requirements. There will be some patients who are friendly and easy to work with, while others may seem cranky or more difficult.

Regardless of the patients' background, illness or injury, personality it is important that you treat them **all** with respect.

Ethical Treatment of Patients

Carilion is committed to maintaining an ethical environment.

Code of Ethical Behavior

- Carilion will not disparage another provider in any marketing or advertising effort.
- Treatment decisions are based on the patient's health status and medical needs and are not related to financial incentives.
- Treatment is individualized for each patient. There must be a treatment plan for each patient and the appropriate resources to carry out that plan.
- Patients are only discharged on the basis of medical condition or if a patient insists upon discharge against medical advice. The decision to discharge may not take into account consideration of the patient's nonpayment of medical bills.

Patient Bill of Rights

All patients receive a copy of the Patient Bill of Rights:

- Access to any available or medically indicated treatment or accommodations
- Considerate, respectful care at all times and under all circumstances
- Privacy and confidentiality
- Right to know the identity and professional status of individuals providing services
- Right to reasonable informed participation in decisions involving his/her health care.

To support this commitment, Biomedical Ethics Services offers a variety of services throughout Carilion. These services include:

- Education and training programs for ethics committees, hospital staffs and the communities they serve.
- Development and review of policies involving patient rights and ethical issues.
- Consultation to help resolve ethical problems in patient care.
- Research that identifies, clarifies and suggests ways to improve ethical problems in the clinical setting.

The Department sponsors a major one-day ethics conference every Fall at the Hotel Roanoke and Conference Center as well as an annual Spring ethics workshop. In addition, the department hosts a one-hour "Conversations in Ethics" program at noon on the first Thursday of each month in the 6th Floor Auditorium at Carilion Roanoke Memorial Hospital. Other educational programs or workshops are available upon request.

How to Ask for Ethics Consultation

Most Carilion facilities provide ethics consultation through the institutional ethics committee. Dial the hospital operator and ask for the ethics consultant on call. For those facilities without a

consultation service, the Bioethics Committee at Carilion Medical Center (CMC) provides a consultation service that assists physicians, nurses and other clinicians in responding to ethical problems that arise in the care of patients. *An ethics consultation can be requested by a physician or any other clinician involved in the care of a patient. It may also be requested by a patient or a patient's family member.* In order to access the consultation service, dial the hospital operator and ask that a member of the ethics consultation service be contacted. During weekdays (8:00 a.m. to 5:30 p.m.), requests for consultation may be referred to the director of Biomedical Ethics Services.

Research Review

Bioethics also supports operations of the Institutional Review Board at Carilion Medical Center, a committee that reviews and approves all research conducted at CMC or by CMC employees. The IRB can also review research at other CHS facilities. The IRB helps ensure protection of the rights of human research subjects and meets on the third Wednesday and second Thursday of each month. For more information, call the IRB Coordinator at 540/853-0728 or the IRB Research Compliance Specialist at 540-981-8015. IRB policies, procedures, application forms and other information are available on-line at <https://www.carilionclinic.org/institutional-review-board/new-submissions>

Recognition and Reporting of Abuse

Forms of Abuse:

- **Physical Abuse:** non-accidental trauma or physical injury (Includes hitting, kicking, burning, shaking, throwing, beating, biting).
- **Sexual Abuse:** the involvement of dependent, developmentally immature children in sexual activities that they do not fully comprehend and therefore to which they are unable to give informed consent and/or which violates the taboos of society.
- **Emotional Abuse:** the systematic tearing down of another human being. What does emotional abuse include: rejection, isolation, corruption, ignoring, terrorizing, and degrading.
- **Financial Abuse:** the illegal use of an incapacitated adult or his resources for another's profit or advantage. It may include embezzlement, theft, forgery, and false impersonation.

Consequences of Abuse on Children and Adults:

- Physical: most minor injuries will heal but there can be long-term effects with more severe abuse.
- Psychological: isolation, mistrust, fear, depression, eating disorders, anxiety, suicide attempt.
- Behavioral: risk for crimes, teen pregnancy, substance abuse, poor school performance.
- Financial: incur debt, bankruptcy, eviction.

What Are Signs of Abuse?

Physical	Psychological/Behavioral	Financial
<ul style="list-style-type: none">▪ Bruises▪ Welts▪ Burns▪ Cuts or Scratches▪ Fractures▪ Bleeding Genitalia▪ Lack of Medical Care▪ Poor Hygiene▪ Poor Nutrition▪ Tooth Decay▪ Abdominal Injuries	<ul style="list-style-type: none">▪ Developmental Delays▪ Anger or Aggression▪ Depression▪ Lack of Communication and Talking▪ Isolation or Withdrawal▪ Inability to Trust▪ Anxiety▪ Suicide Attempts▪ Frequent Change of Healthcare Professionals	<ul style="list-style-type: none">▪ Missing Personal Belongings▪ Suspicious Signatures▪ Numerous Unpaid Bills▪ A Changed Will or Power of Attorney

What Do I Document?

- Injury Documentation: location, type, number of injuries, size, degree of healing, possible causes, explanation by the care provider.
- You can include photographs & x-rays but you must document a full written description.
- Report the Abuse.

Documentation in the Medical Record is Critical!

Reporting Abuse:

- If you don't report suspected cases of abuse or neglect you could be punished with fines and jail time as well as civil liability.
- Per Carilion Policy, you would notify Social Work Services for assessment and referral to Child Protective Services.
- The physician can write a 72-hour hold order in the event a court order is not immediately obtained (ex: holiday).

The healthcare provider must report findings to the physician.

Customer Service

Our patients and their families rely on us for our clinical expertise, advanced technology, and a personal connection. Embracing good customer service behaviors ensures we provide the kind of care and service our friends and neighbors deserve. Carilion is committed to making patients' best interests the top priority. We achieve that goal by ensuring our culture focuses on doing what's right for patients.

As healthcare providers sometimes we don't view ourselves as serving customers, we provide care for patients! In the book *Leadership for Great Customer Service*, the authors Thom A. Mayer, MD and Robert J. Cates, MD provide a description that has helped healthcare providers to better understand patients as customers. They determined that the more vertical (or mobile) a person is, the more likely they are seen as a customer because they can make choices where to go for their healthcare. They, also, determined that the more horizontal a person is, the more likely they are seen as a patient because they are less likely to leave without treatment. Whether or not you call them patients or customers, we are here to do what it takes to make people comfortable by respecting their emotional needs and extending that same philosophy to their families and our coworkers.

Carilion defines customers as patients, their families, and each other. Your co-workers are considered valued partners in the delivery of customer service. All three (patients, families, and other co-workers) deserve to be treated with dignity and respect and receive excellent customer service. What do you think of when you hear the words customer service? Do you think of how you want to be treated? How you want people to explain and communicate things to you? What services you are provided?

As you read through this content think of these questions and consider how you can make a difference in the customer service provided at our facilities.

Let's begin by discussing some things to consider as they relate to customer service. Remember, that making a difference to the patient, the family, a co-worker, or others is more than just showing up for work, doing enough to squeak by, and staying busy. To provide outstanding customer service, you need to place yourself in the position of the person you are helping. The key to it all is to treat others the way you would want to be treated. So, what are some things that you can do?



A = Accountability/Attitudes

You can apply the A in our ABC's of customer service...and look at ways you are accountable and ways your attitude impact customer service. Excellent customer service requires that you know what is expected of you, that you have self control and discipline, that you know and understand that what you do or don't do affects others, that you should be a good sport, and that you should be willing to give what is needed at the time.

- **Knowing what is expected of you includes:**
 1. Knowing your duties.
 2. Knowing your deadlines and schedule.
 3. Knowing the standards of performance.
 4. Knowing ways you can provide a safe environment.

- **Having self-control and discipline includes:**
 1. Doing what needs to be done.
 2. Living within the rules.
 3. Sticking to the standards.
- **Knowing that what YOU do or don't do affects others. Remember your actions speak loudly and the things you say and do have a direct impact on all of the following:**
 1. Patients
 2. Your Team
 3. Other Departments
 4. Carilion's overall Performance
- **Being a good sport includes:**
 1. Creating Harmony
 2. Showing Grace and Respect
 3. Sharing the Spotlight
 4. Having a Sense of Humor and Laughing at Yourself
 5. Compromising and Sharing
 6. Giving and taking Feedback in a Positive Manner
- **Concentrating on giving the group what it needs at the moment includes:**
 1. Not just what you feel like giving, but more.
 2. Not just what comes easy, but what is difficult.
 3. Not just what you have been doing by habit, but extras that you have been doing.

So what can you learn from the A in the ABC's of Customer service? The biggest thing to take away from this section is understanding what you are accountable for and that your attitude makes good the type of customer service you provide.

Me versus We ... Think TEAM

"Our attitude is not determined by circumstances, but by how we respond positively or negatively. It's how we react to events, not the events themselves, that determine our attitude."

B = Behaviors

There are four essential behaviors that send a message to everyone we come in contact with that we care about them and want to help them. They are kindness, respect, selflessness, and commitment. Let's take a closer look at each of these.

Kindness

Kindness is to give attention, appreciation, and encouragement to others. This can be done by extending ourselves for others by appreciating them, encouraging them, being courteous, listening well, and giving credit and praise for efforts made by others.

What are some ways you can show kindness?

- Doing the little things mean a lot.
- Kindness is the WD40 of human relationships.

- No act of kindness, no matter how small, is ever wasted.
- Don't be yourself, be someone a little nicer.
- You cannot do a kindness too soon, for you never know how soon it will be too late.

You can show kindness by doing simple things such as:

- Offering your assistance to others.
- Taking a few extra minutes to walk a visitor to the section of the hospital they need. Trying to find your way around can be confusing. Helping someone with this only takes a few minutes and speaks volumes.
- Stepping out of an elevator so that a person in a wheelchair can have room.
- Acknowledge everyone with a smile and hello.

Respect

Respect is treating people like they are important. You could think of it in the terms of treating others the way you would want to be treated. Everyone wants it, everyone needs it, but not everyone gets or gives it. Respect is based on the fact that other people's needs, hopes, ideas, and inherent worth are just as important and valuable as your own. This is demonstrated through:

- ✓ Treating everyone with dignity, courtesy, and equality.
- ✓ Appreciating different backgrounds, cultures, and ideas (don't expect everyone to be just like you)
- ✓ Talking with people, not at them and not about them.

Selflessness

What is selflessness? Selflessness is meeting the needs of others even before your own needs. For example, you should give customers what they want, not what you think they ought to have. The only reason a customer should wait for you to serve them is because you are serving another customer.

Commitment

Commitment is sticking to your choice. Doing what you say you will do, following through on promises and finishing what you started. You must have a passion for doing the right thing and being the best you can be. Being committed to something requires you to do the right thing regardless of friendships or alliances. It shows that you are trustworthy, dependable and reliable.

It is important that if you say you will do something, whether important or seemingly insignificant...remember to do it. "I was gonna", "I meant to", "I haven't forgotten", all translate the same way, I just didn't do it. So don't make promises lightly, and don't make ones you can't keep. When you do make commitments, do whatever it takes to make good on them. Your reputation is on the line.

You may never be able to satisfy everyone's needs and requests, but if customers perceive that an effort is being made on their behalf, you will please most of the people most of the time.

Take Aways from B= Behaviors...

- Four essential behaviors = Kindness, Respect, Selflessness, and Commitment
- Give attention, appreciation and encouragement to others.
- Treat people like they are important.
- Meet the needs of others, even before your own needs.
- Do what you say you are going to do.

= Communication

The goal of communication is understanding. We must be committed to listening attentively to our customers in order to fully understand their needs including the recognition and acceptance of diverse backgrounds. Close attention should be given to both verbal and non-verbal messages.

Our messages to customers should be delivered with courtesy, clarity and care. We must avoid confusing customers and speak in terms they can easily understand.

Every customer will be greeted with a warm and friendly smile. Employees will introduce themselves promptly. Use “please” and “thank you” “Sir” and ‘Ma’am” in all conversations when appropriate. Listen to your customers’ concerns with body language that shows you care.

As a form of proper communication, you should observe customers and visitors; if someone appears to need directions, offer to help. Let customers know that you will assist them to their destination. If you are unable to personally escort a customer, take him or her to someone who can.

Information about patients is strictly confidential. Each employee is responsible for ensuring that it is not compromised. Information about patients and their care must never be discussed in public areas such as elevators, lobbies, the cafeteria, or waiting rooms. Likewise, hospital business should not be discussed in public areas.

For additional information on confidentiality refer to the HIPAA information located on the Carilion Intranet.

C= Communication/E-Mail Etiquette

Another and probably the most used method of communication is e-mail, and yes, there are proper and improper ways to communicate via e-mail.

Top 10 e-mail Rules

- Be concise and to the point
- Use proper spelling, grammar & punctuation
- Answer swiftly
- Do not write in CAPITALS
- Read the email before you send it
- Do not overuse Reply to All
- Do not forward chain letters
- Do not use email to discuss confidential information
- Use a meaningful subject

- Don't send or forward emails containing libelous, defamatory, offensive, racist or obscene remarks

Take Aways for Communication

So what take aways are there from the C in our ABC's of customer service?

1. You should be committed to listening attentively.
2. Close attention should be given to both verbal and non-verbal messages.
3. Avoid confusing customers and speak in terms they can easily understand.
4. No matter what method of communication is being used, you should follow all guidelines and rules to ensure clear and appropriate communication.

One Final Thought:

The Golden Rule proposes treating customers the way *you* want to be treated. The Platinum Rule says to treat them the way *they* want to be treated. Perhaps its time for a new rule called the Empathy Rule. It goes something like this, "Treat customers as if YOU were the customer. "



Measuring Success—Carilion Clinic's Scorecard

Our goal is to constantly strive to improve the safety and quality of care provided. In order to reach this goal we measure performance through our scorecard. A scorecard is a tool used for monitoring, measuring, and reporting on finances and other key areas that help to determine success. A business scorecard is much like a scorecard in golf. It provides the standard (par for each hole) and allows you to determine whether you are performing better or worse than the standard. Each year, Carilion Clinic creates a scorecard listing the targets it wants to achieve. Each month, Carilion measures our success against our scorecard goals.

The scorecard includes a number of quality standards and indicators that allow us to measure how we are doing in regards to patient care. The indicators address the safety and quality of nursing care patients receive. These are set and monitored by the clinical areas. They monitor such things as: patient falls, medication errors, infections, readmissions and deaths, and we compare our data to similar hospitals.

As a hospital we have to meet the requirements of a number of regulatory agencies, but the one you may hear the most about is the Joint Commission. That's because they inspect and accredit Carilion Clinic and other hospitals. Joint Commission accreditation (or distinction) is the "Gold Standard" of healthcare evaluation. It is very important because it says to potential patients that we meet or exceed the Joint Commission's standards and quality expectations.

As part of Joint Commission accreditation, nursing and our physicians report certain clinical performance measures—Core Measures—again so that we can be compared with other hospitals. These include: Acute Myocardial Infarction (Heart Attack), Heart Failure, Pregnancy & related conditions, Community Acquired Pneumonia, and Surgical Infection Prevention.

Did You Know?

Any employee who has concerns about the safety or quality of care provided in the hospital may report these concerns to the Joint Commission, with no retaliatory disciplinary action taken.

Finally patient satisfaction is another way we measure excellence. It is also captured on our scorecard. Carilion uses an external company to assist in collecting information. Patients get a survey to fill out that includes many elements of their experience. Patient satisfaction is often seen as only affecting those departments that provide direct patient care (for example nursing, respiratory therapy, occupational therapy, imaging, etc.) However, the people who clean a patient's room, those who serve their food and those who respond to their questions regarding their bill are just a few individuals that can determine whether a patient feels as though they received excellent customer service.

Each department and facility supports the scorecard's goals and plays a critical role in the organization's success. Ask the unit manager about the scorecard goals for his/her department or facility.

General Safety



General Safety

Content:

- ◆ Emergency Codes
- ◆ Fire Safety
- ◆ Cellular Phones

Objectives:

To identify general safety hazards, emergency codes, and expected responses.

To identify the seven elements of The Joint Commission Environment of Care Standards.

To identify the national patient safety goals.

Carilion Clinic Emergency Code List

Every student and employee (including physicians), need to know and understand Carilion Clinic's emergency codes. You may frequently hear the operator make announcements over the public address system. The following codes are for your information only and should not be shared with patients, family members or visitors unless they ask.

General Codes

Code Red	Fire – response is facility wide
Code Grey	Bomb Threat – response is facility wide
Code Orange	Hazardous Material or Contamination (Internal/External)
Code Green	Disaster Situation (Internal/External)
Code Siege	Hostage Situation within the Facility
Code Secure	An aggressive, psychological, abusive situation within the facility that requires Carilion Police/Security to respond
Code Evac	Partial or total evacuation of an area, department or facility
Severe Weather	Weather Alert- designation by the National Weather Service that severe weather is possible Weather Warning- designation by the National Weather Service that severe weather is approaching the area

Patient Care Codes

Code Blue	Cardiac/Respiratory Arrest in Adults
Code Blue Pediatric	Cardiac/Respiratory Arrest in Children
Code Lindbergh	Actual or Attempted Abduction of an Infant or Pediatric patient within the facility
Code OB	Assistance is needed immediately in the OB or ED departments at CFMH

Emergency Department Alerts

Gold Alert	Patient in Emergency Department with unstable multi-system injuries
Trauma Alert	Patient in Emergency Department with stable multi-system injuries
Code Silver	Increase of security measures in the Emergency Department (CMC only)
Code Yellow	Extreme increase in patient volumes in the ED.

Facility Specific Code Definitions

Definitions	CMC	CNRV	CFMH	CSJH	CGCH	CTCH	Ambulatory Sites
Fire situation and response facility-wide.	Red	Red	Red	Red	Red	Red	Red
Hazardous materials situation.	Orange	Orange	Orange	Orange	Orange	Orange	Orange
Facility wide response to a bomb threat.	Grey	Grey	Grey	Grey	Grey	Grey	Grey
Adult cardiac and/or respiratory arrest.	Blue	Blue	Blue	Blue	Blue	Blue	
Child cardiac and/or respiratory arrest.	Blue-Pediatric	Blue-Pediatric	Kinder	PALS	Blue-Pediatric	Blue-Pediatric	
Actual or attempted abduction of a pediatric patient.	Lindbergh	Lindbergh	Lindbergh	Pink	Adam	Lindbergh	
Hostage situation within a facility.	Siege	Siege	Siege		Siege	Siege	
Aggressive and/or abusive situation.	Secure	Secure	Secure	Yellow	Secure	Secure	Secure
Partial or total evacuation of an area, department or facility.	Evac	Evac	Evac		Evac	Evac	
An internal or external disaster situation.	Green	Green	Green	Green	Green	Green	
A designation by the National Weather Service that severe weather is possible.	Weather Alert	Weather Alert	Weather Alert	Weather Alert	Weather Alert	Weather Alert	
A designation by the National Weather Service that severe weather is approaching the area.	Weather Warning	Weather Warning	Weather Warning	Weather Warning	Weather Warning	Weather Warning	
Check your Email for an important update	E						
Called when a patient is in the ED with suspected multi-system injuries.	Trauma Alert						
Called when a patient is in the ED with known multi-system injuries.	Gold Alert						
An extreme increase in patient volume in the ED requiring additional staff.	Yellow						
Called when an increase in security is needed in the ED.	Silver						
Suspect Multi-System Injury (ED).		Trauma Alert					
Known Multi-System Injury (ED).		Gold Alert					
Assistance is needed immediately in the OB or ED to provide care to a pregnant person.			OB				
Nurse and/or clinical help needed.				White			
Medical emergency, which may include: cardiac arrest, respiratory distress, chest pain, severe bleeding, obstetrical patient in labor, other urgent or emergent condition							Code Stat

Prevention – The Key to Fire Safety

Here are some helpful tips to maintain a safe work area:

- Smoking causes more than half of all hospital fires. Follow the Carilion Clinic Smoking Policy.
- Immediately take malfunctioning equipment out of service and label/tag the equipment appropriately. Report it to Clinical Engineering immediately.
- Make sure all clinical electrical equipment has a current inspection tag. If not, contact Clinical Engineering.
- Know the locations and methods of operation for any fire extinguishers and fire alarms in the work area.
- Never interfere with the normal operation of fire doors. The use of wedges or other items to prop doors open is **prohibited**. Hallway doors must be kept open only with a proper electrical magnetic device that is connected to the facility's fire alarm system.
- Keep hallways, corridors, and exits clear of obstructions at **all** times.

RACE to Safety

Actions taken during the first two or three minutes of a fire are more important than what occurs over the next two to three hours. To respond rapidly and effectively, memorize the following formula and procedures:

R – **Rescue** anyone in immediate danger

A – Sound the **Alarm**

C – **Confine** the fire

E – **Extinguish** or **Evacuate**

Evacuation in hospitals are horizontal — evacuate behind fire doors on the same floor.

Evacuations in all other facilities are vertical— No matter where you are in the building, you go down and outside— just like you did in fire drills in school.

Fire Extinguishers

Extinguishing a Fire

- Use the back of your hand to check a closed door for heat before opening. When a door is closed to a room in which there is a fire, the fire will be deprived of oxygen and will re-enter the smoldering stage. During these stages, the fire will emit toxic and flammable gases, which may ignite when the door is opened.
- Avoid inhaling smoke or extinguisher agents.
- Choose an extinguisher to match the type of fire. Ratings and instructions are provided on the fire extinguisher canisters.
- Know where all escape routes are located. The discharge from the fire extinguisher may reduce visibility.

Fire Extinguisher Types

Carilion uses three types of fire extinguishers based on the type of activity in particular areas. These are:

Type ABC: Multipurpose Dry Chemical

Effective on any type of fire. Used on Type A, B, and C fires.

Type BC: Carbon Dioxide (CO₂)

Used on electrical fires or flammable liquid fires such as grease or gasoline. Used on Type B and C fires.

Water Mist: Fine Mist

Used in OR settings around the patient and equipment.

Class K: Chemical

Used in Dietary for certain appliance fires.



How to Use a Fire Extinguisher

P — Pull the pin located near the handle

A — Aim the extinguisher's nozzle at the base of the fire and squeeze the lever

S — Squeeze the trigger

S — Sweep side to side

- Aim carefully. Most fire extinguishers last only 15 - 30 seconds. Depending on the size of the fire, it may be important to bring more than one extinguisher to the fire scene.
- Be sure the fire is completely out before stopping the discharge of the fire extinguisher
- Fire extinguishers can weigh up to 40 pounds. Remember to use proper body mechanics when lifting and carrying a fire extinguisher.
- The majority of all fire extinguishers used in Carilion facilities are of the ABC/Multipurpose type. Review and become familiar with the different types of fire extinguishers utilized in your unit/department.



Environment of Care Elements

- Safety Management
- Security Management
- Hazardous Materials and Waste
- Emergency Management
- Life Safety
- Medical Equipment
- Utilities Management

2017 National Patient Safety Goals

Each year the Joint Commission identifies national trends that are unsafe for patients. They release a revised list of National Patient Safety Goals—best practices to help facilities improve safety for their patients.

For 2017 the goals include:

- ◆ **Identify patients correctly**
 - Use at least two ways to identify patients. For example, use the patient's name and date of birth.
 - Make sure that the correct patient gets the correct blood when they get a blood transfusion.
- ◆ **Improve staff communication**
 - Get important test results to the right staff person on time.
- ◆ **Use medicines safely**
 - Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
 - Take extra care with patients who take medicines to thin their blood.
 - Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
- ◆ **Use alarms safely**
 - Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

♦ **Prevent infection**

- Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning.
- Use the goals to improve hand cleaning.
- Use proven guidelines to prevent infections that are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use proven guidelines to prevent infection after surgery.
- Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

♦ **Identify patient safety risks**

- Find out which patients are most likely to try to commit suicide.

♦ **Prevent mistakes in surgery**

- Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
- Mark the correct place on the patient's body where the surgery is to be done.
- Pause before the surgery to make sure that a mistake is not being made.

Event Reporting

An event is any happening which is not consistent with the routine operation of the facility or the routine care of a particular patient. It may be an accident, a situation that may result in an accident, or inappropriate behavior of physicians, staff, or visitors.

Sentinel Events are unexpected occurrences involving death or serious physical or psychological injury.

Near Misses are critical events, not specifically "Sentinel Events" that include a process variation for which a recurrence would carry a significant chance of a serious adverse outcome or sentinel event. In addition to sentinel events, we report all near misses.

As part of our commitment to patient safety and quality, you can report events any time through our confidential online reporting system or through our event reporting hotline.

To access the online reporting system, select the Event Reporting link under the Quality tab on the Intranet homepage.

Hotline: 7-SAFE or 540-981-SAFE

Calls are forwarded to the Quality and Patient Safety contact at the facility where the event occurred.

How patient events are handled:

- **Step 1:** Take care of the patient to prevent any additional harm.
- **Step 2:** Notify his or her physician.
- **Step 3:** Complete an event/patient safety report form.
- **Step 4:** If the event causes serious injury or harm to the patient, or if the event involved a “near miss” situation, a root cause analysis (RCA) may be performed to determine what measures could be taken to prevent future events.
- **Step 5:** Create an action plan to remedy the process and/or system.

How patient events are reported:

- All Carilion facilities use RiskManager, which can be accessed via *Inside Carilion*, Event Reporting

Guidelines for reporting a patient event:

- Notify your manager/director immediately
- An Event Report must be completed and forwarded to risk management within 24 hours of an occurrence / event.
- Never copy an Event Report.

How employee events are handled:

- An **Employee Event Report** must be completed by an employee when he or she suffers a work related injury or exposure.
- Report all incidents to your manager/director and/or supervisor, seek medical attention and complete the Carilion Employee Event Report and forward to Employee Health.
- Any incident should be reported to your manager/director and the form sent to the Employee Health office within 24 hours of an injury or exposure.
- Employees at CRMH and CRCH that have been exposed to a needle-stick, to blood or bodily fluids outside of normal Employee Health hours are to page the resource nurse and remain on their unit. The resource nurse will come to the unit and order labs on the source patient and report the rapid HIV results to the exposed employee. The exposed employee can then decide if they would like further evaluation by the E.D. and if so they will have the results of the lab-work to present to the treating Physician, decreasing the time they would have to wait for treatment. All employees will still be required to report to employee health the next business day to complete paperwork and for follow-up care.

Hazardous Materials / Waste Exposure



Hazardous Materials / Waste Exposure

Code Orange

Code Orange is the emergency code used within Carilion for hazardous materials contamination both internally and externally.

A hazardous material is any material in use that is considered to present a threat to human life or health. Under the law, a person has a right to know about the hazardous materials in use in the workplace. The *Hazard Communication Plan* includes information about the chemicals you use at work. Safety Data Sheets (SDS) are required for chemicals used within your facility. They explain how to treat someone who comes in contact with a chemical and are found on the Carilion Clinic Intranet (*Inside Carilion*). Carilion uses SDS Solutions to obtain SDS Sheets. SDS Solutions is found on *Inside Carilion* homepage under tools. If a computer is not available a verbal SDS sheet can be obtained by calling SDS Solutions at 1-800-451-8346.

Know where yours are:

- CMC—hard copies in yellow notebook
- CNRV—call and fax back
- Other hospitals—online
- Other locations—check with your manager

The Carilion Policy on hazardous material safety has been established to provide guidelines for the safe use, storage, and disposal of hazardous materials used in the hospital environment. The policy is located in a yellow three-ring binder labeled Hazard Communication MSDS Manual in each department. If your work involves the handling of any type of hazardous materials, you should become familiar with these procedures. Your knowledge will help everyone develop a sense of safety and support for a pollution-free environment.

When you report to the workplace, ask the staff to show you the Intranet location on Inside Carilion with items considered hazardous material.

Over the next couple of years Carilion Clinic will be moving to the Globally Harmonized System for Hazardous Classification and Labeling. This means we will have one worldwide, common approach to defining and classifying hazards and communicating information on labels and safety data sheets. You can recognize hazardous materials by the following labels:

- Warning
- Danger

The characteristics of hazardous materials include the following:

- Corrosive- burn on contact
- Explosive/flammable- catches fire easily or explodes



- Radioactive/reactive- burns. Explodes or releases toxic fumes when exposed to another element such as chemical, air, or water
- Toxic- causes physical illness or death

There are five routes a chemical can take to enter the body:

- Mucous membranes (nose, mouth, or eye)
- Inhalation (breathing into lungs)
- Absorption through skin
- Swallowing
- Injection

An Employee Event Report must be completed by an employee when they suffer a work related injury or exposure. The incident should be reported to your manager/director and the form sent to the Employee Health office within 24 hours of occurrence.

Once arriving in your department, locate the fire exits, fire pull stations, fire extinguishers, and the MSDS information.

Hazardous Waste

Healthcare institutions produce hazardous waste every day. It is:

- Waste consisting of or contaminated with human blood or human body fluids.
- Human tissues, organs, body parts, or body fluid, for example if you have a biopsy the tissue removed is hazardous waste.
- Sharps.
- And any debris from the cleanup of a regulated medical waste spill. So if someone dropped a test tube filled with blood, and it broke, the paper towels used to clean it up, the broken glass, etc would be medical waste.

Hazardous waste is disposed of in red bags or sharps containers.



Electrical Safety



Electrical Safety

Content:

- ◆ Electricity
- ◆ Electrical Outlets
- ◆ Three-Prong Plugs
- ◆ Power Cords and Extension Cords
- ◆ General Equipment

Objectives:

- ◆ To learn facts regarding electrical safety
- ◆ To review information on electrical outlets
- ◆ To review information on power cords and extension cords
- ◆ To discuss general equipment safety
- ◆ To develop an understanding of the Patient Care Environment

Electrical Safety

Introduction:

Electricity is such a part of our lives that it is often taken for granted. The shocking facts are that each year, electricity-related incidents cause approximately:

- 300 electrocutions
- 12,000 shock and burn injuries
- 15,000 fires

(Sources: NSC, CPSC, and OSHA)

Most people think that electrical injuries happen by chance or accident – a word that implies something that cannot be foreseen or avoided. However, most electrical injuries could have been foreseen and thus avoided.

Electricity – Stop Shock Before it Stops You!

Electricity seeks the easiest path to the ground. This is easiest when a conductive material, such as wood or water, is present. The human body is made up of 70% water, which makes us good conductors of electricity. We are naturally at risk of injury or death when exposed to electrical current. If an energized base wire (live wire) or faulty appliance is touched while grounded, electricity will instantly pass through the body straight to the ground causing a harmful – sometimes fatal – shock.

Fact: The amount of electricity used by a 7.5 watt Christmas tree bulb can kill you if it passes through your chest.

Electrical Safety

Electrical Outlets

Use the following safety guidelines when using electrical outlets:

- Never use cracked, chipped or broken outlets – report these to Maintenance/Engineering
- Be sure that the plug fits securely and check for signs of warmth caused by faulty connections.
- If a prong breaks off inside an outlet, do not attempt to remove it – report it to Maintenance/Engineering
- If prongs are missing, loose, or bent – report it to Maintenance/Engineering to have entire plug replaced.
- Emergency power outlets are red in most facilities. These outlets should be used if we experience emergency power outage.

Three-Prong Plugs

- This type of plug helps prevent shock as the third plug serves as a ground.
- Never cut off or remove the third prong to fit into a two-prong outlet.
- Never use a two-wire extension cord with three-prong plugs.

Power Cords and Extension Cords

Use the following safety guidelines when using power cords and extension cords.

- Where the cord and plug are joined – check for cracks, bends, and general damage.
- Never roll over power cords with equipment, chairs, etc. – this can cause internal damage to the electrical wires.
- Remove power cords from wall outlets by pulling on the plug, not by pulling on the cord.
- Never use “cheaters” (three-two prong adapters) with any electrical equipment.
- Power-extension cords should only be used on an emergency or temporary basis.
- All extension cords used with Carilion must be equipped with a three-prong plug.
- Keep electrical cords away from areas where they might be pinched and keep them away from areas which may pose a tripping or fire hazard (doorways, walkways, under carpets, etc.)

Electrical Safety

General Equipment

Use the following safety guidelines when using general and clinical equipment:

- Never use electrical equipment in wet areas or if your hands are wet.
- Never stack items on electrical equipment – stacked items may interfere with proper ventilation. Poor ventilation can lead to overheating and electrical fires.
- If a burning smell or unusual odor or smoke is noticed coming from a piece of equipment, remove the power cord from the outlet, remove the equipment from service, tag the equipment defective, and have the equipment checked by Engineering immediately.
- Discard damaged cords, cords that become hot, or cords with exposed wiring.

Electrical safety is part of everyone's job. It involves understanding electrical principles and being aware of potential electrical hazards. If you are concerned about a piece of equipment notify:

- **Clinical Engineering if the equipment is clinical. Use [Edison](#) to submit your request online or call 540-981-7517 (77517).**
- **Maintenance/Engineering for all other equipment. Repairs and maintenance to facility systems and building infrastructure. Examples include air conditioning, ceiling tile, electrical, keys, painting, plumbing, etc. Use our [online request form](#). Requests for service can be made by department leaders or their designees.**
- **TSC for any computers, phones and/or handheld devices. Use [Edison](#) to submit your request online or call the TSC at 540-224-1599 (71599) or 800-354-1599.**

Workplace Harassment



Harassment

Content:

- ◆ Definitions
- ◆ Types of harassment
- ◆ Carilion's harassment policy
- ◆ Employee expectations

Objectives:

- ◆ To learn facts about harassment
- ◆ To review information on the types of harassment
- ◆ To review information on Carilion's harassment policy
- ◆ To discuss employee expectations

Harassment

Introduction:

Harassment is in conflict with Carilion's guiding principal of respect.

Types of Harassment:

Harassment is verbal, non-verbal, or physical conduct that degrades or shows hostility or dislike toward an individual because of his or her race, color, religion, national origin, sex, age, disability or any other characteristic protected by federal or Virginia law.

Sexual harassment is unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature. It is harassment if:

- The behavior is generally offensive
- The behavior is based on a protected characteristic
- The behavior is unwanted
- The behavior is unwelcome
- The behavior is repeated

The conduct must:

- Have the purpose or effect of creating an intimidating, hostile or offensive work environment
- Have the purpose or effect of unreasonably interfering with an individual's work performance
- Otherwise adversely affect an individual's employment opportunities

Carilion's Harassment Policy:

Carilion does not tolerate workplace harassment. Carilion will take appropriate action and/or will impose Corrective Action up to and including separation from employment for such offenses. Carilion will promptly and thoroughly investigate any report that is made.

Prevention:

Always conduct yourself in a professional manner while on the job and while engaging in Carilion business elsewhere. Become familiar with the definition of unlawful harassment and become familiar with Carilion's harassment policy.

If you are being harassed:

Confront the person harassing and report the harassment to your manager or HR Business Director.

Carilion's Organizational & Integrity Program



Organizational & Integrity Program

At Carilion Clinic, we understand that the community places its trust in us every day for the highest quality of care. It's our mission to improve the health of the communities we serve, and we want to carry out that mission with integrity and compliance- whether our work involves patient care or is in one of our office or support settings. To help with ensuring that we stay on the right path, Carilion Clinic has a comprehensive Organizational Integrity & Compliance Program in place.

Organizational integrity is also known as corporate or business ethics. It includes our core set of values, including our organization's commitment to doing the right thing, our understanding of right versus wrong and our accountability for meeting these standards. Carilion's values, as well as our Code of Excellence, help define our organizational integrity standards.

Compliance means complying with the standards that apply to us. This includes all legal, regulatory standards and Carilion Clinic's internal requirements, such as policies and procedures.

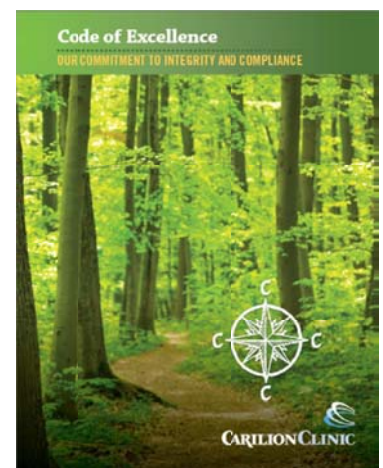
The Organizational Integrity & Compliance Department, also known as **OIC**, is an official department at Carilion Clinic which focuses on preventing, detecting and correcting integrity and compliance issues. OIC helps build and oversee the processes we have in place to meet the expected standards. Our OIC program is an important resource to help us identify what we are expected to do and how we can do it better.

Carilion Clinic's Code of Excellence

The compass point of our Organizational Integrity & Compliance Program is our Code of Excellence, which shows us the way in how we demonstrate these values in our interactions with others. The Carilion Clinic Code of Excellence provides guidance to follow in your actions and decisions. This comprehensive look at integrity and compliance can help ensure that the path we take as employees is the right one when it comes to our work and community. We expect our Carilion Clinic family to follow the Code of Excellence, including: our Board of Directors, employees, medical staffs, residents, students, volunteers, agents, contractors and vendors. Our Code:

- Serves as a high level guide and expresses our commitment to integrity and compliance.
- Helps with decision making and shares the expectations that our organization holds.
- Augments policies, procedures and guidelines.
- Provides examples of specific situations that can occur in healthcare and explains how to handle them.

The Code is assigned to you to read in Cornerstone OnDemand. Within 30 days of your hire date, you must provide an electronic signature indicating that you acknowledge certain core expectations based on the code.



Your Responsibilities Related to the OIC Program:

Each employee has a key role in our OIC program. As an employee you should be committed to:

- Promote our mission, vision and values;
- Follow the Code of Excellence and all laws, regulations and policies and procedures;
- Ask for help when not sure of the right thing to do;
- Complete training and educational activities as requested;
- Bring up possible integrity and compliance concerns as soon as they come up; and
- Help leaders as requested, such as participating in action plans and reviews related to potential concerns or wrongdoing.

How to Ask Questions or Report Concerns:

If you are unsure about what to do in a situation, help is available. Asking a question is always the right thing to do. You can seek guidance from:

- Supervisor/Manager/Management Team
- OIC - Chief Compliance Officer/OIC team
 - compliance@carilionclinic.org
 - (540) 510-4573
- Human Resources
- Legal Department
- Integrity Help Line- 24/7 tool where anonymous reports are welcome.
 - (844) 732-6232
 - CarilionClinicIntegrity.org

Retaliation against anyone seeking help or raising a concern of suspected misconduct in good faith will not be tolerated.

Confidential Information: A Need to Know & HIPAA



Confidential Information Guidelines

1. Only discuss patient information around people who have a **need to know**.
2. When our employees are patients in the system, it is important that their medical information is treated as any other patient. Often, checking on their progress is done out of care for a fellow co-work, however, it violates the employee's right of privacy as a patient.
3. The same is true for friends, neighbors or family members who might come to our facility for a test or even to be admitted. They also have a right to privacy. Unless a written authorization to discuss their situation has been signed, their information is considered confidential and protected by privacy laws and Carilion policy. Only discuss their medical information with people who have a **need to know**.
4. Paper records, containing patient information (lab results, x-rays, charts, etc) or financial and employee information, must not be unattended where confidentiality could be compromised. Exercising a high level of care in this regard is important. Once the need for reviewing confidential information is complete, the information should be placed in a secure area or given to someone who is responsible for its security.
5. Base on your job responsibilities, you may be given access codes to on-line computer resources or other secure areas. You must keep this access code confidential. Other employees should never **need to know** your access codes.

You will be held personally responsible for all activities undertaken using access codes assigned to you, regardless of whether you were the one using the access. Access codes must not be posted around terminals, PCs or in locations where someone can find them.

6. When given the opportunity to choose passwords, you should not use proper names or words easily associated with you. For example, passwords such as a car license plate number, nickname, spouse or hobby are inappropriate. To make your access more secure, use a password with a combination of letters and numbers.

Maintaining confidentiality

Carilion is committed to act responsibly, honestly, and with ethical and professional principles. In healthcare, an important part of an ethical and professional environment is maintaining confidentiality. As a Carilion associate, it is important that you understand your duty when handling confidential information. Confidential information is anything that is expected to remain private by either ourselves or those individuals with whom we interact. For example, the following is considered confidential:

- Patient information
- Employee information
- Financial information
- Information relating to Carilion
- Information private to other companies or persons

A key question to ask when working with confidential information is: *Who needs to know or have access to the information?* This is often referred to as *The Need to Know Philosophy*. Only individuals who have a job-related **need to know** should have access.

The *Corporate Information Security and Privacy Policy* outlines our organization's philosophy regarding protected information, regardless of the media in which it is published. The maintenance of confidential information ensures that our patients receive quality services in a professional manner.

A second policy, *Confidentiality of Protected Health Information* details how patient records can be used and disclosed.

The primary purpose of the patient's medial record is to:

- Document the care rendered to a patient and the response to that care.
- Help plan and evaluate the patient's treatment, and
- Help communicate among the patient's care professionals.

Access to confidential information

Because of your role within the System, you may learn of, or have access to, confidential information. It is important to remember that there are laws and strict Carilion policies that prohibit the inappropriate sharing of confidential information. Confidential information should be used only in the performance of your job-related activities.

The *Access and Confidentiality Agreement* you signed has a statement on violation of Carilion Policy as it related to handling confidential information. That statement says: *The violation of any of these duties will subject me to corrective action which might include, but is not limited to, loss of access to confidentially information, loss of privileges at Carilion's facilities, or separation of my employment, and to legal liability.*

Quality of patient care is our highest priority. It is important to understand your responsibility in handling and caring for confidential information that you may be exposed to as part of your duties. Remember only those individuals who have a job-related need to know should have access.

Carilion's reputation for integrity and quality of service is two of its most valuable assets. You play a key role in ensuring that these characteristics are maintained by protecting confidential information. Adhering to laws and policies related to confidential information is not only important, but it demonstrates a respect for the people we serve, each other, and our organization.

- | |
|---|
| <ul style="list-style-type: none">• Questions regarding use and disclosure of confidential information should be directed to your manager or to Carilion's Privacy Officer.• Questions regarding the security of information should be directed to your manager or to Carilion's Information Security Officer. |
|---|

HIPAA

HIPAA stands for

H- Health

I- Insurance

P- Portability

A- Accountability

A- Act

This act was signed into law by President Clinton in 1996.

Who is covered:

- All healthcare providers, health plans, clearinghouses who transmit electronic health information or have someone transmit electronically for them.
 - Electronic health information is defined as a method of moving data, in a standard way, electronically between healthcare entities.
- Prescription Drug Card Sponsors

What is PHI:

Protected Health Information- Any information that could be used to identify a patient.

PHI identifiers include:

- Name
- Address
- Telephone number
- Admission date
- Electronic email address
- Discharge date
- Medical record number
- Date of death
- Health plan beneficiary number
- Account numbers
- Date of birth
- Certificate/license number
- Vehicle identifiers
- Fax number
- Social Security number
- Full Face Photographic Images
- URL's
- Internet Protocol (IP) Address
- Biometric identifiers- finger print, voice prints, iris scans

Why is there a need for privacy:

- Moral Imperative- protecting patient records is the right thing to do
- Business Imperative- protecting business information is the right thing to do
- Legal Imperative- protecting ourselves and our organization from litigation is the right thing to do
- It gives the patient more control over their medical information and how their information is, and can be, used and disclosed.

What are the Patient Rights to Privacy:

- Copy and review their medical record
- Amend their record
- Receive an accounting of disclosures
- Restrict access to their record
- Request a specific way for communication of their record
- Receive a copy of our Notice of Privacy Practices

The patient has always had rights to their medical information, but did not know it. Now with HIPAA and the Notice of Privacy Practice they will know it and we can expect an increase in privacy/security issues and activity.

Privacy Authorization:

This is a customized document that gives a covered entity permission to use specified PHI for a specified purpose, which is generally **other than TPO** or to disclose PHI to a third party specified by the individual.

Without authorization covered entities could use and disclose protected health information without individual authorization for:

- Oversight of the health care system, QA
- Public health, and in emergencies
- Research with IRB approval or to prepare a research protocol
- Judicial and administrative proceedings
- Professional judgment- in the best interest of the patient
- To provide information to next of kin
- For identification of a deceased person
- For facilities' directories
- Business Associates
- In other situations where the disclosure is mandated by law

When using or disclosing PHI, or when requesting PHI from another covered entity, you must make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

As part of the 2009 American Recovery and Reinvestment Act, new regulations have been added to HIPAA. The regulations, known as **HITECH**, require that patients and the department of Health and Human Services (HHS) must be notified when a breach of unsecured protected health information has been discovered.

If you suspect a patient's PHI has been accessed inappropriately or unlawfully, do not try to resolve the breach yourself.

You or your manager should contact Carilion's Privacy Officer or Security Information Officer immediately, as there are specific procedures for handling these issues.

A risk assessment will be conducted to determine if a breach occurred. If there is a breach, the patient will receive a letter detailing what happened, the PHI involved in the breach and the steps that the patient can take to prevent potential harm.

Reporting Incidents:

Call one of the following to report incidents:

Compliance Line	1-888-822-1884
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Privacy Officer	1-540-981-7751
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Security Officer	1-540-224-4246
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Or

Complete an Event Report and send it to your site Organizational Effectiveness designee

Any incident regarding unauthorized use and disclosure of protected health information must go to the Privacy Officer to coordinate. Action is taken on all incidents and Carilion is obligated to sanction those employees for unauthorized disclosures.

Infection Control



Infection Control

Content:

- ◆ Handwashing
- ◆ Personal Protective Equipment (PPE)
- ◆ Isolation precautions
- ◆ Respiratory Protection Plan
- ◆ Bloodborne Pathogens
- ◆ Additional facts about Employee Health
- ◆ Employee Health Contacts

Objectives:

- ◆ To learn facts about handwashing
- ◆ To review information on the types of PPE
- ◆ To review information on the types of isolation precautions
- ◆ To review information on the respiratory protection plan
- ◆ To review bloodborne pathogens
- ◆ To discuss additional facts about employee health and how to contact them

Infection Control

Chain of Infection:

Normal human skin is colonized with bacteria. When admitted to the hospital, patients bring with them their own bacterial flora (normal flora). Within hours of admission to the hospital, the patient's flora begins to acquire characteristics of the surrounding bacterial pool. The patient then becomes a susceptible host. Infection results from the interaction between an infectious agent and a susceptible host. This interaction, called transmission, occurs by means of contact between the agent and the host.

The links of the chain are affected by the environment. To control the spread of infection we can break the chain by practicing infection control techniques such as standard precautions. However, some bacteria can colonize the hospital environment and then be spread to the patient, resulting in a healthcare-associated infection. In order to prevent these bacteria from colonizing and overwhelming the hospital environment, additional precautions such as Isolation Precautions, are necessary.

Each of us have organisms living on and in our body, this is called our normal flora. We live in harmony with these organisms. Occasionally they may get somewhere they're not supposed to and cause an infection, like a pimple or urinary tract infection.

In the hospital, everyone brings in their own normal flora. When healthcare workers touch patients, they can pick up the patient's normal flora. If they don't perform hand hygiene, they could take these organisms to other people who may get an infection.

Some of us may have resistant strains of organisms that we carry on our body. They may not ever cause us an infection but we could pass these on to other people. It is important to separate patients who have an infection from those patients that do not have an infection.

We all work together to ensure the safety of our patients, our facilities, and one another. Even staff who don't work directly with patients can spread illness to other staff members, thus affecting our patient's care and health.

That is why it is extremely important to perform hand hygiene before and after each patient. It's also important to clean medical equipment after each patient use.

Handwashing:

Hand Hygiene is a general term that applies to hand washing with soap and water, use of alcohol-based waterless products, condition of fingernails, use of appropriate personal protective equipment (PPE), and limited jewelry use.

The most important way to prevent the spread of infection is HANDWASHING.

When Should You Wash Your Hands?

Wash your hands whenever there is a chance that your hands may become contaminated. Always cleanse your hands:

- Before and after direct patient contact.
- After contact with body fluids, non-intact skin and wound dressing, even if hands are not visibly soiled.
- After contact with inanimate objects (including medical equipment in the immediate vicinity of the patient).
- After removing gloves.
- Wash hands after using toilet facilities.

Steps for Handwashing with Soap and Water

When hands are visibly soiled, wash hands with soap and water.

1. Get a paper towel ready.
2. Apply one pump of foam soap.
3. Lather and wash hands for at least 15 seconds (the time it takes to sing Happy Birthday or Yankee Doodle).
4. Rinse both sides with water.
5. Dry hands and shut faucet off with towel.
6. Apply hospital provided lotion (use of other lotions can break down the integrity of gloves and also cause irritation).

Cleaning Hands with Waterless Products

If hands are not visibly soiled, use an alcohol-based product for hand cleansing. Carilion Health System uses QuickCare.

- Apply product to palm of one hand.
- Rub hands together covering all surfaces of hands and fingers.
- Rub hands together until dry; this usually takes about 15-20 seconds. By doing so, you are reducing the risk of electrostatic shock.

Because of the increased likelihood of spreading disease, **do not wear artificial nails or extenders when having direct contact with patients** (this includes but is not limited to acrylic, gel, and silk wraps). Fresh nail polish is permitted but must be changed when visibly cracked or chipped. Natural nails must be less than 1/4 inch long.

Review the Hand Hygiene policy for a complete list of expectations on hand hygiene including: hand washing with soap and water, use of alcohol based waterless products, condition of fingernails, use of appropriate personal protective equipment (PPE), and limited jewelry use.

Personal Protective Equipment (PPE):

PPE may include the following items depending on the type of environment you will be exposed to:

- Gloves
- Gowns
- Face shields/masks
- Eye protection
- Pocket masks
- Other protective gear- hair and shoe covers



Isolation Precautions for Non-Clinical Staff

If you do not have clinical training, but you have contact with patients, remember:

- Standard precautions mean treating all blood and body fluids as if they have an infection.
- Use standard precautions when caring for or interacting with all patients.
- Some infections require that you take extra steps to prevent spreading the germs to you or to other patients. This might mean wearing special clothing or equipment referred to as personal protective equipment (or PPE).
- If there is a card on a patient's door, it will tell you what type of personal protective equipment (PPE) and clothing you will need to wear to go into the room. **You may not enter an isolation room wearing PPE unless you have been verified competent on your competency form.**
- You can always ask at the nurse's station if you are not sure what to do.

Isolation Precautions For Clinical Staff:

If you have a clinical role remember that there are two tiers of isolation precautions: **Standard Precautions** and **Transmission-based Precautions**. Standard Precautions should be used when caring for all patients and is an important strategy for the prevention of healthcare associated infections.

Standard Precautions are the primary strategy for successful nosocomial infection control. Standard Precautions reduce the risk of transmission from both recognized and unrecognized sources in hospitals. These precautions apply to **all** patients receiving care regardless of diagnosis or presumed infection status. Standard Precautions apply to blood, all body fluids, secretions and excretions, non-intact skin and mucous membranes.

There are three additional practices that have been added to Standard Precautions. These practices focus on the protection of patients and healthcare workers and include:

- Respiratory Hygiene/Cough Etiquette- cover nose and mouth when coughing or sneezing, use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use, perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials.
- Safe Injection Practices- use a sterile, single use, disposable needle and syringe for each injection, use of a single-dose vial is preferred over multi-dose vials.
- Use of masks for insertion of catheters or injection of materials into spinal or epidural spaces via lumbar puncture procedures (e.g. myelogram, spinal or epidural anesthesia)

Transmission-based Precautions are designed for patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission in hospitals.

There are three types of Transmission-based Precautions: Airborne Precautions, Droplet Precautions and Contact Precautions. They may be combined together for diseases that have multiple routes of transmission. When used, either singularly or in combination, they are used in addition to Standard Precautions.

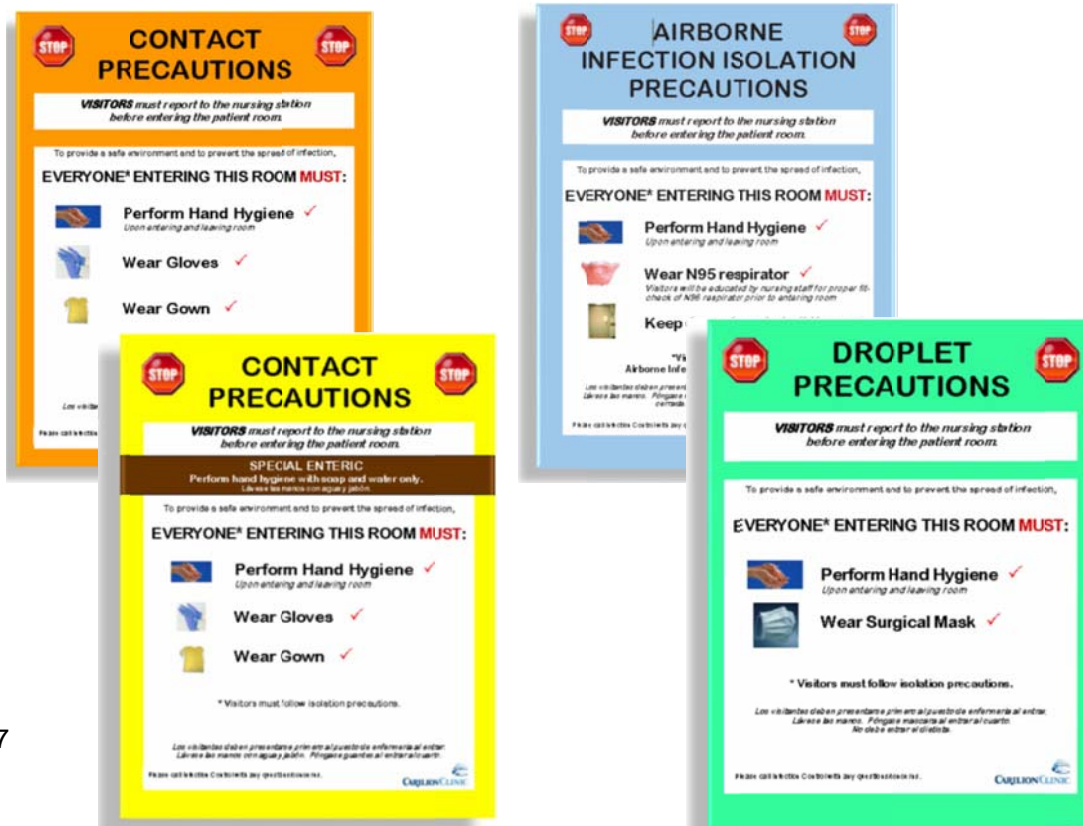
Airborne Precautions (Blue Card) are designed to reduce the risk of airborne transmission of infectious agents. Microorganisms can be widely dispersed by air currents and may become inhaled by, or deposited on, a susceptible host. Examples of such diseases are pulmonary tuberculosis, measles or chickenpox.

Droplet Precautions (Green Card) are designed to reduce the risk of droplet transmission of infectious agents. Droplet transmission involves

contact of the eye or the mucous membranes of the nose or mouth of a susceptible person with droplets containing microorganisms generated from a person who has a clinical disease or is a carrier of the microorganism. Droplets are generated from the source person primarily during coughing, sneezing or talking and during the performance of certain procedures. Examples of such diseases are influenza, Neisseria meningitis, mumps or pertussis.

Contact Precautions (Orange Card) are designed to reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact. Direct contact transmission involves skin-to-skin contact and physical transfer of microorganisms to a susceptible host from an infected person, such as occurs when personnel turn a patient, give a bath or other patient care activities that require physical contact. Indirect contact transmission involves contact of a susceptible person with a contaminated object in the environment of the patient. Examples of such diseases are Scabies, viral conjunctivitis, impetigo or major noncontained abscesses and multi-drug resistant organisms such as MRSA and VRE.

Contact Precautions- Enteric (Yellow Card/Brown Stripe) are designed to reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact of GI tract waste. Direct contact transmission involves feces contact and physical transfer of microorganisms to a susceptible host from an infected person, such as occurs when personnel complete personal hygiene for patients, give a bath or other patient care activities that require physical contact. Indirect contact transmission involves contact of a susceptible person with a contaminated object in the environment of the patient. Examples of such diseases are multi-drug resistant organisms such as C-Difficile.



Protective Precautions (White Card) are used for patients whose normal body defenses for fighting infection are impaired due to medication or illness. Protective Precautions are a set of measures designed to reduce the spread of infection from staff, visitors, and other patients. These include:

- Positive pressure, well-sealed rooms,
- Minimizing dust, prohibiting dried and fresh flowers and also potted plants.



Respiratory Protection Plan:

Refers primarily to Tuberculosis (TB). TB is a bacterial infection that attacks the lungs. It is not as prevalent as it used to be because we have effective antibiotics that are able to treat the disease.

Infection versus Disease:

Persons with the actual disease will have the following signs:

Fatigue
Loss of appetite
Loss of weight
Night sweats
Fever
Cough

You become infected with the bacteria when you come into contact with a person having the actual disease by breathing in the bacteria into your lungs. Once you breathe in the bacteria, your lung will “seal off” the bacteria into your lungs. You have a 5% chance of developing the disease within two years of this exposure. If you have sustained an actual exposure you will see your PPD turn positive within 10-12 weeks of that exposure.

As we age, our immune system decreases in its ability to fight off infections so there is another 5% chance of developing the disease as we age.

This is why Carilion does a two step PPD process. We place your first PPD and then 1-2 weeks after we place a second PPD. This second PPD boosts your body's immune system to see if it can “recognize” the bacteria and let us know if you have been exposed before.

PPD's are placed upon hire and then annually within your birth month for all employees who have patient contact.

Bloodborne Pathogens Exposure Control Plan:

OSHA requires all healthcare systems to have a plan in place for employee exposures to Bloodborne pathogens. A copy of our plan can be obtained via the Carilion Intranet, from the Infection Control Practitioner or the Employee Health Office.

Types of Bloodborne diseases:

- HIV
- Hepatitis B – vaccine offered free to all employees whose job requires them to have patient contact. This vaccine process is completed with three shots. The first shot is given, the second shot is placed after 4 weeks of the first, the third shot is placed after 5 months of the first.
- Hepatitis C

Environmental controls:

We are required to have sharps containers in all patient rooms and those patient care areas where sharps are used. All sharps must go into these containers and not the regular trash.

There is no eating or drinking in any nurses' station or patient care area.

What is an exposure:

An injury with a contaminated instrument (needle, blades, etc)

Blood or body fluids that come in contact with mucous membranes (eye/mouth)

Blood or body fluids that come in contact with an open wound or non-intact skin

What do you do if you have an exposure:

Cleanse the exposed area immediately and notify your supervisor. Report to Employee Health when it is open at your facility or to the Emergency Department during other hours for immediate treatment and follow up. You must complete an Student Event Report form.

Employee Health Contacts:

CRCH	224-4411	(84411)
CRMH	981-7206	(77206)
CFMH	489-6345	
CGMH	921-6078	
CNRVMC	731-2892	(32892)
BMH	587-3444	
CSJH	458-3557	
CTCH	988-8705	

Contacts for Infection Control

CFMH	489-6345	
CGMH	921-6078	
CNRVMC	731-2892	(32892)
CRMH	981-9091	(89091)
CRCH	985-9091	(89091)
BMH	587-3471	
CSJH	458-3557	
CTCH	988-8706	

Falls Precautions and Restraints



Falls Prevention and Restraints

Content:

Falls Prevention

- ◆ Philosophy
- ◆ Patient Assessment
- ◆ Falls Screening Triggers
- ◆ Instituting the Protocol
- ◆ Initial Documentation
- ◆ Ongoing Documentation

Protective Interventions

- ◆ Philosophy
- ◆ Scope
- ◆ Definitions
- ◆ Types of Restraints
- ◆ Associated Risks
- ◆ How to Apply
- ◆ Initial Orders
- ◆ Documentation
- ◆ Emergency Use of Restraints

Objectives:

- ◆ To review information on Falls Prevention/Entrapment
- ◆ To review information on Non Behavioral (Non-violent/Non Self Destructive) Restraints
- ◆ To review information on Behavioral (Violent/Self Destructive) Restraints

Falls and/or Entrapment Precautions

Philosophy:

Carilion is committed to decreasing falls and entrapment in acute care facilities by increasing staff awareness of the risk for falls/entrapment, increasing the use of falls/entrapment prevention strategies and identifying and consistently monitoring high risk patients. All patients in the hospital are at risk for falls/entrapment. High risk patients are identified per falls and entrapment screening tools.

Patient Assessment (Adult):

The admitting nurse will perform the assessment at the time of admission by utilizing the Morse Fall Scale assessment screening tool on the Adult Admission Database. Nursing judgment should be used when assessing patients for fall risk or entrapment.

Adult Falls screening triggers include the following:

- Fall history
- Mobility
- Elimination
- Mental status changes
- Medications causing impairment
- Patient care equipment
- Handicaps

If one or more of these triggers are present the falls protocol should be implemented.

Handicaps include any impairment of the five senses, amputation and/or ataxia.

Assistive devices include walkers, canes, crutches, wheelchairs, casts and prosthetics.

Patient Assessment (Pediatrics):

The admitting nurse will perform the assessment at the time of admission, every shift, and as the patient's condition changes by utilizing the Humpty Dumpty Assessment Tool. Interventions to prevent a fall will be made for patients according to the Low Risk Standard Protocol or High Risk Standard Protocol based on the patients identified level of risk from the Humpty Dumpty Assessment tool.

Pediatric Falls screening triggers include the following:

- Age
- Gender
- Diagnosis
- Cognitive impairments
- Environmental Factors
- Response to surgery/sedation/anesthesia
- Medication usage

The tool is a cumulative sum of the seven parameters. If any parameter is not applicable, the child would receive a minimum score of one for that category. If a child

falls into multiple categories in a parameter, the highest score of the possible choices would be given.

Entrapment screening triggers include the following for all patient populations:

- Confusion
- Restlessness
- Lack of muscle control
- Patient's size and/or weight are inappropriate for bed's dimensions
- Patient requires restraints (vest, belt, any body holder restraints. Does not include wrist
- Harm to self or others
- Wound precautions for limbs
- Seizure activity

Nursing judgment will be used to determine if side rail protectors are appropriate for the patient.

Once Adult Patient is identified as high risk:

For Carilion Facilities:

Place a yellow armband on the patient. May also apply a "falling star" sticker to the patient's door, call light, etc., to alert staff as appropriate. Enter standard treatment order in computer system where available. Initiate Falls Precautions and document on the patient flow sheet.

For CNRVMC:

Place a yellow armband on the patient. Also apply a magnet to the door and a fall precaution label on the chart to alert the staff as appropriate. Initiate Falls Precautions and document on the patient flow sheet.

Modify environment to prevent falls. These modifications can include:

- Non skid footwear
- Place patient's belongings within reach, including phone, glasses and hearing aids
- Instruct family on safety measures and to call for help
- Place urinal within reach. Place bedside commode near patient's bed
- Adjust lighting to assist patient when out of bed
- Remove unused items from the patients' room
- Keep pathway to bathroom unobstructed for ambulatory patients
- Keep nurse call system within reach
- Keep upper side rails up. Bed in low locked position
- Consider room location
- Consider bed check device
- Offer toileting assistance a minimum of every 2 hours while awake

Once Pediatric Patient is identified at risk:

Interventions are based on the overall score and fall into two categories:

Low Risk Standard (Score 7-11) Inpatient

- Orient patient to room
- Place bed in low position with the brakes on
- Use two or four side-rails.
- Use non-skid footwear and appropriate size clothing
- Assist with elimination needs as needed
- Place call light within reach
- Keep environment clear of unused equipment.
- Leave on nightlight

Low Risk Standard (Score 6-8) Outpatient

- Orient patient to room
- Keep environment clear of unused equipment

High Risk Standard (Score 12 and above) Inpatient

- Identify Patient with a Humpty Dumpty sticker on the patient and the patient's chart
- Educate patient/family on Fall Protocol precautions
- Check the patient a minimum of every hour
- Accompany patient with ambulation
- Place patient in developmentally appropriate bed
- Consider moving patient closer to nurse's station
- Assess need for one to one supervision
- Evaluate medication administration times
- Remove all unused equipment
- Use protective bed barriers to close off spaces and gaps
- Keep door open at all times unless isolation precautions are in effect.
- Keep bed in lowest position and wheels locked

High Risk Standard (Score 12 and above) Outpatient

- Identify patient with a Humpty Dumpty sticker on the patient and on the patient's chart. Signage may be placed above the patient's bed
- Accompany patient with ambulation
- Educate patient/family on Fall Protocol precautions

Initial Documentation:

Initial documentation to occur in the following locations of the EMR by licensed personnel:

- Admission Database
- Nursing Flow Sheet- patients are instructed in activity limitations and/or changes in activity level orders on admission and PRN
- Focus Note- initiation of falls protocol and all education with patient/family to include explanation of protocol, immediate notification to staff of any environmental hazards or barriers, call for assistance and observation of safety measures and understanding of the information provided to them.

Ongoing Documentation:

Observe needs of the patient at the start of each shift and PRN with documentation on the nurses' notes. Document patients' inability or failure to comply with safety instructions. Upon discontinuation of falls protocol, remove the treatment from computer system, remove orange dot and/or bracelet and document why the protocol was discontinued.

What if a fall occurs:

- Assess the patient- check vital signs and ask the patient what occurred
- Help the patient to get up, unless injured, try to restore his/her dignity
- Notify the physician
- Notify the family/significant other of the fall incident
- Observe the patient for delayed complications such as head injury or fracture
- Discuss with the patient/family at an appropriate time their perception of the experience
- Document- follow laminated guidelines found on nursing unit for documentation of a fall in the nurses focus note. Complete Risk Manager, event report, notify Director/Manager of event
- Initiate high risk protocol- if the patient is not already on protocol and follow the policy
- Evaluate the need for restraints
- Education- educate the patient and family about safety and document in the appropriate location. Ensure understanding of education given to patient and/or family.

Restraints

Carilion is committed to prevent, reduce and eliminate the use of restraints by limiting the use of restraints to situations in which there is an imminent risk of physical harm to the patient, staff, or others; discontinuing the use of restraints as soon as possible and preserving the patient's safety and dignity.

Scope:

This includes all in- and out-patients in the acute, non-behavioral health care setting. It is not applicable to patients in any setting emerging from general anesthesia who have not met post anesthesia discharge criteria or for patients on suicide precautions or violent behavior admitted for medical stabilization.

Definition of a restraint:

Any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or a medication when it is used to manage a patient's behavior or restrain the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

Types of Restraints:

- Administrative- handcuffs, leg irons, waist chains. Carilion employees are not allowed to manipulate these devices. Carilion staff should ensure correctional facility forensic staff is present whenever administrative restraints are removed/manipulated.
- Non Behavioral (Non Violent / Non Self Destructive - components of care in the medical/surgical setting used to promote healing, prevent re-injury, protect tubes, dressings or other medical equipment.
- Behavioral (Violent/Self Destructive) - protects the patient from injury to self and/or others related to dangerous, violent or aggressive behaviors.
- Chemical- psychopharmacologic drug that is used to control behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.

What are Restraint Devices:

- Four side rails
- Writs/ankle
- Mitts
- Pediatric freedom sleeves (No-No's)
- Adult freedom sleeves
- Enclosure Bed

Risks Associated with Restraint Use:

- Injury from falls
- Functional decline
- Decreased appetite
- Skin breakdown
- Pneumonia
- Accidental death
- Circulatory problems
- Dehydration
- Emotional stress

What are Not Considered Restraints in Acute Care:

- Upper side rails
- Over bed/chair trays
- Safety belt with Velcro fasteners
- Medical immobilizer- used during medical procedures
- Protective mechanisms- helmets, cribs, bed padding
- Adaptive devices- walkers, prosthetics, canes

When Is a Restraint Applied:

- After a comprehensive assessment by an RN
- When the least restrictive mechanisms have been determined to be ineffective
- When specific patient behaviors are interfering with care
- After patient and family education has been provided
- By qualified staff whose competency in restraint application has been validated
- According to manufacturer's instructions

Initial Restraint Order:

- Based on assessment and documentation the nurse may initiate the use of restraints. Verbal orders may be accepted by RN's or LPN's
- If there is no physician's order, the order must be completed in the EMR within 12 hours, or immediately if there is a **significant** change in the patient's condition
- The licensed independent practitioner (LIP- MD, NP, and/or PA) will assess the patient within 24 hours of the initiation of restraints and every calendar day
- A new order must be placed in the EMR every 24 hours for continued use of restraints after the face to face assessment of the patient by the Licensed Independent Practitioner.

How May the Physician Write the Restraint Order:

- The initial order may be placed in the EMR or on the physician's order sheet or the white peel and stick label (for facilities without EPIC).
- Renewal orders are placed in the EMR every 24 hours or will be written on the:
 - Physicians order sheet
 - White initial order peel and stick label

- Pink SMS generated renewal label at Carilion New River Valley Medical Center (generated only once in a 24 hour period)
- Pink peel and stick renewal label for hospitals not on SMS or orders that are less than 24 hours duration

Documentation of Restraints Includes:

- Completion of the restraint Flowsheet
- A comprehensive assessment of the patient's neurological status (orientation), psychological status, coping mechanisms, physical and medical needs and social support system
- Type of restraint device and length of time used
- The least restrictive mechanisms have been determined to be ineffective
- The specific behaviors that are interfering with care
- Patient and family education provided prior to use and is understood
- Measures taken to protect the rights, dignity and well being of the patient
- Notifying leadership of the restraint use per patient
- Forwarding the yellow copy of the restraint Flowsheet to unit leadership

Required Reporting:

- Hospitals must report deaths associated with restraint use to CMS by telephone no later than close of business the next business day following knowledge of the patient's death. Reportable deaths include:
 - Any death that occurs while the patient is in restraints
 - Any death that occurs within 24 hours after a patient had been removed from restraints
 - Any death that occurs within 7 days of restraint where it is reasonable to assume that the use of restraint contributed directly or indirectly to the patient's death

CMS reportable deaths are completed through Risk Manager daily by the identified CMS restraint death individual

For Behavioral Health patients the local Human Rights Advocate, and the State Protection and Advocacy Agency as well as the local CMS Regional Office must be notified by the next business day. This notification will be documented in the patient's medical record.

Use of Behavioral Restraints

Used during emergency situations where behavior is dangerous, violent or aggressive. It is meant to protect the patient from injury to self or others and is applicable regardless of patient care setting.

Initial Order:

- The RN may initiate the restraint use based on assessment and documentation with patient/family education
- Physician, NP or PA must see and evaluate the patient **within 1 hour of initiation of restraints**
- Order limited to 4 hours for adult, 2 hours for children 9-17 years of age, and 1 hour for children < 9 years of age

Continued Use of Emergency Restraints:

- The nurse may request the original order be renewed for continued use of the restraint based on assessment of patient
- One additional renewal of time limits per Policy and Procedure.
- Physician, NP, PA must reassess patient if a second order renewal is required

Patient Evaluation for Continued Use of Restraints:

Physician must complete an in person re-evaluation of the restrained person at least

- every 8 hours for patients 18 years and older
- every 4 hours for persons aged 17 years and younger

Monitoring of Patients:

- Patients who are restrained for behavioral purposes are continually assessed
- 1:1 nursing care with documentation of monitoring every 15 minutes
- As soon as the behavior requiring the application of the restraint stops the restraint should be removed

Discontinuation of Restraints (Behavioral Restraints):

- RN may discontinue the restraint based on a comprehensive assessment, intervention, evaluation and re-intervention
- Patient debriefing must take place when restraint is removed after each episode
- Patient's rights, comfort, dignity and privacy are respected at all times

Debriefing Must Include:

- Patients physical well being
- Expressed feelings regarding restraint use
- Address any trauma issue
- Include the patient's view of circumstances leading to the restraint use
- Explore how the situation could have been handled differently
- Include family members during the session

Patient/Family Education- Applies to all Restraints:

- Each patient and/or family members are to receive the brochure: "Patient and Family Guide to Restraints"
- Teaching includes as appropriate:
 - benefits/risks associated with restraint use
 - regulatory guidelines governing restraint use
 - types of restraints and proper application
 - situations warranting the use of restraints
 - alternatives to restraint use
- Education is documented on the Restraint Monitoring Flowsheet

Surgical/Procedural Site Verification



Surgical/Procedural Site Verification

Content:

- ◆ Overview
- ◆ When is the operative procedure site verified
- ◆ Who is responsible for verifying
- ◆ How is the site verified
- ◆ What is a “time out”
- ◆ Exceptions to marking the site
- ◆ Variations to the policy
- ◆ Discrepancy in documentation

Objectives:

- ◆ Employee responsibilities
- ◆ To review information on Surgical/Procedural Site Verification

Surgical/Procedural Site Verification

Introduction:

All Carilion employees are responsible for patient safety.

Why surgical/procedural site verification:

This process was initiated from Joint Commission findings on wrong site surgery as part of the National Patient Safety Goals to ensure patient rights.

When is the operative/procedure site verified:

- Prior to obtaining informed consent
- Prior to posting the surgical procedure
- Prior to administering non-routine, mind altering medications
- Prior to marking the surgical/procedural site
- Prior to entering the OR/procedure room
- Prior to making the surgical incision/starting the procedure

Who is responsible for verifying the surgical/procedural site:

- Patient or legal guardian
- Nurse
- Surgeon
- Clinical staff assisting with the procedure

How is the surgical/procedural site verified:

- Location of the surgical/procedural site, structure or level to the site is verified verbally and/or pointed out
- Identify and mark the operative site, structure or level as close as possible to the incision site
- Site is marked with a permanent marker: “X” on the spot should **never** be used (Appropriate marking examples- “Yes”, initials, line on the incision/procedure site)

Timeout:

A timeout is conducted before the incision is made. All activity stops and the surgical/procedure site is verified again. The timeout is documented in the EMR.

Exceptions to Marking:

- Single organ cases which include
 - C-section
 - Appendectomy
 - Cholesystectomy
 - Cardiac surgery
 - Splenectomy
- Ovaries- only when side cannot be predetermined
- Natural body openings- (if laterality is involved mark the site closest to the natural opening ex. Kidney stones)
 - Vaginal

- Rectal
 - Penile
 - Scrotal area
 - Mouth
- Intervention cases- when insertion site of the instrumentation or catheter is not predetermined
 - Premature infants- ink will tattoo their skin
 - Teeth- indicate the name of the tooth

Variations to the Policy:

Patient unable to mark the site

- surgeon/nurse/designee marks the site under the direction of the patient/guardian

Patient refuses marking of the surgical site

- follow the policy except for marking the site
- during the preoperative phase, the patient verbalizes/points to the site
- nurse documents the patients refusal to mark the site on the EMR
- **CMC only**- two independent practitioners, not directly involved in the case, are to identify the site and document in the EMR

Discrepancy in Documentation:

- Nurse notifies surgeon of discrepancy
- Procedure is delayed until the surgeon and patient agree on the procedure and site
- Surgeon marks the site
- Surgeon obtains a new informed consent if applicable

Pain Management



Carilion Clinic Orientation Pain Management Independent Study

Objectives:

Participants will review:

- **The Importance of Pain Management**
- **Pain Management Responsibilities**

Pain is something that we all have at some time in our lives. There are many types of pain and causes of pain. Pain interferes with people's lives.

Pain control is important because it is the right thing to do for our patients. Carilion Clinic wants all employees to know about their part in helping patient's control their pain. Joint Commission looks at how well Carilion Clinic helps our patient's control their pain. You need to know what you should do about a patient having pain.

Any time a patient says they are having pain we have to:

- Believe them
- Do something about it

A patient in pain may be:

- Crying
- Moaning
- Frowning
- Restless
- Stiff/not moving

If you see a patient in pain you should:

- Find a nurse
- Tell the nurse what you saw

We must all work together to keep our patients comfortable. What you see is important. Please be sure to report any patient you think is in pain.

Prepared by:

Phyllis Whitehead, Ph.D., M.S.N., A.P.R.N., A.C.H.P.N., Clinical Nurse Specialist
Pain Management

Organ, Tissue, and Eye Donation

- Depending on the unit or area you will be working in, you may be in a position to interact with patients/families who may have to consider organ donation.
- We want you to be well informed of your role in this process

Our policy and procedure at Carilion is based on federal regulations surrounding Organ, Tissue, and Eye Donation. These regulations were developed to ensure that-

- all potential donors are identified
- only suitable patients' families are approached
- patients' families receive accurate information, and
- patients' families are approached at an appropriate time in the grief process, by persons trained to offer the donation option

Your role-

- ✓ Every patient death is referred to LifeNet regardless of age, diagnosis, or cause of death
- ✓ Have the patient's chart readily available as the LifeNet coordinator will gather pertinent data about the patient
- ✓ The coordinator will either defer the donation, or put you in contact with LifeNet or ODEF personnel to facilitate the most appropriate approach to the family
- ✓ **At no time is it appropriate to approach the family about donation before LifeNet is contacted**

Key points-

- Once LifeNet has determined the medical suitability of the potential donor, they will work closely with the physician and other staff decides the most appropriate approach to the family.
- For further information, please refer to the Carilion Clinic policy on Organ, Tissue, and Eye Donation, located in the Carilion Encyclopedia and on *Inside Carilion*.
- A laminated flyer with this information and phone numbers is posted in clinical areas

■ Orientation Forms—Section II

Please return completed forms to:

**Contract Staff –signed by Service Area VP
Return to Unit Manager**

- ☐ Orientation Record
- ☐ Confidentiality Agreement
- ☐ Contract Staff Local Address
- ☐ Care giver Patient Disclosure Form
- ☐ Age Specific Practice Criteria
- ☐ Contract Staffing Checklist

**Contract Staff – initiated by HR
Rhonda Johnson
HR Service Center
1212 3rd Street
Roanoke, VA 24016
rejohnson@carilionclinic.org**

- ☐ Orientation Record
- ☐ Confidentiality Agreement
- ☐ Contract Staff Local Address
- ☐ Care giver Patient Disclosure Form
- ☐ Age Specific Practice Criteria
- ☐ Contract Staffing Checklist

Carilion Clinic
Contract Staff Orientation Record

Name:	Kronos Number:
Department:	Facility:
Position:	Date of Contract:

Please check off the sections completed.

	Topics
	<input type="checkbox"/> Carilion Clinic Overview <input type="checkbox"/> General Safety <input type="checkbox"/> Hazardous Materials/Waste Exposure <input type="checkbox"/> Electrical Safety <input type="checkbox"/> Workplace Harassment <input type="checkbox"/> Corporate Compliance <input type="checkbox"/> Confidentiality <input type="checkbox"/> Infection Control <input type="checkbox"/> Falls Precautions Restraints <input type="checkbox"/> Surgical/Procedural Site Verification <input type="checkbox"/> Employee Security and Parking <input type="checkbox"/> Pain Management <input type="checkbox"/> Organ Donation <input type="checkbox"/> I have had a tour of the facility/unit
I completed Carilion Clinic Contract Staff Orientation on: _____ (Date)	
Contract Staff Signature: _____	
RESTRAINTS COMPETENCY VALIDATION:	
The employee has completed the appropriate inservice training and has been properly instructed with return demonstration, in the proper application, care and safety of restraints according to Carilion Clinic Policy & Procedure standards.	
Type of Restraint: Wrist Validator Signature: _____ Vest Mitt	

Return form via email to Rhonda Johnson, HR Consultant to rejohnson@carilionclinic.org

Revised: 1/2012; 2/2014; 1/2015; 2/2016; 3/2017

Access & Confidentiality Agreement

Carilion Clinic has legal and ethical responsibilities to safeguard the privacy of its employees, students, and patients and their families and to protect the confidentiality of protected health information (PHI) and all other types of confidential information. Members of the Carilion Clinic community include but are not limited to: workforce members, members of the medical staff, extended community members, business associates, volunteers, students and vendors.

As a member of the Carilion Clinic community I agree to conduct myself in accordance with all applicable laws and with Carilion Clinic policies regarding confidential information. These obligations apply to confidential information that is collected or maintained verbally, in paper, or electronic format.

Carilion Clinic's confidential information includes any and all of the following categories: Patient information, employee information, student information, business confidential information, third-party information, or any other confidential information gained by working with/for Carilion Clinic.

GENERAL RULES

- a) I understand that it is my responsibility to be aware of Carilion Clinic policies related to handling protected health information, including Privacy and Information Security policies, Organizational Integrity policies, Human Resource policies, operations policies, and other policies that specifically address the handling of confidential information.
- b) I understand and accept that I have no individual rights to or ownership interests in any Carilion Clinic confidential information. Carilion Clinic may revoke my access at any time.
- c) I understand that Carilion Clinic maintains an audit trail of all accesses to confidential information, and may conduct a review of my system activity at any time and without notice in order to monitor appropriate use.
- d) I will not modify my own medical record, nor will I create, authorize, or sign my own prescriptions. I will not schedule appointments or tests, and I will not print my records or release them to others using my Carilion Clinic access. I will not use my Carilion Clinic access to correspond with providers/staff about my personal care or the care of my family members or friends.
- e) I will report to my supervisor, Carilion Clinic liaison or to the Carilion Clinic Privacy & Information Security Office any individual's or entity's activities that I have a good faith belief may compromise the privacy or security of Carilion Clinic confidential information.

PROTECTING CONFIDENTIAL INFORMATION

- a) I will not in any way access, use, share, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly and clearly authorized within the scope of my job duties and in accordance with applicable Carilion Clinic policies and procedures and applicable laws and regulations.
- b) I will not photograph, video, or make audio recordings of patients or visitors unless it is directly related to my job. I will obtain prior approval from management and use only Carilion-approved devices.
- c) I may not use or download confidential information onto non-authorized devices or unapproved cloud-based storage, even in the performance of my duties. I may not remove confidential information from Carilion Clinic premises in any form unless permitted per Carilion Clinic policies or in the absence of a policy, with pre-approval from management.
- d) I may only release patient information from the EPIC Release of Information (ROI) module which logs and tracks the release of patient information for HIPAA purposes. I understand that I cannot print from Chart Review and release PHI. If I have questions or concerns about a request for the release of patient information, I will contact my supervisor or HIM management before releasing requested patient information.
- e) I will dispose of confidential information appropriately when it is no longer needed according to Carilion Clinic data and record retention policies. I will contact the Privacy and Information Security Office or HIM if I am unsure how to properly dispose of confidential information.

USING ACCESS APPROPRIATELY

- a) I will access, use, and disclose confidential information only as authorized and needed to perform my assigned job duties.
- b) I will not use my Carilion Clinic authorized account(s) to access the health information or demographics (including addresses or birthdays) of my coworkers, other employees, friends, neighbors, or family members, including my spouse, parents, or children, unless that information is needed to perform my job duties. Unless it is impossible for another employee to provide the service or treatment, employees should not provide treatment or services to family members. Even with written/verbal permission or power of attorney, I cannot access my spouse or children's records with my Carilion Clinic access.
- c) I accept responsibility for all activities undertaken using my passwords, access code and other authorizations.
- d) It is my responsibility to log out of any system to which I have logged on. I will not leave unattended a computer to which I have logged on without first either locking it, or logging off the workstation.
- e) I agree to safeguard and not disclose my individual user identification passwords, access codes or any other authorizations that allow me to access Carilion Clinic confidential information to anyone; nor will I request access to, or use any other person's passwords or access codes.
- f) If I have reason to believe that the confidentiality of my password has been compromised, I will immediately change my password.
- g) I understand that individuals who access Carilion Clinic confidential information from home or other remote location must follow Carilion Clinic's policies and take precautions to keep information secure.

SIGNATURE

My signature below indicates that I have read, accept, and agree to abide by all of the requirements described above. I acknowledge that any violation of these requirements may result in disciplinary actions up to, and including, termination of employment and/or affiliation with Carilion Clinic.

Print Name: _____ Date: _____ ☐ Employee
Non-Employee Company Name: _____ ☐ Non-employee
Job Title: _____ Do you have access currently? _____
Carilion Badge Number: _____ Last 4 digits of your SSN: _____
Date of Birth (MM.DD): _____
Business Email Address: _____
Signature: _____

If you are not a Carilion Clinic employee, a copy of identification (driver's license or other) will be required.

Carilion Clinic
Contract Staff Local Address

Please print and complete the following information:

Name: _____
(Last) (First) (Middle Initial)

Address: _____

Phone Number : _____

Unit Assignment: _____

Facility Assignment (please check appropriate facility):

- _____ Carilion Roanoke Memorial Hospital (CRMH)
_____ Carilion Roanoke Community Hospital (CRCH)
_____ Rehabilitation Center at Carilion Roanoke Memorial Hospital (REHAB)
_____ Carilion New River Medical Center (CNRVMC)
_____ Carilion Franklin Memorial Hospital (CFMH)
_____ Carilion Giles Community Hospital (CGCH)
_____ Carilion Stonewall Jackson Hospital (CSJH)
_____ Carilion Tazewell Community Hospital (CTCH)
_____ Other: _____
(Please indicate)

Care Giver Patient Care Disclosure

Carilion Clinic (CC) provides all patients the same level and quality of services regardless of diagnosis, nature of services rendered, or the personal, cultural or religious beliefs of care givers. CC acknowledges and respects the individual beliefs of its employees. Provisions are made for considering and accommodating these beliefs where it is also possible to ensure the ultimate safety and protection of employees, patients and visitors. CC does not discriminate on the basis of race, color, religion, age, national origin, sex, disability or veteran's status.

I have been provided a verbal description of job duties, including a summary of anticipated patient diagnoses and procedures. Based upon the job duties as presented to you, please complete the following:

- A. ___ I am not aware of any instances where I would feel compelled to withhold care or services to any patients. *Please sign and date below.*
- B. ___ The following are instances in which I would feel compelled to withhold care or services to any patients.

- ___ I believe my preference not to provide above care or services could be accommodated in the job. I recommend the following accommodation:

- ___ I do not believe my preference not to provide the above care or services could be accommodated in the job.

My typed name below shall have the same force and effect as my written signature.

Signature

SSN

Date

Job Title

SPECIFIC PRACTICE CRITERIA

NAME:

Last

First

MI

Please check the boxes below for each age group for which you have experience/competency in providing age-appropriate nursing care.

- A. Newborn (birth - 1 month)**
- B. Infant (1 month - 1 year)**
- C. Toddler (>1 - 3 years)**
- D. Preschool (>3 - 6 years)**

- E. School Age (>6 - 12 years)**
- F. Adolescent (>12 - 18 years)**
- G. Adult (>18 - 65 years)**
- H. Geriatric (>65 years)**

	A	B	C	D	E	F	G	H
Able to adapt care to incorporate normal growth and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to adapt method and terminology of patient instructions to their age and maturity level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can ensure a safe environment reflecting specific needs to various age groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All skills indicated on checklist can be performed on identified age groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides care to specific patient populations: Functionally impaired patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides care to specific patient populations: Mentally challenged patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides care to specific patient populations: Physically ill patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Contract Staff

Date

Competency Validation Form

Name: _____

Validation Type: Orientation

Unit/Facility: _____

Position: Registered Nurse – Contract Staff

Date Started: _____

Date Ended: _____

Badge Number: _____

	Date Observed	Validator	NA	Comments
COMPETENCY STATEMENT: Utilizes equipment and supplies.				
PERFORMANCE CRITERIA: Operates/maintains equipment and supplies according to policy and procedures and manufacturer's guidelines.				
A. Glucose monitor				
B. Alaris pump				
C. PCA Pump				
D. Insulin Pen				
E. Pyxis Supply Station				
F. Pyxis Med Station				
G. Pneumatic Tube System				
COMPETENCY STATEMENT: Maintains personal and patient safety.				
PERFORMANCE CRITERIA: Demonstrates restraint application.				
A. Vest				
B. Wrist				
C. Mitt				

Name: _____

Badge #: _____

	Date Observed	Validator	NA	Comments
D. Pediatric Elbow				
E. Other _____				
PERFORMANCE CRITERIA: Reviews policy and order process.				
A. Medical Restrains				
B. Emergency Restrains				

* Those areas shaded represent populations not served. If the opportunity arises for the competency to be validated for a shaded population, it will be documented on an Advanced Competency Validation Form.

VALIDATOR INITIALS WITH SIGNATURE:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

ORIENTEE'S SIGNATURE: I have demonstrated the above competencies.

1. _____

Date Written: January 1997 Date Revised: December 30, 2008

File Name: S:\HR Development\HRD Information\Orientation Documentation\Templates\Registered Nurse Contract Staff Competencies.doc

Competency Validation Form

Name: _____ Validation Type: Orientation – Unit

Unit/Facility: _____ Position: Contract Staff

Date Started: _____ Date Ended: _____

Badge Number: _____

NEWBORN to 1 mon Validator/Date	INFANT 1mon - 1 yr Validator/ Date	TODDLER > 1-3 yrs Validator/Date	PRE- SCHOOL > 3-6 yrs Validator/ Date	SCHOOL > 6-12 yrs Validator/ Date	ADOLESCENT >12 to 18 yrs Validator/Date	ADULT 18-65 yrs Validator/ Date	GERIATRIC > 65 yrs Validator Date	N A	Comments
---------------------------------------	--	--	---	---	---	--	--	--------	----------

[illegible]

Name: _____

Badge #: _____

	Date Observed	Validator	NA	Comments
COMPETENCY STATEMENT: Demonstrates professional competency in performance care activities.				
PERFORMANCE CRITERIA: Performs the following activities according to policies and procedures.				
COMPETENCY STATEMENT: Utilizes equipment and supplies.				
PERFORMANCE CRITERIA: Operates/maintains equipment and supplies according to policy and procedures and manufacturer's guidelines.				
COMPETENCY STATEMENT: Maintains personal and patient safety.				

Name: _____

Badge #: _____

* Those areas shaded represent populations not served. If the opportunity arises for the competency to be validated for a shaded population, it will be documented on an Advanced Competency Validation Form.

VALIDATOR INITIALS WITH SIGNATURE:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

ORIENTEE'S SIGNATURE: I have demonstrated the above competencies.

1. _____

Date Written: January 4, 2009

File Name: S:\HR Development\HRD Information\Orientation Documentation\Templates\Contract Staff\Registered Nurse - Orientation Contract Staff Unit.doc