



2009

EMS

(EMT, Paramedic, Air Ambulance)

Self-Study Orientation Guide

&

Information Handbook

**Putting Patients First
Treating Everyone With Dignity and Respect**

Table of Contents

Mission, Values, Professional Performance Standards - Page 3

Organizational Leadership - Page 4

Chapter 1 - Programs and Initiatives

Pages 5 - 7

- Improving Organizational Performance
- Cultural Diversity
- Code of Conduct
- Patient Abuse and Neglect
- Patient Rights and Responsibilities
- Advance Healthcare Directives
- Compliance Program
- Confidentiality/HIPAA

Chapter 2 - Key Policies and Highlights

Pages 8 - 10

- Parking
- Identification
- Telephone Usage
- Smoking
- Harassment
- Personal Hygiene/Dress Code
- Violence In The Workplace
- Weapons
- Inmates/Person's in Custody
- Drug and Alcohol Free Workplace
- Illness/Injuries
- Safe Café

Chapter 3 - Environment of Care

Pages 11 - 14

- Doors, Hallways, Emergencies
- Fire Safety
- Electrical Safety
- Personal Protective Equipment (PPE)
- Hazardous Materials

Chapter 4 - Infection Control & Patient Care in Isolation

Pages 15 - 19

- Body Substance Isolation (BSI)
- Hand Washing

Chapter 5 - Health Requirements

Pages 20 - 21

- Immunizations
- Health Insurance
- Respiratory Fit Test
- Bloodborn Pathogens

Chapter 6 - Patient Safety

Pages 22 - 24

- National Patient Safety Goals

Chapter 7 - Confidentiality Policy

Page 25

Our Mission

- To enhance the health and well being of the communities we serve.

Our Core Values

- **Putting Patients First**
- **Treating Everyone with Dignity and Respect**

Professional Performance Standards

Compassionate Care and Communication – Exceed expectations and anticipate the needs of patients while enhancing the quality of care and the quality of the work environment.

Teamwork – Unselfishly work with others toward common goals and visions.

Respect – Consistently treat patients, families and co-workers with patience, consideration and dignity.

Honesty and Integrity – Commit to truthful and open conduct in all aspects of work and workplace relationships.

ORGANIZATIONAL LEADERSHIP

The Board of Hospital Trustees

Basil Chyrssos M.D., Chair
Peter Livermore, Vice-Chair
Jo Saulisberry, Secretary
Clifton Maclin, Jr, 1st Assistant Secretary
Don Hattaway, 2nd Assistant Secretary
James Gibson, Treasurer
Andrea Weed, DO, Chief of Staff

Ed Epperson, CEO/Trustee
Rex Baggett, M.D., Trustee
Jeffery Upton, M.D., Trustee
Bruce Park, Trustee
Jon Miller, Trustee
Jeff Upton, M.D., Trustee
Caleb Mills, Trustee

Administration

Ed Epperson, President/Chief Executive Officer
Cathy Dinauer, R.N., MSN, VP Patient Care Services
Ann Beck, VP Financial Services
Richard Lawley, VP Human Resources & Support Services
Anthony Field, M.D., VP Medical Staff Affairs

Departments

Quality Director
Ann Dahl

Patient Financial Services
Gayle Larsen

Surgical Services
Brian Oxhorn, R.N.

Plant Operations
Chris O'Higgins

Cancer Services
Carla Brutico, R.N.

Inpatient Behavioral Health Services
Pat Hardy

Nursing Services
Kathy Molina, R.N.

Lab & OP Services
Paul Laird

Food & Nutrition Services
Kim Mason

Controller
Kurt Disney

Critical Care Services
Annette Patellos

Director of Development
Cheri Glockner

Ombudsman
Kitty Chamberlain

Continued Care Hospital
Lita McCaw

Integrated Care Management
Kathy Becker, RN

Chapter 1 - Programs and Initiatives

Improving Organizational Performance

Performance Improvement at Carson Tahoe Regional Healthcare (CTRH) is about **Putting Patients First**. We strive for excellence in all we do, patient safety, quality care and comfort for our patients and their families. The organization is committed to continually improving the performance of our health care delivery and financial systems. In the dynamic world of health care, change is the only constant and achieving quality care is a never ending cycle of continuous improvement and the ongoing effort by all of those involved to identify opportunities for improvement.

The Plan for Improving Organizational Performance lays the groundwork and provides the frame work for identifying opportunities for improvement; prioritizing improvement activities; implementing and maintaining a comprehensive ongoing and integrated system for well designed process and process improvement; and communicating those activities. The Plan outlines responsibilities for Performance Improvement activities.

Opportunities for improvement can be identified in many ways, for example: Patient surveys, physician or employee surveys, Quality Review Tracking Forms, brainstorming, when you think “there must be a better or easier way.”

CTRH utilizes various methods to evaluate systems and process. The **Failure Mode Effects Analysis (FMEA)** is a proactive approach to identify steps in a process and potential failures. Then action plans for improvement can be developed.

The **Root Cause Analysis (RCA)** is a retroactive approach to unexpected events and outcomes to determine underlying causes of the event and to develop an action plan to prevent reoccurrences.

Data collection is the basis for Performance Improvement activities and provides a means to make informed objective decisions. Interpretation transforms data into meaningful information so that outcomes can be monitored over time. Changes are managed; performance is improved; outcomes are achieved and sustained; and the process is documented.

Cultural Diversity

As a patient care provider it is necessary to consider every patient’s culture when giving care. Patients deserve to be treated as individuals and have their values and beliefs considered when receiving care. Awareness of cultural factors can improve patient and family education. You may be asked to review and complete an education module on Cultural Competencies through the Education department.

Patient Abuse and Neglect

It is the goal of CTRH to protect patients in our care by preventing, prohibiting and/or identifying cases of suspected or actual abuse or neglect. In compliance with Nevada law, all potential or actual

cases of verbal, sexual, physical or mental abuse are reported for investigation. Reporting is mandatory for patients <18 or >60 years of age. Should patient behavior or statements lead you to believe that abuse may exist you must report this information at once to your preceptor. The Education Department may require, dependent upon the length of your internship that you complete an education module on Abuse,

Patient Rights and Responsibilities

Patients are informed upon admission of the Patient's Bill of Rights and Responsibilities. Below is an outline of the Patient's Bill of Rights. A complete copy of this document is available from Admissions or our Patient Advocate Ombudsman, Kitty Chamberlain (775) 445-8008 (ext 8008).

As a patient, you have rights regardless of age, race, color, ancestry, language, creed, religion, gender, sexual orientation, marital status, citizenship, veteran status, physical or mental disability, cultural, economic, educational background or the source of payment.

I. As a patient you have the right to:

- a. Receive considerate and respectful care...
- b. Actively participate in your healthcare...
- c. Receive information regarding continuing health care after leaving the hospital...
- d. Receive information regarding rules and policies that apply to your conduct while a patient...
- e. Refuse treatment or leaving the hospital against the advice of physicians, to the extent permitted by law...
- f. Refuse to participate in research projects, clinical trials or experimentation...
- g. Freedom from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff...
- h. Assessment and appropriate management of pain...
- i. You have the right to resolution of issues or complaints
- j. File a grievance/complaint about care, service or discrimination...
- k. File a complaint with the Bureau of Licensure & Certification...

II. As a patient you have the responsibility to:

- a. Ask questions, make informed decisions and fully understand, the documents you may be asked to sign...
- b. You do not have to receive treatment and service that are considered medically unnecessary or inappropriate...
- c. Provide accurate and complete information including medical history...
- d. Show respect and consideration for other patients...
- e. Respect the property of others and of the hospital.
- f. Follow the treatment plan, tell your doctor if you believe you cannot follow the treatment plan...
- g. Recognize the effect of lifestyle on your personal health...
- h. Find out about and accept the consequences of refusing treatment...
- i. Follow rules and regulations...
- j. Meet financial commitments...

All patients' rights and responsibilities apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf.

Advance Directives

An Advance Directive is a document that identifies the patient's wishes for health care in the event that the patient becomes incapacitated to make those decisions. The Advance Directive must be in the medical record. All patients are asked on admission if an Advance Directive is on file and are given the opportunity to complete one if they wish. If you have questions about Advance Directives, contact the patient's caregiver or the Ombudsman ext. 8008

Compliance Program

CTRH has adopted a Compliance Program to demonstrate our commitment to ethical and legal business practices; compliance with laws, regulations and accreditation standards; and ensuring service of the highest level of integrity and concern.

All reported issues will be investigated promptly and appropriate corrective action taken. CTRH prohibits retribution, retaliation, or harassment for making a good faith effort to report such issues.

Should you have questions regarding compliance, please contact the Compliance Officer, April Lucas, at 445-8776.

Code of Conduct

The Code of Conduct is an important component of the CTRH Compliance Program. It provides guidance in carrying out our duties within appropriate ethical and legal standards. These obligations apply to our relationships with patients, providers, payers, regulators, vendors, contractors, business partners and one another.

The policies set forth in the Code of Conduct are mandatory and are included in the Hospital Policies and Procedures found on the intranet. Copies of the Code are also available in the Compliance and Auditing department.

Confidentiality/HIPAA

HIPAA – Health Insurance Portability and Accountability Act of 1996

As an employee or contract service of CTRH, any private information that you see, hear or say, is considered confidential and must be kept confidential and can only be used or disclosed for specific purposes related to: a) an individual's treatment; b) payment of services; c) the operations of the health care organization. During clinical rotations you may be required to use or access that amount of patient information that is minimally necessary to complete a task, responsibility or function. You are responsible to only use and access information on patients for whom you are providing supervised care.

Any questions or concerns can be directed to the Privacy Officer, April Lucas at 445-8776 or ext 8776.

Chapter 2 – Key Policies and Highlights

Parking

General parking

Located at the front and east side of the main building.

Physician Parking

Located at the north of the main building between the medical center and the central plant building.

Employee Parking

Located in the northwest and northeast parking areas.

Yellow zone

In front of the main entrances and ER is only for commercial deliveries and drop off or pick up of patients and limited to 20 minutes or less.

Law Enforcement

Directly outside ER. Extended period law enforcement vehicle parking should be in the public parking lot.

Sierra Professional Complex

Along the west side fence or in the Adams House parking area.

Identification

All staff members and contract staff are required to wear CTRH photo identification while on hospital property. ID will be provided by the Human Resources department. Human Resources is open Monday through Friday (with the exception of recognized holidays) from 7:30 am to 4:30 pm. An appointment for an ID badge can be made by calling extension 8677.

Telephone Usage

Employees are expected to be polite and courteous when answering telephone calls. When answering a call, you must identify yourself and your department. Hospital telephones may be used only for transactions of hospital business. In case of an emergency, personal calls may be made or received. Public telephones are available throughout the hospital for employee's personal calls.

Smoking

Smoking is not allowed anywhere on the CTRH campus.

Harassment

CTRH is committed to providing an environment that is free of discrimination and unlawful harassment. Actions, words, jokes or comments based on an individual's sex, race, ethnicity, age, religion or any other legally protected characteristic will not be tolerated. Sexual or other unlawful harassment or discrimination (both overt and subtle) is a form of misconduct that is demeaning to another person, undermining the integrity of CTRH and is strictly prohibited. If you experience any form of harassment, or behavior that may be construed as harassment, it is your responsibility to report this to your preceptor immediately.

Personal Hygiene/Dress Code

Good grooming is essential to the professional image and atmosphere of any hospital. Due to close contact with patients and the public, your personal appearance has a direct relationship to the total character of CTRH. Special emphasis on personal hygiene is a vital requirement as well as safe and appropriate dress.

In consideration of our patients and visitors, hospital attire and appearance should be in good taste, clean and appropriate for a hospital setting. Any attire of blue-colored denim material is not acceptable except when in attendance at off-shift meetings or training programs where no patient contact is anticipated. Check with your preceptor for unit specific requirements.

Violence In the Workplace

CTRH is firmly committed to providing an environment free from acts of violence or threats of violence. In keeping with this commitment, we have established a strict policy that prohibits any person from threatening or committing any act of violence in the hospital workplace; while on duty, while on company related business or while operating a company vehicle owned or leased by the hospital. This policy applies to all anyone associated with CTRH and includes, but is not limited to verbal abuse, threats to do harm, stalking, causing physical injury to another person, intentionally damaging employer property or the property of another person or possession of a weapon. If you observe any form of violence, or behavior that may be construed as violent, it is your responsibility to report this to your preceptor immediately.

Weapons

Weapons will not be allowed in any CTRH facility or office (excepting federal, state, county or city law enforcement personnel). Private security agents, collection agents, bail bondsmen, and individuals with concealed weapons permits are not peace officers and will be required to remove their weapons. Any type of gun, knife, chemical agent (mace, pepper spray), or other item that is a threat or potential threat to another person must be removed from the facility, or taken into CTRH possession for safe keeping until the owner leaves the property. Weapons held will be handled as any valuable belonging to a patient. If you observe any weapons, or suspected weapons, it is your responsibility to report this to your preceptor immediately.

Inmates/Persons in Custody

Inmates (*persons in the custody of city, county, state or federal law enforcement personnel*) are at times accepted at CTRH for medical treatment. All such inmates will remain under constant, (sometimes armed) guard. No one is to enter an inmate's room, under any circumstances including medical emergencies, without the attending officer/guard.

Drug and Alcohol Free Workplace

CTRH prohibits the unlawful manufacture, distribution, possession, use or being under the influence of any controlled substance or alcohol in the work place.

Illness/Injuries

If you should incur an injury or become ill it must be reported to your manager or their representative immediately.

Sage Cafe

The Sage Cafe is located on the first floor, northeast section of the building.

Chapter 3 – Environment of Care

Blocking Access

Due to the stringent safety controls a hospital is put under it is necessary to maintain open entry and escape routes for the building and property. No closing of these routes may occur without advanced notification and rerouting of traffic. In no case will it be permissible to block any hall, door, entryway, exit discharge, stairway, driveway, parking access, or walkway without the prior knowledge and approval of the Safety Officer and Engineering Department.

Doors, Halls, Emergency Exits

The exterior doors in the hospital are locked at various times during the night. In no case can doors, halls or exits be closed, locked, or blocked in such a manner as to prevent emergency exit. In the event it is necessary to close or block a hall, Engineering and the Hospital Safety Officer must be contacted and re-routing arranged prior to closure. If doors need to be unlocked for access during closed hours then schedule with Engineering prior to the date needed or if necessary contact Security.

Emergencies

CTRH has an emergency preparedness program covering most major situations. The following code system is used internally to notify those within the hospital of situations and is here for your awareness.

Code Black - Evacuation

This code is called when a problem has made it necessary to remove patients from the building or from a part of the building. Instructions will be given by Hospital Staff.

Code Blue - Medical Emergency

Instructions will be given by Hospital Staff if you need to clear the area.

Code Gray - Security Assistance

Called when Hospital Staff need assistance from Security Personnel.

Code Red - Fire

Called when there is a fire or drill. STOP WORK. Wait in the nearest hallway for further instructions. The building has fire suppression and doors will automatically close when the fire alarm system is activated. Do not walk through these doors unless specifically instructed to do so by the hospital staff. Hallways must be cleared (and should always be kept clear) of equipment and materials. Wait in the area you are working in for instructions from staff. When the code is cleared work may resume.

Code Orange - Internal Hazardous Material Release.

Instructions will be given by Hospital Staff.

Code Yellow - Disaster Alert

This code is used to notify hospital staff that a situation outside the hospital has occurred which will effect hospital operations

Code White - Bomb Threat.

Instructions will be given by Hospital Staff.

Fire Alarm

Smoke detectors and pull stations are located through out the facility. In the event a fire starts in an area you are working in do not hesitate to pull the alarm. In the event that a fire is put out before the alarm system is activated it is mandatory that engineering and security be informed. The fire department will be contacted. Only the fire department may declare a fire out, no matter how small.

Fire Manual

The complete Fire Manual/Policy is available for review in the Nursing Office, Emergency Department, Security office and in the Quality Department.

The basics of a Code Red - Fire Alert are:

R . A . C . E .

Remove Remove anyone in immediate danger.

Alarm Pull alarm, DIAL 5555 at the Regional Medical Center, and clearly say "CODE RED" and the location (REPEAT TWICE)

Contain Close doors to confine fires. Attempt to extinguish a small fire with proper equipment.

Extinguish/Evacuate
Extinguish when safe to do so. When you hear "CODE BLACK" over the speaker, prepare patients for evacuation.

To use a Fire Extinguisher, remember:

P . A . S . S .

Pull Pull the pin on the extinguisher.

Aim Aim the extinguisher nozzle towards the fire.

Squeeze Squeeze the trigger of the extinguisher

Sweep Sweep the extinguisher from side to side at the base of the flames. Be sure to overlap sweeps.

Electrical Safety

Electrical safety is everyone's responsibility. Before using cords you should check for frayed insulation and bent or missing pins in the plugs. Wall outlets should also be checked.

Electrical safety is basically common sense. If it doesn't look right, get it checked out. Notify Engineering or Bio-Med departments for equipment that needs to be repaired.

Electrical Safety “DO’s” Checklist

DO make sure to check all electrical equipment before use.

DO report any damage electrical equipment to the hospital engineering department.

DO ensure when entering a patient’s room and before touching the patient that the floor is dry, your hands are dry and the patient and his/her bed are free of wetness and moisture.

DO avoid static electricity shocks to patients by grounding yourself to the metal bed frame or metal sink before touching the patient.

DO make sure you are never touching a patient and a piece of electrical equipment at the same time.

Personal Protection Equipment (PPE)

PPE will be supplied by CTRH. PPE needs are designated by a letter of the alphabet. The letters which represents the type of PPE needed is designated on a white rectangle label. All departments are required to maintain charts within the workplace describing this system which is as follows:

LETTER	PERSONAL PROTECTION EQUIPMENT
A	Safety glasses
B	Safety glasses, rubber gloves
C	Safety glasses, rubber gloves, rubber apron
D	Face shield, rubber gloves, rubber apron
E	Safety glasses, rubber gloves, dust respirator
F	Safety glasses, rubber gloves, rubber apron, dust respirator
G	Safety glasses, rubber gloves Vapor Respirator
H	Splash goggles, rubber gloves, rubber apron, vapor respirator
I	Safety glasses, rubber gloves, vapor respirator
J	Splash goggles, rubber gloves, rubber apron vapor respirator
K	Air supplied mask, rubber glove rubber suit, rubber boots
X	Ask supervisor for guidance

Hazardous Materials

Your rights To Hazard Communication Information are as a result of the issuance by OSHA of:
The HAZARD COMMUNICATIONS STANDARD / 29 FR Part 1910 1200

The purpose of this standard is to ensure that the hazards of all chemicals produced or imported by chemical manufacturers or importers are evaluated, and that information concerning their hazards are transmitted to affected employers and employees within the manufacturing sector. This transmittal of information is to be accomplished by means of comprehensive hazard communication programs, which are to include container labeling and other forms or warning, material safety data sheets and employee training.

Report spills, exposure or other concerns or questions regarding hazardous materials to your preceptor immediately.

Chapter 4 - Infection Control / Patient Care in Isolation

The philosophy of CTRH is that Infection Control is everyone's responsibility. The safety of our patients, visitors, and us depends on everyone doing their part to prevent the spread of infectious diseases.

The system of patient care at CTRMC is Standard Precautions (**Body Substance Isolation - BSI**) as recommended by the CDC and required by the Joint Commission. This means, when caring for a patient, precautions must be taken (proper PPE used) whenever the healthcare provider has contact with any body fluid or moist body surface. This requires the use of gowns, masks, gloves and goggles when such contact is anticipated.

GOOD HAND HYGIENE. Instant hand sanitizing products are readily available to everyone. According to the CDC, proper hand hygiene products kill more germs on your hands than hand washing can remove. Hand washing is required when hands are visibly soiled, when caring for a patient with diarrhea. The hand hygiene compliance within the medical center is measured on a quarterly basis. Stay safe....Wash your hands

There are ALSO transmission based precautions driven by the diagnosis of the patient, culture reports, or previous history.

GREEN SIGN = MRO PRECAUTIONS: The most common type of isolation is CONTACT Precautions. This involves patients with MRSA, VRE, Clostridium difficile, RSV, Enteric infections, Shingles and other multi drug resistant organisms such as ESBL producers. These germs live for long periods of time outside the body on the patient, your hands, or any object in the room (telephones, tables, pillows etc. A gown and gloves are required **EVER TIME YOU ENTER THE ROOM**. If the infection is respiratory, such as MRSA pneumonia, a mask is required as well.

ORANGE SIGN = DROPLET PRECAUTIONS: These germs do not survive outside the body and you must be within 3 feet of the patient for transmission to occur. When you go within 3 feet of the patient, gown, mask, gloves and goggles are required. Infections that fall into this group are meningitis, and Legionnaires disease.

PINK SIGN = TRANSMISSION BASED PRECAUTIONS: transmission based precautions are the group of germs that hang in the air. This includes Tuberculosis, and Chicken pox. These patients must be in a **Negative airflow room**. A *mask gown and gloves are required when ever entering the room. The entire air space in the room may be contaminated so the door must remain closed. **NOTE: Prior Fit Testing for appropriate mask required.*

BLUE SIGN = MRO PRECAUTIONS: Neutropenic or Protective isolation patients must be placed in a **POSITIVE pressure room**, the door must remain shut, and a gown, gloves, and mask need to be worn when in the room.

These precautions are applied even if the patient is a "Rule Out". If there is suspicion that a patient might have a certain infection requiring precautions, they must be isolated as indicated until the infection can be ruled out. Also these precautions apply to all staff and visitors.

The Infection Control Manual is available on the CTRH intranet site. If you have any questions please don't hesitate to ask. The Infection Control Specialist is Doris Dimmitt, ext 8317, and the Director is Kathy Molina ext 8376.

Other safety measures to minimize your risk to exposed blood and body fluids are:

- Wearing gloves when you expect to have contact with blood, secretions, mucous membranes, non-intact skin or moist body substances.
- Changing gloves between patients.
- Using other appropriate barriers, (personal protective equipment) when the patient is in isolation or when splashing or soiling of clothes is possible.
Dispose of all sharps in designated containers.
- Do not bend or break contaminated needles or other sharps.
- Avoid recapping needles, but if necessary, use the one-handed scoop technique.
- Do not eat, drink, or apply cosmetics in patient care areas, this includes the nurses' stations.
- Dispose of infectious waste in appropriate infectious waste containers, such as the red bags.
- Dispose of sharps containers when they are 3/4 full.
- Do not place food in medications refrigerators.

HANDWASHING

Introduction

Proper hand washing can be a matter of health and maybe even life and death for you and your patients in this facility.

What you're about to read examines the reasons why hand washing is so important. It shows how you can protect yourself and your patients through this simple and effective infection control measure.

Infection is Everywhere

Infectious microorganisms that are invisible to the naked eye, but cause disease, included:

1. Bacteria
2. Viruses
3. Parasites
4. Yeast
5. Fungi

Infectious microorganisms may be present in:

1. Blood
2. Other body fluids and secretion saliva, sputum, nasal and vaginal discharge.
3. Excretum

If these materials come in contact with your skin, especially your hands, you are at risk of infection. Infectious microorganisms may get on your hands when you care for an infected patient or touch a contaminated object or surface such as:

1. Floors
2. Bedpans
3. Urinal
4. Utility rooms
5. Bathrooms
6. Trash cans
7. Invasive medical devices
8. Dirty laundry

Disease Transmission

Studies have shown that healthcare workers' hands are the most common transmitters of disease in healthcare facilities. Once your hands are contaminated, infection can enter your body if:

1. You touch the mucous membranes of your mouth, eyes or nose
2. You have any open cuts, nicks or abrasions on your skin, even dermatitis and acne

You can also transfer infection to patients. Microorganisms on your skin that may be harmless to you, can cause serious infection in some patients, especially:

1. The elderly
2. Newborns
3. Patients with weak or undeveloped immune systems
4. Patients with surgical incisions, catheters, breathing tubes, and other passageways into the body

Handwashing Basics

Hand washing is the single most important procedure for preventing the spread of infection. Hand washing also keeps you from transferring contamination to other areas of your body and to patients or the environment. If infectious material gets on your hands, the sooner you wash it off, the less chance you have of becoming infected.

To be effective, hand washing must include several components:

1. Lather hands with soap and water. Use non-abrasive soap, liquid, granules or foam, for most routine hand washing. Detergents are also acceptable. Both suspend easily removable soil and microorganisms or inhibit their growth and are sometimes required.
2. Vigorously rub together all surfaces of lathered hands for 10 - 15 seconds. Friction helps remove dirt and microorganisms. Wash around and under rings, under fingernails, and include wrists. Keep splashes to a minimum and try not to touch the sink itself.
3. Rinse hands thoroughly under a stream of water. Running water carries away dirt and debris. Point fingers down so water and contamination don't drip towards the elbows.
4. Dry hands completely with a clean paper towel. Discard in a waste container,

More Hand Washing Tips

Consider the entire sink, including the faucet controls, contaminated. To avoid further contaminating your hands:

1. Avoid splashing or touching the sink.
2. Use a dry paper towel to turn the faucet off. Discard the used towel.

To keep soap from becoming a breeding place for microorganisms:

Thoroughly clean soap dispensers before refilling with fresh soap or use disposable containers.

When hand washing facilities are not available at a work site, we will provide an appropriate antiseptic hand cleanser as a temporary measure only. You should still wash your hands with soap and running water as soon as possible.

Using hand lotion may prevent dermatitis caused by frequent hand washing and wearing of latex gloves. In some situations, lotions may promote the growth of harmful microorganisms, and petroleum-based lubricants may deteriorate latex gloves.

If you have dermatitis that is caused or aggravated by wearing gloves, you might also try wearing cotton glove liners or hypoallergenic gloves. Be sure to notify Infection Control.

When in Doubt, WASH

You may be at risk when performing routine patient-care activities. The best rule of thumb is: when in doubt, wash your hands. Become familiar with our specific hand washing policies and procedures (Chapter 3 of the Infection Control manual). In general, you should always wash your hands;

1. Before putting on gloves and immediately after removing them.
2. Before and after performing invasive procedures or touching a patient's face or mouth.
3. After contact with wounds, secretions, mucous membranes and blood and other body fluids.
4. After touching any inanimate object that is visibly contaminated or likely to be contaminated with secretions or body fluids.
5. Before caring for high-risk patients and between direct contacts with different patients.
6. If you touch blood, body fluids or secretions when caring for one patient, you should wash your hands before proceeding to another care activity for the same patient.
7. Before eating, drinking, smoking, applying make-up or handling contact lenses.
8. After eating, smoking, coughing, sneezing or using the toilet.

Some areas, such as surgery and food preparation, have special hand washing procedures. For example, food handlers should:

1. Wash their hands whenever entering a food preparation area.
2. Wash their hands after handling any soiled or contaminated article, after visiting the toilet, after coughing or sneezing into the hand and after smoking.
3. Never use hand washing sinks for food processing.

Glove Removal

Your hands can be contaminated by glove leaks and during glove removal. To avoid contamination, follow these steps when removing gloves:

1. Peel one glove off from top to bottom and hold in your gloved hand.
2. With your exposed hand, peel second glove off and tuck the first glove inside the second.
3. Be careful not to let the outside of the gloves touch the skin.
4. Dispose of the entire bundle promptly.
5. Wash your hands.

A Good Investment

For healthcare workers, hand washing is a professional responsibility that must be done routinely and conscientiously. It takes time. It takes effort.

But proper hand washing will help ensure that “hands on” care is something you can be proud of. And that’s pretty good return for your investment.

References: “It’s In Your Hands”, Coastal Video Communications Corp., 1995

**CTRH, Infection Control Manual
FOR ADDITIONAL QUESTIONS REGARDING HANDWASHING OR INFECTION CONTROL
ISSUES, PLEASE CONSULT THE INFECTION CONTROL MANUAL OR CALL DORIS DIMMITT
AT EXT. 8317.**

Chapter 5 - Health Requirements

Immunizations

CTRH requires that evidence of the following health requirements have been met by all hospital staff, including but not limited to:

- TB- Annual PPB (TB) test completed within the last 12 months.
- Rubella and Rubeola – Proof of immunity to Rubella and Rubeola by titer or evidence of 2 MMR vaccines, or start of series of vaccines prior to clinical assignment.
- Varicella (Chicken Pox) - verification bay history. If unknown or negative disease history, the facility strongly recommends Varicella vaccination.
- Hepatitis B – the facility strongly recommends Hepatitis B vaccines for all staff providing patient care.

Respiratory Fit Test

CTRH makes the determination if Respirator Fit testing is required, based on assignment.

Bloodborne Pathogens

Facts you should be aware of regarding Bloodborne Pathogens that will help in maintaining a safe work environment:

Research shows that safety precautions such as handling all blood and body fluids as though infectious, disposing of sharps properly, and using sharps safety devices have decreased the number of exposures to bloodborne pathogens. You are at greatest risk if exposure to bloodborne pathogens when handling contaminated sharps. Nearly one-third of all sharps injuries happen during disposal. Here is a closer look at the bloodborne pathogens putting you at greatest risk on the job; Hepatitis B virus, Hepatitis C virus and HIV.

The hepatitis B virus (HBV) causes serious liver disease. About half of the people infected with hepatitis B have no symptoms. Most people infected with (HBV) recover and clear the infection. The hepatitis B virus poses a greater risk to healthcare workers than either the hepatitis C virus or HIV, since it is more easily transmitted. Fortunately, the hepatitis B vaccine can prevent the disease. Today's vaccines are safe and very effective at protecting you from getting hepatitis B infection if the series is completed.

The hepatitis C virus (HCV) cause a serious liver disease and may cause symptoms similar to hepatitis B, however, there are important differences between hepatitis B and hepatitis C. While 85% of people infected with hepatitis C have chronic infections, only about 10% of those infected with HBV are chronically infected. There is no vaccine to prevent hepatitis C.

Hepatitis B, hepatitis C and HIV spread most easily through contact with blood. Most needle stick injuries occur when disposing of needles, including cleaning up after a procedure, giving medications drawing blood, recapping needles or handling trash and dirty linens. At work, you can be exposed to bloodborne pathogens if:

1. A contaminated sharp punctures your skin.
2. Blood splashes on your broken skin or mucous membranes of your eyes, nose or mouth.

The risks of infection are real and should be taken seriously. You can protect yourself by using safe work practices. Research, better surveillance, preventative treatment and advances in technology will continue to give us a sharper image of bloodborne pathogens. The more we know about preventing the risks, the better we can protect ourselves.

If you have any questions regarding bloodborne pathogens contact your manager and/or Doris Dimmitt, Infection Control Coordinator at ext. 8317.

Chapter 6 –Patient Safety

2009 Hospital National Patient Safety Goals

Note: Changes to the Goals and Requirements are indicated in **bold**.

Goal 1	Improve the accuracy of patient identification.
1A	Use at least two patient identifiers when providing care, treatment or services.
1B	Eliminate transfusions errors related to patient misidentification.
Goal 2	Improve the effectiveness of communication among caregivers.
2A	For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.
2B	Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.
2C	Measure and assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
2E	Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.
Goal 3	Improve the safety of using medications.
3C	Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.
3D	Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.
3E	Reduce the likelihood of patient harm associated with the use of anticoagulation therapy where the clinical expectation is that the patient's laboratory values for coagulation will remain outside normal values. This requirement does not apply to routine situation where short-term prophylactic anticoagulation is used for venous thrombo-embolism prevention (for example, related to procedures or hospitalization) and the clinical expectation is that the patient's laboratory values for coagulation will remain within, or close to, normal values.)
Goal 7	Reduce the risk of health care-associated infections.
7A	Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
7B	Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.
7C	Implement evidence evidence-based practices to prevent health care-associated infections due to multiple drug-resistant organisms in acute care hospitals. (Note: This requirement applies to,

2009 Hospital National Patient Safety Goals

Note: Changes to the Goals and Requirements are indicated in **bold**.

	but is not limited to, epidemiologically important organisms such as methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), <i>Clostridium difficile</i> (CDI), vancomycin-resistant <i>Enterococci</i> (VRE), and multiple drug-resistant gram negative bacteria.)
7D	Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections. (Note: This requirement covers short and long term central venous catheters and PICC lines.)
7E	Implement best practices for preventing surgical site infections.
Goal 8	Accurately and completely reconcile medications across the continuum of care.
8A	There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.
8B	When a patient is referred or transferred from one organization to another, the complete and reconciled list of medications is communicated to the next provider of service and the communication is documented. Alternatively, when a patient leave the organization's care directly to his or her home, the complete and reconciled list of medications is provided to the patient's known primary care provider, or the original referring provider, or a known next provider of service. (Note: When the next provider of service is unknown or when no known formal relationship is planned with a next provider, giving the patient, and family as needed, the list of reconciled medications is sufficient.)
8C	When a patient leaves the organization's care, a complete and reconciled list of the patient's medication is provided directly to the patient, and the patient's family as needed, and the list is explained to the patient and/or family.
8D	In settings where medications are used minimally, or prescribed for a short duration, modified medication reconciliation processes are performed. (Note: This requirement does not apply to organizations that do not administer medication. However, it is important for health care organizations to know what types of medications their patients are taking because these medication could affect the care, treatment, and services provided.)
Goal 9	Reduce the risk of patient harm resulting from falls.
9B	Implement a fall reduction program including an evaluation of the effectiveness of the program.
Goal 13	Encourage patients' active involvement in their own care as a patient safety strategy.
13A	Define and communicate the means for patients and their families to report concerns about safety and

2009 Hospital National Patient Safety Goals

Note: Changes to the Goals and Requirements are indicated in **bold**.

	encourage them to do so.
Goal 15	The organization identifies safety risks inherent in its patient population.
15A	The organization identifies patients at risk for suicide. [Applicable to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals—(Applicable to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.)
Goal 16	Improve recognition and response to changes in a patient's condition.
16A	The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening.

How Can Safety Be Improved

- Human errors occur because of:
 - Inattention
 - Memory Lapse
 - Failure to communicate
 - Poorly designed equipment
 - Exhaustion
 - Ignorance
 - Noisy working conditions
 - A number of other personal and environmental factors
- Process Redesign Solutions
 - Make mistakes impossible
 - Design safer processes



CARSON TAHOE Regional Healthcare

Chapter 7 - Confidentiality Policy Agreement

In order to ensure confidentiality and protect the interests of Carson Tahoe Regional Healthcare and its patients, the following is the organization's policy regarding confidential or proprietary information disclosed to all employees or other agents, consultants, etc. As a covered individual, you are required to read and sign the following.

Policy:

No officer, employee or other agent of Carson Tahoe Regional Healthcare shall reveal or disclose the identity, eligibility or health condition of any patient or any information related thereto, except to authorized individuals and as specifically authorized in the scope of the individual's duties to provide services to the patient; nor shall he/she in any other way make public or utilize confidential information unless specifically authorized in the scope of his/her duties.

Additionally, I may have access to personal information about other employees and/or physicians. I shall not reveal or disclose this information to others. Examples include, but are not limited to, information regarding an employee's schedule and contact information such as personal phone numbers.

I hereby agree to forward all requests for the release of confidential information to my supervisor, if applicable. I also agree to report any and all violations by myself or any other person to the appropriate Carson Tahoe Regional Healthcare official.

I hereby understand and agree that in the course of my service or affiliation with the organization, I may acquire confidential information and trade secrets concerning its operations, future plans and methods of doing business. For purposes of this provision, "confidential information" and "trade secrets" include, but are not limited to rules, guidelines and practices, service area expansion plans, pricing and discounting practices, information relative to employer group protocols and discount rates, information relating to the experience ratings of customers, pricing agendas and criteria for employer groups, and medical cost ratio data relating to employer groups. I understand and agree that disclosure of such information would be extremely damaging to the organization if disclosed to a competitor or made available to any other person or entity. I also understand and agree that such information has been divulged to me in confidence, and understand and agree that I will keep such information secret and confidential and not use such information for any purpose whatsoever. I also acknowledge and agree that the organization would be irreparably harmed by any violation or threatened violation of this Confidentiality Agreement and therefore, the organization shall be entitled to an injunction prohibiting me from any violation or threatened violation of this confidentiality provision in addition to any other relief permitted by law.

Any individual covered by this policy who violates its provisions shall be subject to discipline and/or separation from service or affiliation with Carson Tahoe Regional Healthcare. The restrictions of this policy also pertain to any disclosure or use of confidential information after leaving affiliation with the organization.

All covered individuals shall agree to this policy as a condition of his/her affiliation with Carson Tahoe Regional Healthcare and having access to any such information.

I, _____ (**print name**), hereby acknowledge that I have read and understand the Student Affiliation Self-Study Orientation Guide & Information Handbook and all of the policies and procedures contained therein including Page 25, Confidentiality Agreement. By signing this Agreement I am acknowledging my responsibility to comply with all of the programs, procedures and policies as described therein.

Signature

Date

Sponsoring Institution: _____
(School)

Course of Study: _____

Received by CTRH Staff Initials: _____

Date _____