This packet contains valuable information. Students should keep it as reference material.
Welcome to Carson Tahoe Health

Carson Tahoe Health (CTH) is committed to the health and well-being of the communities we serve. CTH is a comprehensive health provider with many locations in northern Nevada.

We treat our healthcare system in the same manner we treat our patients - with care, respect and a commitment to do our very best. It's what drives us every single day, and it's what separates us from other hospitals. Here, we make every effort to create a positive, healing environment - one that is centered around our patients individual needs, encompasses state-of-the-art programs and technologies and nurtures a first-rate medical team comprised of some of the most respected experts in their field.

This Orientation Handbook was developed to provide you with key information as you begin your experience with Carson Tahoe Health Team. Depending upon your assignments, additional unit specific orientation may be required.
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- Remove, sign & return to the CTH Education Department
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
Carson Tahoe Health Operational Priorities

#1 - Safety
The Carson Tahoe Way is to make safety our #1 organizational goal when prioritizing tasks. If we ever drop the ball in this area, all of the other factors will not matter. Our patients expect us to look out for their safety and serious consequences would result from failure in this priority. Be aware of your surroundings and act quickly if you see or find a safety hazard.

#2 - Kindness & Compassion
While sometimes kindness and compassion may appear to conflict with time constraints, it takes no longer for someone to simply listen and be pleasant than it does to appear indifferent. In many cases, kindly listening to our patients actually contributes to efficiency. Patients perceive care providers who listen, provide empathy and address them at eye level as spending an average of 68.9% more time with them than those who don't. Taking a moment to establish a human connection with a simple smile and eye contact is a small thing that makes a big impact on a patient's experience.

#3 - Expertise & Competency
Whether we are drawing blood, changing a light bulb, cooking a meal, registering patients, making a bed, or processing a bill, we are all part of the Care Team and customers expect us to be competent in our roles. When we provide excellent care combined with compassion, patients and co-workers will actually feel they are valued more which will lead the way to total confidence in the quality of care received.

#4 - Efficiency
Each of us has found ourselves sacrificing one of the other higher-ranking priorities for efficiency. Yet it is possible to be safe, kind and efficient, all at the same time. And while it may take some adjustments in the way we do things, once we get the hang of it, we are likely to find that our duties and relationships to co-workers becomes more rewarding along the way. Taking a proactive approach to applying this filter when deciding 'the right thing to do' will enable us to make sure the other priorities are being honored, along with efficiency.

Created by us and our patients, for us and our patients.
<table>
<thead>
<tr>
<th>Identification (All locations)</th>
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<tbody>
<tr>
<td>All students are required to wear a school issued photo identification with their CTH Human Resources issued access badge. Should/when student rotation ends their CTH badge is to be returned immediately to their instructor who will return the badge to HR within 5 working days.</td>
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<thead>
<tr>
<th>Personal Hygiene/Dress Code</th>
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<tr>
<td>Your personal appearance is crucial to the overall impression of CTH. Personal hygiene is a vital requirement as well as safe and appropriate dress.</td>
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CTH has a strict dress code policy which includes restrictions on jewelry, piercings, clothing, shoes, etc. All students are expected to comply with the CTH Dress Code as follows:

- **Jewelry needs to be limited** to small, stud type earrings, nothing dangling that can get caught or snagged. No loose bracelets like charm bracelets.

- **No visible piercing** jewelry is allowed. **Tattoos must be covered** and hair color needs to be neutral and natural looking.

- **No tank tops, crop tops or blue jeans.** Shoes should be closed toe (no sandals) and specific departments, like OB and Pediatrics, require shoes to be white.

CTH maintains a Caregiver ID program for staff delivering patient care. Through this program many employees are issued uniforms which identify their role in patient care. The attire expectations for students, who are doing clinical studies at CTH, facilities are as follows:

- You are required to wear your school uniform while doing your rotations. Uniforms are expected to be clean and well maintained.
- If your school does not have a uniform, you are to wear black scrub pants and a white scrub top. These also must be clean and well maintained.

Students must wear their school ID as well as a name badge issued by the CTH Human Resources department which will contain their authorized rotation dates.

Your instructor or Charge Nurse will inform you of any department specific dress requirements for clinical rotations.
<table>
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<tr>
<th>Topic</th>
<th>Details</th>
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<tr>
<td><strong>Telephone Usage (All locations)</strong></td>
<td>If answering telephone calls, you must identify yourself and your department. CTH telephones may be used only for transactions of CTH business. In case of an emergency, personal calls may be made or received.</td>
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<tr>
<td><strong>Cell Phone Usage</strong></td>
<td>Cell phones may be used for personal calls, during break times, or to call your instructor. <strong>NEVER use your cell phone in patient care areas.</strong> No audio recordings, video or pictures may be taken in patient care areas, of visitors or in any portion of the medical records areas.</td>
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<tr>
<td><strong>Staff Communication/Vocera/SBAR (RMC)</strong></td>
<td>The primary tool used for staff communication at the CTH is Vocera, a hands free wireless communication device. The <strong>Situation-Background-Assessment-Recommendation (SBAR)</strong> technique is used at all locations for reporting changes in patient’s condition and for hand off reporting. All communication among the healthcare team follow CTH Professional Performance Standards.</td>
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<tr>
<td><strong>Smoking</strong></td>
<td>Smoking is not allowed anywhere at any CTH location.</td>
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<tr>
<td><strong>Harassment (All Locations)</strong></td>
<td>CTH 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, demeaning to another person, undermining the integrity of CTH and is strictly prohibited. If you experience any form of harassment, or behavior that may be construed as harassment, by anyone, it is your responsibility to report this immediately to the Administrative Coordinator (AC), Charge Nurse and/or Human Resources.</td>
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<td><strong>Illness/Injuries (All Locations)</strong></td>
<td>In the event of an onset of illness or injury of a student during their clinical experience at CTH and they choose to seek medical care, emergency care will be available at CTH facilities to the student, at their own expense. If you should incur an injury or become ill it must be reported immediately to your instructor, the Charge Nurse or the AC (or their representative).</td>
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<td><strong>Weapons (All Locations)</strong></td>
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<tr>
<td>Weapons are not allowed in any CTH 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. 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 the A/C and/or security, as appropriate.</td>
<td><img src="image" alt="No Weapons" /></td>
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<tr>
<th><strong>Violence in the Workplace (All Locations)</strong></th>
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<tr>
<td>CTH is firmly committed to providing a work 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 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 anyone associated with CTH 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 immediately report this to your direct supervisor, the AC or HR.</td>
<td><img src="image" alt="No Violence" /></td>
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<tr>
<th><strong>Inmates/Patients in Custody (All Locations)</strong></th>
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<tr>
<td>Inmates (persons in the custody of city, county, state or federal law enforcement personnel) are at times accepted at CTH 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.</td>
<td><img src="image" alt="Inmates" /></td>
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<tr>
<th><strong>Drug and Alcohol Free Workplace (All Locations)</strong></th>
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<tr>
<td>CTH prohibits the unlawful manufacture, distribution, possession or use of any controlled substance or alcohol in the workplace. It is strictly against policy to be under the influence of said substances while at work. If you suspect or become concerned about the behavior of a staff member, report this at once to your direct supervisor and/or the AC.</td>
<td><img src="image" alt="Drug-Free" /></td>
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<tr>
<th><strong>CTH Cafes</strong></th>
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<tr>
<td>The Sage Cafe is located on the first floor, northeast section of the Regional Medical Center (RMC) building. The Mid-Town Café is located on the main floor, southwest section of the Specialty Medical Center (SMC).</td>
<td><img src="image" alt="Cafes" /></td>
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<tr>
<th><strong>24-7 Kiosk (RMC)</strong></th>
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<tr>
<td>There is a Starbucks kiosk in the main lobby offering drinks and light food 24-7.</td>
<td><img src="image" alt="Kiosk" /></td>
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CHAPTER 2 - PROGRAMS & INITIATIVES

Improving Organizational Performance
Performance Improvement at CTH 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.

As a student at CTH your actions can have a direct impact on the patients overall experience. Any patient or family concerns should immediately be reported to the Charge Nurse.

**Core Measures**
Centers for Medicare/Medicaid Services (CMS) require hospitals to submit data on selected core measures. They expect hospitals to use this data to improve processes. Ask the Charge Nurse for more information on this important topic.

**Population/Age Specific and Cultural Diversity Care**
CTH staff provides age/population and cultural diverse care to the patients and communities it serves. As a student care provider it is your responsibility to consider every patient’s unique needs when planning and providing care. Patients deserve to be treated as individuals by having their specific needs, values and beliefs considered when receiving care. Each department has a unique mix of patients (population). For more information refer to the “Age/Population Quick Reference Guide”, found on the unit.

**Key points to consider:**
- Consider what groups or “populations” are being served, i.e. ages, diagnosis, procedures performed, etc.
- Respect factors that need to be considered, i.e. psychosocial or physical, age related or spiritual needs.
- Modify care to meet the needs of the patient, i.e. special or adaptive equipment, appropriate education, dietary modifications, use of an interpreter or service, etc?
- Consider communication strategies, i.e. providing instructions/information both verbally and in writing, include family, caregivers as appropriate, use of videos, etc.

**Patient Abuse and Neglect**
It is the goal of CTH 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 the your direct supervisor or the AC.

**Patient Rights and Responsibilities**
Patients are informed upon admission of the Patient’s Bill of Rights and Responsibilities. A complete copy of this document is available from Admissions.

All patient rights and responsibilities apply to the person who may have legal responsibility to make decisions regarding medical care on the patient’s behalf.

**Patient Relations Team**
We have a Patient Relations Team that work with staff to address care concerns, should they arise, and ensure patient satisfaction.
Advance Directives
The Patient Self Determination Act became effective in 1991 and requires all medical institutions that receive federal funding to inform patients of their right to refuse treatment and also offer information about advance healthcare planning and documentation.

An Advance Directive is a document that allows a person to state in advance what kinds of treatment they want or do not want under medical circumstances that would prevent a person from communicating their wishes. The Advance Directive must be in the medical record.

Many patients have a personal physician with orders for life sustaining treatment (POLST) which acts as an Advance Directive.

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 Patient Relations Team.

Administrative Coordinator (AC)
As a resource to all staff, an Administrative Coordinator (AC) is working at the RMC 24/7 and may be reached by dialing 315-7125 or by using Vocera (X5510). The AC oversees patient flow, staffing and is involved with all patient care issues that are beyond the Charge Nurse’s area of responsibility. The AC would also be the Incident Commander for Disasters when Hospital Administrators are off duty.

Deteriorating Patient / Rapid Response Team (RRT)
The purpose of the Rapid Response Team (RRT) is to enable healthcare staff and family members to request additional assistance directly from a specially trained individual(s) when the patient’s condition appears to be worsening.

- The team provides early and rapid intervention and clinical expertise, advanced assessment skills as well as facilitating, when necessary, a more timely transfer to a higher level of care.
- To initiate an RRT in the RMC, Dial 5555 from any RMC phone or Vocera (X5510 - State room/location of patient).

GUIDELINES for staff to initiate the RRT are as follows:
- Acute change in heart rate <50 or >130 beats per minute.
- Acute change in systolic BP to 20% of baseline.
- Acute change in respiratory rate <8 or >28 per minute.
- Acute change in O₂ saturation <90% despite supplemental O₂ therapy.
- Fractional inspired oxygen (FiO₂) increased to ≥ 50%.
- Sudden unexpected bleeding.
- New, repeated, or prolonged seizures.
- Acute changes in the level of consciousness (LOC).
- Persistent chest pain.
- MEWS ≥4
- SIRS/Sepsis Alert
- Staff are concerned about the patient condition.
Interpreter Services
Patients who are identified as limited English proficient will be provided Interpreter Services as needed. The RMC utilizes a video interpretation service known as STRATUS VIDEO. STRATUS VIDEO is a remote video interpretation platform used to provide language interpretation services for deaf and non-English speaking patients. STRATUS VIDEO units are located in the RMC Emergency Department and throughout the building.

Certain off-site areas utilize STRATUS VIDEO as well as having access to the “Language Line” for over-the-phone interpreters.

There are also several bilingual staff members who have undergone training and may provide Interpreter Services. To access one of these staff members contact the Administrative Coordinator. Once you have the name, most can be reached on Vocera (X5510).

Compliance Program
CTH 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.

CTH prohibits retribution, retaliation, or harassment for making a good faith effort to report an issue involving non-compliance.

Should you have questions regarding compliance, please ask the Charge Nurse

Code of Conduct
The Code of Conduct is an important component of the CTH Compliance Program. It provides guidance in carrying out duties within appropriate ethical and legal standards. These obligations apply to 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. Copies of the Code are available in the Compliance department.

Confidentiality/HIPAA
(Health Insurance Portability and Accountability Act of 1996)

Information found in the patient's medical, billing record and/or demographic information that can identify the individual are examples of Protected Health Information (PHI).

As an employee, contract staff or student, any private information that you see, hear or say, is considered 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 healthcare organization. Patients/individuals have rights to access their PHI with some exceptions.

If you have questions regarding the sharing of PHI, ask the Charge Nurse.
Some measures to protect privacy of patient information are:

- Shred or destroy documents containing PHI that contain patient information - shred boxes are located throughout the hospital.
- When discussing PHI, make sure that you are in an area where you cannot be overheard
- Keep patient records out of public areas
- Do not download or photograph PHI to any portable device
- Do not discuss patient PHI when using Vocera

HIPAA allows for both criminal and civil penalties for certain types of breaches in confidentiality and may include fines and/or jail time.

Violation of CTH Privacy Policies and Procedures will result in disciplinary action, including termination of your clinical rotation.

Any questions or concerns can be directed to the Charge Nurse.

Identity Theft
In order to protect our patients, CTH has developed a policy and process to follow up on any suspected instances of identity theft. If you are aware of something that causes you to believe that the patient you are caring for is using someone else’s identity, notify the A/C or Charge Nurse immediately.

CHAPTER 3 – ENVIRONMENT OF CARE

Emergency Preparedness
CTH has an emergency preparedness program covering most major situations. The Management Plan and Environmental Management Program describes the risk, safety and daily management activities that have been put in place to achieve the lowest potential for adverse impact on the safety and health of patients, staff and other people coming to the organization’s facilities.

Safety Data Sheets (SDS) provide information on the safe handling and management of toxic, corrosive and otherwise potentially dangerous chemicals used in the organization. This information is especially helpful in the event of contamination or a chemical spill. This symbol/LINK is on every desktop for easy access to this vital information.

Complete sets of SDS for the organization are located in the Emergency Department. SDS pertaining to a department’s operation are located in your department.

Electrical Safety
Check all electrical equipment before use. Inspect equipment for loose or bent plugs, loose connections, frayed wires, or other visible damage.

- Report and tag damaged medical equipment to the Bio-Medical Department AND remove from service until it is repaired.
• Have all new medical electrical equipment or patient devices inspected by the Bio-Medical Staff prior to use.
• Outside electrical patient devices must be checked by Watch Engineer prior to use.

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

Life support and other critical equipment should be plugged into RED electrical outlets. These outlets receive emergency power in the event of an outage.

CHAPTER 4 - INFECTION CONTROL/PATIENT CARE

Body Substance Isolation (BSI)
Preventing the spread of infection to healthcare workers and among patients is critical in the hospital setting. The system of isolation used by CTH is Body Substance Isolation (BSI).

The key elements of Body Substance Isolation (BSI) include:

• Frequent and thorough hand washing. Hand washing at least 20 seconds with liquid soap and running water. Instant Hand Sanitizing gel may be used as well.

• Hand Hygiene must be performed before and after every patient or patient environmental contact, such as changing gloves between patients and washing hands after removing gloves.

• Wearing gloves when you expect to have contact with blood, secretions, mucous membranes, non-intact skin or moist body substances.

• PPE is available for use on every unit and is to be used in all care involving blood and Body fluids or potential for splash. For patients in isolation refer to isolation signs for specific PPE needs before entering room.

Patient Isolation
There are many reasons for a patient to be isolation. Precautionary signs are placed outside the room or on the door indicating type of isolation and processes to follow.

STUDENTS NEVER ENTER AIRBORNE PRECAUTION ROOMS. (PINK SIGNAGE)
Other safety measures to minimize your risk to exposure to blood and body fluids are:

- Dispose of all sharps in approved puncture resistant containers found in all patient rooms.
- Do not bend or break contaminated needles or other sharps.
- Always use sharps re-sheathing device. Avoid recapping needles, but if necessary, use the one-handed scoop technique.
• Eye protection is required whenever there is a risk of a splash to the face.
• 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 medication refrigerators.

Airborne Precautions – Negative Pressure Rooms –
STUDENTS NEVER ENTER AIRBORNE PRECAUTION ROOMS. (PINK SIGNAGE)

In addition to BSI, Airborne Precautions are indicated for patients with known or suspected infectious tuberculosis, measles, chickenpox or SARS. Patients, for whom airborne precautions should be observed, will have a bright pink sign affixed to the wall immediately outside the door. To prevent spread of infection, patients are placed in rooms with appropriate air filters.

*Students are never to enter rooms with posted airborne precautions.

Droplet Precautions: (Private Rooms or Cohorting)

Droplet precautions are indicated for patients with known or suspected Adenovirus, Diphtheria, Haemophilus Influenza, German measles, Meningitis, Legionella, Influenza and sometimes Pneumonia.

Patients for whom droplet precautions should be observed will have an orange sign affixed to their door. If you are to provide patient care or other support to patients in rooms with airborne or droplet precautions, you should:

• Wear appropriate respiratory protection.
• The door may be left open for droplet precautions.
• Maintain Body Substance Isolation, as appropriate, wear gloves and other personal protective equipment. A gown is always necessary if there will be any contact with environmental surfaces. Remember eye protection.
• Wash your hands with soap and water before and after every patient or patient environment contact.
• For droplet precautions PPE is required if within 3-6 feet of the patient.

If patients with respiratory precautions need to leave their room for a test or procedure, they should (if possible) wear a surgical mask.

Any questions about airborne or droplet precautions may be directed to the Charge Nurse or the Infection Control Specialist.

Contact Precautions: Private Room or Semi-Private Rooms

In addition to BSI, contact precautions are indicated for patients with known or suspected MRSA, VRE, Clostridium Difficile, RSV, ESBL, and Acinetobacter and other multi-drug resistant organisms, infectious gastroenteritis and wound precautions. Patients in contact precautions will have a green sign posted outside of the room. A gown is required whenever entering the room because these organisms may live for long periods of time on environmental surfaces. A mask is required if the infection is respiratory. The door may remain open. When the patient must leave the room, cover the patient with 2 clean cover gowns, one on front, one on back. The patient needs to wear a mask if the infection is respiratory in nature.
Neutropenic/Protective Precautions

In addition to BSI, Neutropenic precautions are required when a patient’s WBC is <1.0. These patients are placed in Positive Pressure rooms with a light blue sign on the closed door. The purpose of these precautions is to protect severely immunocompromised patients from infection. A mask and gown are required whenever entering the patient room.

When using disinfectant products or wipes, know the amount of time the product must remain wet to provide adequate kill time. This information is found on the product container label.

CHAPTER 5 - LABORATORY

Specimen Labeling - Important things to know
All laboratory specimens must be labeled at the patient’s bedside with the following information (at a minimum):

- Patient Name
- Patient DOB
- Date of Collection
- Time of Collection
- Initials of Collecting Staff Member

Culture Specimens must have the collection site on the label as well. Specimens that do not meet this requirement will be rejected by the lab.

Pathology Specimens must be accompanied by a completed requisition. All the requested information needs to be filled out. If any preservative is added, you should write the additive on the outside of the container with a sharpie.

Critical Lab Values must be received by a licensed care giver. The lab staff will require that you read back the information given to you and ask for your name so they can document the transfer of information.

Blood Bank Specimens must be collected in the presence of lab staff.

Line draws are acceptable if they are witnessed by a lab assistant and the collector appropriately documents the collection on the specimen.

Arm Bands are not to be removed unless the patient is being discharged from the healthcare system. This means the patient retains the original armband when moving from the Emergency Department to In-Patient status or In-Patient to Rehab status.

If an armband is lost, a call must be immediately placed for a replacement, to both registration and the blood bank.
CHAPTER 6 - ADVERSE DRUG REACTION (ADR)

Significant Adverse Drug Reaction (ADR)
Definition: Any unexpected, unintended, undesired, or excessive response to a drug that:

- requires discontinuing the drug
- requires changing the drug therapy
- requires modifying the dose (except for minor dosage adjustments)
- necessitates admission to the hospital
- prolongs stay in the healthcare facility
- necessitates supportive treatment
- significantly complicates diagnosis
- negatively affects prognosis, or results in temporary or permanent harm, disability or death.

When a suspected ADR occurs, staff will:

1. Render necessary clinical interventions to treat the ADR.
2. Discontinue the drug in question, unless such an act would endanger the health of the patient.
3. Notify both the attending and prescribing physician. Ascertain what supportive or follow-up action(s) should be taken and document in the physician’s orders and notify Pharmacy Services.
4. Record the ADR and the follow-up action in the patient medical record in the appropriate progress notes. Documentation in the patient record should be completed by the person observing the reaction or by another individual who is authorized to make such entries in the medical record.
5. Complete an online Incident/Occurrence Report.

ADR’s are reviewed by the Pharmacy/Blood Utilization Committee (PBUC)

CHAPTER 7 - HEALTH REQUIREMENTS

Immunizations

Students shall provide proof of immunizations in accordance with CTH requirements, prior to patient care rotations and immunizations shall remain current throughout the term of their clinical rotations.

Respirator Fit testing

CTH makes the determination if Respirator Fit testing is required, based on exposure. Respirator Fit testing with N-95 masks, if required, will be provided by appointment with CTH employee health.
Bloodborne Pathogens Safety Precautions

ALWAYS:
- Handle all blood and body fluids as if they are infectious.
- Dispose of sharps properly.

HBV, HCV & HIV FACT: Most common portals of entry for HBV, HCV and HIV are infected blood splashing on 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 blood borne pathogens. The more we know about preventing the risks, the better we can protect ourselves.

Contact your Charge Nurse and/or Infection Control with any questions regarding blood borne pathogens.

CHAPTER 8 - PATIENT SAFETY

Patient Safety Officer
The primary role of the Patient Safety Officer is oversight of the facility patient safety program. This role facilitates performance improvement that supports error reduction and other contributing factors to adverse events.

Patient Safety Initiatives
Patient safety is a national issue and concern. Organizations nationwide are working to improve safety and quality through collaboration, data collection, and performance initiatives.

BLS/ACLS Requirements
Clinical students may be required to have BLS and ACLS.

Incident/Occurrence Reporting
Along with CTH employees, students shall report any *incidents/occurrences. Advise the Charge Nurse immediately of ANY incident/occurrence that develops while you are providing care. Your direct supervisor will either complete the report or orient you to the process.

*Incidents/occurrences shall be defined as ANY unusual event, or circumstance, that varies from or is inconsistent with the normal routine operation of the healthcare system, its staff, care of a particular patient, including an unusual or unexpected response by the patient to standard treatment or medical intervention and may include such variances as:
- Falls
- Errors
- Equipment Failure
- Medication Events
- Safety/Security
- Unanticipated/Poor Outcomes (Code Blue)
- Omission in Treatment
- System Problems
- Procedures
- Patient Care Concerns
- Accidents involving patients, visitors, or employees that could have or did result in injury (no matter how slight) or death.

The following types of incidents require **immediate notification** to the Charge Nurse who will notify Patient Safety Officer, Risk Manager, or the Quality & Outcomes Department:

- Serious Patient, Visitor or Employee Injury
- Equipment Failure
- Threatened Lawsuit
- Complaint Regarding Quality of Care
- Sentinel Events

**Charge Nurses**

To contact the Charge Nurse, dial from any phone Vocera **X5510 (445-5510)** and say “*(Floor)* Charge Nurse”, i.e.

*Telemetry Charge Nurse*.

**VOCERA REMINDER**: Vocera calls are not private. When a call is answered, ask if the recipient is in a “safe place”, meaning can they talk about confidential information. If not, arrange to have them call you back from a secure landline.
Carson Tahoe Regional Medical Center Parking Map - Please remember that the green parking areas (parking lot #1 and ED) are reserved for patients and visitors only. In respect for their needs employees are expected to park in the below designated areas.

**STUDENT PARKING**

Recommended parking lot # for employees by department:

- **4**: Emergency Facilities, ICU/CVU, OB/Peds, Support Services
- **3**: OR, Med/Onc, Surg/Ortho, Support Services
- **2**: Admin, HR, Lab, Support Services

Parking spots with official signs still apply regardless of location (handicap, lab, couriers, etc.).
Chapter 9

EMERGENCY PREPAREDNESS
CODE PROCEDURES
**Code Black – Evacuation Procedure**

The Evacuation Plan (i.e. "Code Black") is used to help everyone safely exit/evacuate a section of or the entire hospital when it is not safe to remain in the building. Specific information regarding patient preparation and priority for evacuation can be found in the Emergency Operations Plan Manual.

**Activation**

1. The decision to evacuate is to be determined by the Incident Commander (usually this position is held by the Administrative Coordinator).
2. A “Code Black” will be paged overhead followed by specific instructions detailing an assessment of the situation and conditions outside of the area and building.

**Definitions**

**Partial Evacuation:** This is the removal of people who are in immediate danger to an area of relative safety.

**Total Evacuation:** Relocation of patients from the entire hospital building to an area outside of the hospital or to another hospital/location.

**Emergent Evacuation:** There is an immediate threat to life and the facility must be evacuated as quickly as possible.

**Delayed Evacuation:** There is no immediate threat to life and the facility needs to be evacuated but this can be done over a period of hours or even days.

**Shelter in Place:** Involves selecting an interior room or rooms with your facility to take refuge.

**Staging/Refuge Areas:** Locations that will receive and hold patients for a period of time until they can be returned to the appropriate care area. The ground level floor should be used as the Staging/Refuge Area if safe to do so.

**Horizontal Evacuation:** Relocation of patients from one unit on a specific floor to another unit on the same floor.

**Vertical Evacuation:** Relocation of patients on a specific floor to a different floor. Vertical evacuations are to be implemented from top floors down if at all possible.

**Staff Response**

1. Prepare patients for evacuation.
2. Remove anyone from immediate danger. Persons in immediate danger must take precedence over all other actions.
3. Evacuate, as instructed, horizontally first! Then vertically to other floors.
4. Evacuation may vary based on the situation. For an emergent evacuation, the priority order is ambulatory, ambulatory assist, full assist.
5. Patient staging may occur in the first floor lobbies, however; depending on the situation, it may be necessary to stage patients outside the facility.
6. If time allows, determine if any additional staff, equipment, and/or material needs are necessary. Communicate those needs to the Command Center.
7. **DO NOT use elevators during a fire!** Elevators may be used if determined safe to do so when fire is not present.
8. If vertical evacuation is required, non-ambulatory patients should be evacuated using the ParaSlydes and Evacutrails.

9. In emergent evacuation, as each room is evacuated, the door should be closed, and an “X” marked prominently on the door to show that the room is cleared. In a delayed evacuation, the tag system will be implemented (See information below).

10. If time allows, determine if there are any vital records or other information that needs to be removed with the patient.

11. If possible, infants and children should stay with their parents (be evacuated together), otherwise; they should remain with an assigned hospital employee.

Evacuation Tag System

If time permits, the tag system should be used. Once a patient’s evacuation status has been determined it should be noted on the tag. Then part of the tag is placed on the patient and part is placed on the patient’s door.

Each patient who is evacuated should have the following accompany them:

- Evacuation tag.
- Their medical record.
- Necessary medications along with their medication administration record.
- Any necessary supplies.
- Patient stickers.
- Personal belongings.

**Code Blue – Medical Emergency**

If you discover someone who has suffered cardiac or respiratory arrest, (they are unconscious and do not appear to be breathing) you should:

**Activation For CTRMC and Sierra Surgery Hospitals:**

1. Dial 5555 and activate the ‘Code Blue Button’ in areas where they exist.
2. Tell the operator, “Code Blue” and location of patient. (Be specific - department, room number, etc.).
3. The operator will notify the Code Blue Team.

**Staff Response**

1. The first BLS trained responder is to begin cardiopulmonary resuscitation (CPR).
2. Additional staff members should retrieve the closest crash cart, bring it to the bedside, and start additional interventions within their scope of practice.
3. If the patient is in a public area (for example a hallway) it may be necessary to move the patient once the Code Blue Team arrives. CPR should be continued during patient transfer.

**Activation For Carson Tahoe Continuing Care Hospital (CTCCH):**

1. Inform the unit clerk and activate the Code Blue Button in areas where they exist.
2. The Unit Clerk will announce the “Code Blue” and notify the physician.
3.
Staff Response

1. The first BLS trained responder is to begin cardiopulmonary resuscitation (CPR).

2. Additional staff members should retrieve the closest crash cart, bring it to the bedside, and start additional interventions within their scope of practice.

3. The **Code Blue** Team assumes the responsibility for the continued delivery of the cardiopulmonary resuscitation measures.

4. In the absence of a physician, the **Code Blue** Team may initiate interventions consistent with current ACLS guidelines until the physician arrives.

**Activation For Other off-site facilities:** (Including, but not limited to, Minden Emergent Urgent Care (MEUC), Carson Urgent Care, Cancer Center, Behavioral Health Services (BHS), Carson Tahoe Surgery Center, Great Basin Imaging, Cardiac Rehab, etc. **Call 911**.

1. Notify other staff members, if available, to assist with code.

Staff Response

1. The first BLS trained responder is to begin cardiopulmonary resuscitation (CPR).

2. Additional staff members, if available, should start additional interventions based on the facility’s capability and their own scope of practice.

3. If a qualified physician is present, the physician is responsible for coordinating the continued care for the patient. Transfer of the patient to a higher level of care is at the direction of the on-site physician in consultation with the paramedics.

4. If no physician is present, care of the patient is turned over to and directed by paramedics upon their arrival.

**Activation For MRI Code Blue:**

1. **Assess the patient:** If the patient is eminently at risk of “coding” while in the scanner, the patient **must be removed from the scan room immediately either by undocking the scan table or by transferring the patient to an approved MRI safe gurney**.

2. If the situation is unforeseen, remove the unresponsive patient from the scan room immediately to the designated recovery area and call 5555.

3. Tell the operator, “**Code Blue**” and location of the patient - (Be specific - department, room number, etc.).

4. The operator will notify the **Code Blue** Team.

Staff Response

1. **Secure the Scan Room Door:** Make sure the scan room door is closed prior to the arrival of the Code Team for their safety.

2. The first BLS trained responder is to begin cardiopulmonary resuscitation (CPR).

3. Additional staff, if available, retrieves the closest crash cart and brings it to the bedside.

4. Upon their arrival, the **Code Blue** Team or EMS assumes the responsibility for the continued delivery of the cardiopulmonary resuscitation measures.
**Code Gold – Controlled Access or Lockdown**

A **Code Gold** is used to limit flow of patients, staff, and visitors to certain entrances in order to increase observation, safety, and monitor people entering and leaving the facility.

**Activation**

1. Staff will be notified with a “**Code Gold**” overhead page and/or email notification. The initial page should include information on which entrances/exits staff, patients, and visitors should use.
2. Further information and/or instruction to staff should be expected via email about 30 minutes after initial page.

**Response**

1. General staff will continue to perform their normal job duties during a **Code Gold**.
2. Staff needs to comply with requests to use certain entrances/exits.
3. Staff should never prop locked doors open.
4. Staff should politely direct all visitors to the “open” entrances and exits of the hospital and not let others in via locked entrances.
5. Staff should report any suspicious behaviors to their Supervisor, Security or AC.

**Code Grey – Response to Threat of Violence**

When employees feel threatened by a combative person (physical or verbal abusive behavior by patients, families, visitors, staff or physicians) and need security assistance STAT they will do the following:

**Activation**

1. Dial **5555** and tell the operator “**Code Grey**” and specify location (department, room number, hallway, etc.).
2. Off site facilities may need to call 911 for assistance if sufficient staff is unavailable.

**Response**

1. Staff who are willing and able should respond to the area for a ‘show of force’, however, employee, patient, and visitor safety must take precedence over all other actions.
2. The responders should remain quiet, calm, and visible.
3. Only a trained Non-Violent Crisis Intervention staff member should interact with the suspect in an attempt to deescalate the situation.
4. If the subject loses rational control resulting in a physical acting-out episode, it may be necessary to use restraint positions to control the individual until a safe behavior is maintained.

**Recognizing Early Warning Signs of violence:**

- Direct or verbal threats of harm.
- Intimidation of others by words, actions, or violating personal space of another.
- Refusing to follow policies.
- Individual’s behavior is agitated and they have demonstrated difficulty managing their impulses.
• Hypersensitivity or extreme suspiciousness.
• Extreme moral righteousness.
• Unable to take criticism of job performance.
• Holds a grudge, especially against supervisor.
• Expression of extreme desperation over recent problems.
• Intentional disregard for the safety of others.
• Destruction of property.
• Physical signs of agitation (pacing, trembling, clenched fists/jaw, glaring, rapid breathing, exaggerated or violent gestures
• Loud talking and/or change in tone of voice

**Code Noelle – Maternal Hemorrhage**

In the event of an obstetric hemorrhage:

**Activation**

1. Dial 5555 - Say “**Code Noelle**” location of patient, (be specific - room number, etc.).

   **Only trained clinical staff should follow appropriate procedures based on mother’s status.**

   **Stage 1:** Cumulative blood loss > 500mL vaginal birth or > 1000mL cesarean birth.
   **Stage 2:** Continued bleeding or vital sign instability and 100-1500mL cumulative blood loss.
   **Stage 3:** Cumulative blood loss > 1500mL, > 2 units PRBCs given, VS unstable or suspicion for Disseminated Intravascular Coagulopathy (DIC).

**Staff Response**

1. **Code Noelle** Team responds to location (Obstetric physicians, obstetric RN’s, anesthesiologists, and other appropriately qualified clinicians).

2. OR and ICU prep for possible patient transfer.


4. Security stands by OB/Pediatric doors to assist with entry/exit.

5. Staff RN’s of hospital prepare to hold all current blood transfusion orders and closely monitor patients waiting to receive blood products until **Code Noelle** is cleared.

6. Code can only be cancelled by AC.

**Code Orange – Hazardous Material Spill/Exposure**

**Code Orange** should be called whenever a hazardous chemical spill/release is discovered. You may have specific department procedures for managing/responding to a **Code Orange**. Please refer to those procedures for additional information.
Activation Activation of **Code Orange** (spill) is called by any staff member that has knowledge of or is involved in a chemical, biological or radiological material spill or release.

1. Dial **5555** and tell the operator “**Code Orange**” and specify the location of the spill.
2. Call **911** immediately for any immediate concerns or victims needing assistance.

Staff Response

1. **DO NOT RESPOND** to the area of the spill unless your position has a specific duty in the response area!
2. **DO NOT touch the material** or walk into it.
3. Alert people in the immediate area of spill to keep away. Do not allow staff, patients, or visitors to enter the affected area(s)!
4. Isolate the area or make the area inaccessible.
5. Confine the spill to minimize its spread as long as this can be done safely. For example, close the door to contain the hazardous release/spill.
6. Provide information to emergency responders.
7. Upon receiving notification of a spill, the Administrative Coordinator, Incident Commander, Security Supervisor, and Engineering personnel or designees will immediately assess the nature and amount of the spill. If the spill is not deemed cleanable by above personnel, the local Fire Department or hazmat materials clean-up company will be called for assistance with containment and clean-up.

R.A.I.N

R – Recognize the hazard.
A – Avoid the hazard/contaminated/injury.
I – Isolate the hazard area.
N – Notify the appropriate support (the AC and/or 911).

If Staff Have Been Contaminated (Hazardous Material is on Skin or Clothing)

- If person is contaminated with toxic materials, they should immediately remove contaminated clothing and move out of affected area to safety.
- If water decontamination is appropriate, flush contaminated skin with copious amounts of water from emergency shower, eye-rinse station, sink, etc. Wash with mild soap (Dawn, if available) and then rinse with copious amounts of water.
- Notify AC or Incident Commander as further decontamination will be needed before proceeding to Emergency Department if further care is necessary.

**Code Pink – Infant/Child Abduction**

In the event that an infant or child is reported missing or cannot be located immediately, a **CODE PINK** will be paged overhead and/or will pop up on all computer screens. Unless otherwise assigned, **IMMEDIATELY RESPOND!**
Staff Response

1. All non-critical staff go immediately and monitor the entrances/exits and stairwells of their closest locations.
2. Politely but firmly direct everyone (employees, physicians, visitors) to enter and exit through the main lobby entrance of the hospital.
3. **DO NOT** attempt to detain an angry person who refuses to comply with your request to have them exit through the main entrance. Get a good description of the person and report it to the AC immediately. If possible, get a description of a vehicle and a license number if they leave using this modality. Report all information to the AC.
4. If trained, follow your department-specific policy and procedures.
5. You may be questioned by Security or the police. Cooperate fully with law enforcement.
6. Do not leave an exterior door or stairwell if you are the sole attendant until additional staff arrives or the code is canceled.

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**Code Red – Fire Emergency**

**Code Red** should be immediately called whenever any one of the following indications of a real or suspected fire are observed:

1. Seeing smoke or a fire.
2. Smelling smoke or other burning material.
3. Feeling unusual heat on a wall, door or other surface.

**Activation For CTRMC:**

1. Remove anyone in immediate danger.
2. Pull Fire Alarm.
3. Dial 5555 - say “**Code Red**” and location (repeat twice).

   **For All Other off-site facilities:**
   1. Remove anyone in immediate danger.
   2. Pull Fire Alarm.
   3. Dial 911 and inform the operator there is a fire and where it is located.
   4. Continue to Dial 5555 - say “**Code Red**” and location (repeat twice) if at BHS, Sierra Surgery, and Minden Emergent Care.

**Staff Response**

1. Close doors to confine the fire.
2. Clear hallways of ALL equipment.
3. If fire is small, attempt to extinguish with proper equipment.
4. **Do not use elevators!**
5. Do not travel through closed hallway doors unless instructed to do so or actively evacuating.
6. If you hear a “Code Black” paged, prepare patients for evacuation.

All Clear
When the incident has been resolved, “Code Red, All Clear,” will be announced overhead.

P.A.S.S. Procedure - How to Use a Fire Extinguisher
1. Pull the pin.
2. Aim nozzle at base of fire.
3. Squeeze handle.
4. Sweep nozzle back and forth.

R.A.C.E. Procedure - What To Do In Case Of A Fire
1. R- Remove/Rescue anyone in immediate danger.
2. A- Pull Alarm, Dial 5555 (Dial 911 at Sierra, Behavioral Health, and other offsite locations) and give the page operator:
   • Your name
   • Location of the fire
   • Extent of the fire
   • Type of fire (for example: electrical fire or wastebasket fire)
   • Telephone number you are calling from
   • Your Emergency Assembly Point
   • Calmly give complete information
   • Remember: Let operator hang up first
3. C- Close doors to confine fire.
4. E- Extinguish/Evacuate: Attempt to extinguish fire with proper equipment if the fire is small. If you hear ‘Code Black’ prepare patients for evacuation.

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**Code Silver – Active Shooter**

A Code Silver/Active Shooter/Active Assailant is called in the event an individual(s) is actively shooting or using another weapon to cause grave bodily harm to persons in the hospital or on the campus. Emergency activation can be made by any staff member that recognizes the threat.

**Activation**
The first employee to identify an active shooter situation should:

1. From a safe location, dial 5555. Use plain language and let the operator know you are witnessing an “active shooter,” the location of the incident/shooter, and any details about the
person and/or weapon you may know. The code phone operator will overhead page a “Code Silver”.

2. If there is no answer at 5555, page overhead yourself by dialing 8018 on any ShoreTel phone. Use plain language, and state “Active Shooter, location, and description (if known)”.

3. Dial 911 and alert law enforcement.

**For off-site locations, call your emergency number, overhead page, and/or 911 as available.

Staff Response
If you hear gun shots or “Code Silver/Active Shooter” paged overhead, you should try to remain calm and follow the ALICE response. ALICE stands for: Alert, Lockdown, Inform, Counter, and Evacuate. It is not necessary to follow these actions in any specific order.

Alert - Stay alert and aware of your surroundings. Report suspicious behavior or threats to leadership and follow your chain of command. Accept the possibility an active shooter situation can occur anywhere and that you may hear gunshots. Plan your response before an incident occurs.

Lockdown - If evacuation is not safe option, barricade yourself, coworkers, visitors, and patients if possible.

a) Lock and barricade doors or windows.

b) Turn off lights.

c) Close blinds.

d) Block windows.

e) Silence cell phones.

f) Turn off radios/remove batteries from Vocera.

g) Keep yourself out of sight and take adequate cover/protection (i.e. concrete walls, thick desks, filing cabinets)

h) Be prepared to counter if the shooter is able to gain entry.

Inform - See ‘Activation’.

Counter - Counter measures should be used only as a last resort. Staff in imminent danger may make a personal choice to counter. Counter measures should distract the shooter’s ability to shoot accurately. Move toward exits while making noise, and throwing objects at the shooter. Other measures include swarming the shooter or fighting with any means necessary to regain control of the situation.

Evacuate - Run from danger when safe to do so using non-traditional exits if necessary. Evacuate patients, visitors and staff only if it is safe to do so.

NOTE: Code Blue/Rapid Response Medical Teams should NOT enter the area until Law Enforcement has determined it is safe to do so! This will be communicated with an overhead page. The PBX will announce “Active Shooter All Clear” three times.
A Code White is activated if there is the possibility of a bomb, a bomb threat, or the receipt of a suspicious package, letter, or item.

**Activation For CTRMC and Sierra Surgery Hospitals:**

1. A Code White may be activated by any staff member by dialing 5555. Give the operator the location and any information regarding the bomb threat. The operator will then forward the call to the Administrative Coordinator. The AC may need to get additional information to determine if a Code White should be paged overhead.

2. At the off-sites, call 911 to report a bomb threat or suspicious package. It is then recommended to call the AC on duty to inform them of the situation at hand.

**Staff Response**

1. Conduct a visual inspection of your work area for any items that appear to be out of place.
   - Report any suspicious packages to the AC or to the code phone operator immediately.
2. Prepare to evacuate, if instructed to do so by the Administrative Coordinator or Incident Commander.
3. Remain available for interview by police.

**Receipt or Discovery of Suspicious Item**

1. **DO NOT OPEN OR TOUCH** any suspicious package, letter, or item!
2. If it is already open and a substance spills out, **DO NOT CLEAN IT UP**!
3. Keep others away from the area.
4. Contain area; if possible (shut door, etc.).
5. Report immediately to AC or code phone operator. **AC 315-7125**

**Receipt of a Telephoned Bomb (or Other) Threat**

1. **DO NOT HANG UP!** Speak calmly and quietly to the caller.
2. Immediately start taking notes on **exactly** what is said, including date and time of call.
3. As soon as possible complete a bomb threat call checklist. (Complete checklist on the back of this page).
5. Wait for further instructions from the AC or Incident Commander.
6. To avoid panic, remain calm!

**Code Yellow – Emergency Operations Plan Activation**

The Emergency Operations Plan (EOP) will be activated by any internal/external event or disaster which will adversely affect the operations of the facility or the safety of patients and staff. This includes events causing difficulties in providing ‘normal’ care to our patients or a surge in the number of patients being treated.

**Activation For CTRMC and Sierra Surgery Hospitals:**

1. The Chief Executive Officer (CEO), Vice Presidents (VP), Administrator on Call (AOC), and Administrative Coordinators (ACs) have the authority to activate the EOP.
2. Information regarding difficulties providing ‘routine’ care for our patients or a possible surge in the number of patients should be reported to the AC on duty.

3. The AC on duty will work collaboratively with Emergency Department Staff and the Administrator on Call to determine if a Code Yellow should be paged in order to activate the EOP.

4. The AC or designee will call 5555 and report to the operator, “Code Yellow,” including a briefing time, and location.

5. Leadership will be asked to attend the Briefing.

6. The Incident Commander (IC) will lead a quick briefing session and report to leadership why the Code Yellow was paged. The IC will assign any immediately needed positions and excuse the rest of leadership to return to their departments so they can update their staff.

Staff Response

1. When a Code Yellow is paged overhead, listen to the page. Leadership will be asked to attend a briefing.

2. Leadership can vary based on the time of day. At times the page may ask for managers and directors to attend the briefing. At other times, it may ask for charge nurses and lead staff to attend.

3. Anyone not involved in the initial briefing should continue to perform their normal duties and realize they may be reassigned based on the disaster.

4. Depending on the size of the event, staff may be asked to report to Labor Pool which may be set up in a conference room. The Labor Pool area allows leadership to track the location and use of staff. At the Labor Pool area you will be given an assignment. Please DO NOT report to Labor Pool until asked to do so.

Activation For Carson Tahoe Continuing Care Hospital (CTCCH):

1. The Director of Nursing/Administrator (DON/Admin), the manager of CTCCH, and the Charge Nurse (CN) have the authority to activate the EOP.

2. Information regarding difficulties providing routine care for our patients or a possible surge in the number of patients should be reported to the CN on duty.

3. The CN on duty will work collaboratively with the DON/Admin or manager of CTCCH to determine if a Code Yellow should be paged in order to activate the EOP.

4. The CN or designee will page “Code Yellow” and include information on a briefing time and location.

5. CTCCH has a limited number of staff members. It may make sense to have a briefing at the nurse’s station.

6. The Incident Commander will lead a quick briefing and report to leadership why a Code Yellow was paged. The IC will assign any immediately necessary positions then excuse the rest of the staff to return to their normal duties.

7. The AC on duty at the RMC should be notified about the need to activate the EOP. It is likely a Unified Response will be needed.

Staff Response
1. When a **Code Yellow** is paged overhead, listen to the page. It is likely staff will be asked to attend a quick briefing.

2. Staff not assigned to attend the briefing should continue their normal duties until assigned.

**Activation For other off-site facilities**

1. The Chief Executive Officer (CEO), Vice Presidents (VP), and Administrator on Call (AOC), have the authority to activate the EOP.

2. Information regarding difficulties providing ‘routine’ care for our patients or a possible surge in the number of patients should be reported the department manager, supervisor, or administrator on call.

3. If overhead paging is available **“Code Yellow”** can be paged including a briefing time and location.

4. The AC on duty at the RMC should be notified about the need to activate the EOP. It’s likely a ‘Unified Response’ will be needed & staff will be asked to attend a quick briefing.

**Staff Response** When a **“Code Yellow”** is paged overhead, listen closely to the page for briefing location.
CHAPTER 9 - CONFIDENTIALITY & INDEMNIFICATION AGREEMENT

In order to ensure confidentiality and protect the interests of the organization known as Carson Tahoe Health (CTH), its affiliates, subsidiaries or facilities including its patients, the following are the policies of the organization’s regarding confidential or proprietary information and indemnification. This applies to any individual participating in employment, a contracted position, patient procedure or observation, job shadow/observation participant or as a student at any CTH affiliate, facility or subsidiary location.

HIPAA Confidentiality
No individual participating in employment, a contracted position, patient procedure or observation, job shadow participant or as a student at CTH facilities shall reveal or disclose any medical record healthcare information including but not limited to; patient eligibility, identity, health condition or personal information. Neither shall participant reveal conversations between and/or among any healthcare professionals except to authorized CTH clinical staff.

Additionally, individuals participating in employment, a contracted position, patient procedure or observation, job shadow participant or as a student may have access to personal information about other employees and/or physicians. As such, you 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.

All covered individuals having access to any such information shall agree to these policies as a condition of his/her employment or as a contracted position or patient procedure or observation, as a job shadow participant or student with CTH and/or its affiliates, subsidiaries or facilities.

I hereby agree to forward all requests for the release of confidential information to my supervisor, mentor/preceptor. I also agree to report any and all violations by myself or any other person to the appropriate CTH official.

Organizational Confidentiality
I understand and agree that in the course of my assignment at CTH and/or any of its affiliates, subsidiaries or facilities, 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 confidential information could 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 should such information be divulged to me in confidence I understand and agree that I will keep such information secret and confidential and not use such information for any purpose whatsoever.

I further acknowledge and agree that the organization could be irreparably harmed by any violation or threatened violation of this Confidentiality & Indemnification Agreement. Therefore, the organization shall be entitled to an injunction prohibiting any individual participating in employment, in a contracted position, job shadow participant or as a student from any violation or threatened violation of this confidentiality/indemnification provision in addition to any other relief permitted by law.

**Indemnification**

To the extent allowed by law, individuals participating in employment, a contracted position, patient procedure or observation, job shadow participant or as a student must agree to indemnify, defend and hold harmless CTH, its officers, employees, agents, and representatives against all claims, demands, damages, costs, expenses, including court costs and reasonable attorney fees arising out of or resulting from their negligence.

In the event of an onset of illness or injury of a student during their clinical experience at CTH and the student chooses to seek medical care, emergency care will be available at CTH facilities to the student, at their own expense. If you should incur an injury or become ill it must be reported immediately to your instructor, the Charge Nurse or the AC (or their representative).

I, _______________________________(print name), hereby acknowledge that I have read and understand the Carson Tahoe Health Orientation Guide and all of the policies and procedures referenced therein including this Confidentiality and Indemnification Agreement.

By signing this Agreement I am acknowledging my responsibility to comply with all of the programs, procedures and policies as described therein.

__________________________________________  _______________________
Participant’s Signature                                      Date

__________________________________________
School

__________________________________________
Course

If participant is under the age of 18, parent or guardian must sign below.

Name: _______________________________(Print) ☐ Parent  ☐ Legal Guardian

Signature _______________________________  Date ______________

Contact Information: Cell Phone:_________________________  E-mail:_________________________