



Seneca Healthcare District

130 Brentwood Drive, P.O. Box 737
Chester, California 96020
(530)-258-2151

Volunteer Statement of Confidentiality

Seneca Healthcare District will prevent the unlawful or unauthorized access to, and the use or disclosure of, a patient's medical information. Therefore, in compliance with legislation (SB 541) which affects all health facilities licensed by the California Department of Public Health Licensing and Certification program, please comply with the following:

- Do not discuss any current or former patient with anyone, in or out of Seneca Healthcare District. Additionally, transmission, narration, or use of current or former patient information is strictly forbidden.
- Do not disclose any confidential information to unauthorized personnel, discuss information that is available in Seneca Healthcare District files, or discuss privileged or sensitive information either inside or outside the facility.

I understand that a breach of such confidentiality may be subject to legal penalties as governed by applicable state or federal laws including:

- Personal legal penalties of \$25,000 per patient and up to \$17,500 for each subsequent violation, up to a maximum of \$250,000 for a violation of a patient's medical information.
- Penalties to Seneca Healthcare District, up to a maximum of \$250,000 for each violation.

I have read the above statement, understand it's significance and importance, and agree to abide by it.

Volunteer (Please Print Name)

Signature

Date



Seneca Hospital Auxiliary Volunteer Application

Name: _____ Home Telephone: _____

Cell Phone: _____ Email: _____

Mailing Address: _____

Physical Address: _____

Winter Residence Address: _____

Who to Contact in an Emergency: Name - _____

Phone Numbers - _____

Have you ever been a volunteer before? ____ Yes ____ No) If yes, then please list below:

Organizations: _____

Education: _____

Skills/Hobbies: _____

Occupation: _____ Work Phone No: _____

VOLUNTEER AGREEMENT

I agree to act as a volunteer at Seneca Healthcare District. My duties will be to assist the SNF Activity Director and the CEO of the Hospital in carrying out planned programs and duties.

I do not expect to be remunerated for my services as a volunteer.

I have received an Application Packet which includes a volunteer Application, Code of Ethics/Oath of Confidentiality, Orientation Competency Packet with test, Fire Evacuation Map, TB Screening order, and a Roster of Hospital Volunteers. I have read and understand the materials provided.

Volunteer's Signature _____ Date _____



Seneca Hospital Auxiliary Volunteer Code of Ethics

As a volunteer I realize that I am subject to a code of ethics similar to that of Seneca Healthcare paid personnel. Volunteers are expected to do their assigned tasks and to be accountable for the quantity and quality of their work including simple record keeping.

I interpret "volunteer" to mean that I have agreed to work without monetary compensation, but as having been accepted as a worker, I expect to do my work according to the same standards as the paid staff.

I promise to take to my work an attitude of open-mindedness and a willingness to be trained and supervised. I expect to follow department policies and procedures. I will conduct myself in a professional manner with dignity and courtesy at all times.

Volunteers make a firm commitment of their time, talents and skills for a definite period of time. They are expected to be faithful to the commitment. If I cannot report for work, I will arrange a replacement or notify the appropriate Auxiliary Volunteer Coordinator.

Volunteers are expected to take any problems, criticisms or "suggestions they may have directly to the appropriate Auxiliary Volunteer Coordinator.

I understand that each person, whether paid or unpaid, brings their own unique gifts to the organization. As a whole, they enrich the organization and lives with whom they are associated.

Being eager to find out how I can best serve the organization and contribute all that I can to human betterment, I accept this code for volunteers.

Volunteer Signature: _____ **Date:** _____

Coordinator's Signature: _____



SENECA HEALTHCARE DISTRICT
Human Resources Department

VOLUNTEER DATA SHEET

Please complete the information below and return to the Human Resources Department
Please print

VOLUNTEER NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

ALTERNATE CELL PHONE # _____

WHOSE PHONE? _____

IN CASE OF EMERGENCY – PLEASE NOTIFY

#1) Name: _____ Relationship: _____

Physical Address: _____

Phone #: (H) _____ (W) _____

(C) _____

#2) Name: _____ Relationship: _____

Physical Address: _____

Phone #: (H) _____ (W) _____

(C) _____

In the event of a Major Disaster in our area – Provide Contact Information for the nearest relative outside the area with whom you would stay in contact

Name: _____ Relationship: _____

Physical Address: _____

Phone #: (H) _____ (C) _____

Volunteer Signature _____ Date _____

Seneca Healthcare District
2023 Hospital Auxiliary
Orientation and Re-Orientation Competency Post Test

Name: _____ Date Completed: _____

Note: Please circle your answer or write in the blanks. If you have questions or require additional information you may contact Linda McCurdy, Safety Director at or 530-310-6401.

1. To respect a patient's or resident's privacy what must you do before entering the patient's/resident's room?

A. Knock on the door B. Ask the Nurse C. Put on a mask

2. What must you do to get an outside phone line on any phone?

3. If you acquire a work-related injury, you should report it to?

4. As a mandated reporter you must report _____ immediately.

5. Broken or defective equipment, problems with the building or utilities must be reported to _____.

6. You are allowed to wear perfumes and colognes at work? True False

7. Persons not trained should never attempt to lift or move a patient? True False

8. If you move medical equipment, you must lock the _____ when you are through.

9. If you hear an alarm or Call Bell that is not being tended to, check on the patient and alert _____.

10. If a patient requests a glass of water you may give it to them without checking with nursing? True
False

11. If you are notified of a Code Red (Smoke or Fire) in the hospital, you should?

A. Exit the Building by the nearest safe exit and report outside the front door of the hospital.

B. Run to the Fire area.

C. Open all doors to ventilate the smoke.

Seneca Healthcare District
2023 Hospital Auxiliary
Orientation and Re-Orientation Competency Post Test

12. If you notice a person with a weapon or are notified of Code Silver you should run out of the persons sight, hide in any location and block access, be prepared to fight if necessary?

True False

13. If you are at work and there is an Earthquake you should go outside and stand in the parking lot? True False

14. If you believe someone is a threat or is exhibiting a potential for violence you should?
A. Throw cold water on them. B. Call 911 C. Yell at them.

15. For security purposes everyone must wear their _____ when on duty in the hospital.

16. If patients volunteer health information you should, listen, be empathetic, and _____.

17. If you divulge patient health information you the individual may be held criminally liable?
True False

18. What do we all want during conflict? _____

19. The most basic and most important infection prevention tool is?
A. Handwashing B. Wearing a Gown C. Proper disposal of waste.

20. Cough Etiquette means:

Volunteer Signature: _____

Retain this orientation packet and return only your completed tests and other completed paperwork as instructed to the Human Resources Office at Seneca Healthcare District.

SENECA HEALTHCARE DISTRICT



- 2023 AUXILIARY ORIENTATION AND REORIENTATION COMPETENCY PACKET.
- GENERAL INSTRUCTIONS FOR VOLUNTEERS
- COMMUNICATIONS
- SAFETY
- REPORTING
- DISASTER EMERGENCY MANAGEMENT
- SECURITY
- INFECTION PREVENTION/COVID-19

1

SENECA HOSPITAL AUXILIARY INSTRUCTIONS FOR VOLUNTEERS

- EACH HOSPITAL DAY VARIES FROM QUIET TO BUSY. THE ENTIRE HOSPITAL STAFF IS MOST APPRECIATIVE OF YOUR VOLUNTEER EFFORTS. VOLUNTEERS ARE UNDER THE SAME RULES AND RESTRICTIONS AS THE STAFF. ISSUES OR INFORMATION REGARDING PATIENTS OR RESIDENTS SHOULD BE DISCUSSED WITH NURSING STAFF ONLY, NEVER TO ANYONE OUTSIDE THE FACILITY.

2

SENECA HOSPITAL AUXILIARY INSTRUCTIONS FOR VOLUNTEERS

- SOME VOLUNTEER DUTIES REQUIRE SPECIFIC HOURS THAT SERVICE WILL BE PROVIDED. PLEASE CHECK WITH YOUR CHAIR PERSON RESPONSIBLE OR THE DEPARTMENT MANAGER OR SUPERVISOR TO DETERMINE THE HOURS OF WORK FOR EACH LOCATION.
- WHEN VOLUNTEERING SIGN IN AND OUT ON THE CLIPBOARD KEPT IN THE LINEN CLOSET IN THE KITCHEN HALLWAY, NOTE HOURS WORKED AND THE AREAS WORKED.

3

SENECA HOSPITAL AUXILIARY INSTRUCTIONS FOR VOLUNTEERS

- PLEASE REMEMBER THAT YOU ARE NOT OBLIGATED TO HELP IN ANY AREA OR SITUATION WHICH CAUSES YOU DISCOMFORT.
- ANY **PERSONAL COMPLAINTS** YOU MAY HAVE AGAINST THE HOSPITAL PRACTICES, PERSONNEL OR FELLOW VOLUNTEERS ARE TO BE DIRECTED TO THE AUXILIARY VOLUNTEER COORDINATOR OR AUXILIARY PRESIDENT. **DO NOT TAKE COMPLAINTS OR ISSUES TO HOSPITAL STAFF.** LEARN ABOUT OTHER TYPES OF REPORTING DESCRIBED IN THE PACKET, SOME REPORTING IS MANDATORY.

4

SENECA HOSPITAL AUXILIARY INSTRUCTIONS FOR VOLUNTEERS

- DUTIES – SKILLED NURSING FACILITY – CONDUCT BINGO GAMES AS SCHEDULED WITH ACTIVITIES PERSONNEL. VISIT WITH RESIDENTS, READ TO THEM, IF AUTHORIZED TAKE THEM FOR A WALK. ASSIST WITH ACTIVITIES SUCH AS CRAFTS, OUTINGS, BBQ'S, SPECIAL EVENTS, GAMES, AND MUSIC. IF FOR ANY REASON YOU ARE NOT ABLE TO HELP WHEN SCHEDULED AND CANNOT FIND A SUBSTITUTE, PLEASE NOTIFY THE SNF AUXILIARY CHAIR. IF A SUBSTITUTE CANNOT BE FOUND CONTACT THE SNF SUPERVISOR AT 1-833-227-3743 (EXT – 1020); SNF ACTIVITIES AT EXT. 1405, OR THE SKILLED NURSING NURSES STATION AT 530-258-2158.
- THERE MAY BE OTHER DUTIES IN THE FACILITY THAT AUXILIARY MEMBERS MAY BE REQUESTED TO ASSIST WITH. INSTRUCTION WILL BE PROVIDED AS NEEDED FOR THOSE DUTIES.

5

SENECA HOSPITAL AUXILIARY INSTRUCTIONS FOR VOLUNTEERS

- RESPECT PATIENT AND RESIDENT PRIVACY – ALWAYS KNOCK AND ASK PERMISSIONS BEFORE ENTERING ANY PATIENT OR RESIDENT ROOM. CHECK WITH NURSING STAFF PRIOR TO VISITING ANY ACUTE PATIENTS.
- ALWAYS INTRODUCE YOURSELF, AND LET THE PATIENT OR RESIDENT KNOW YOU ARE A VOLUNTEER, AND THE PURPOSE OF YOUR VISIT.
- DO NOT ASK SPECIFIC QUESTIONS CONCERNING THE PATIENT'S HEALTH OR WHY THEY ARE A PATIENT.

6

SENECA HEALTHCARE DISTRICT – COMMUNICATION BASICS

- PLEASE REVIEW THE BASIC OPERATION OF COMMUNICATIONS WITHIN THE FACILITY.
- REQUEST A STAFF MEMBER ASSIST YOU WITH OPERATIONS OF THE FACILITY PHONE SYSTEM AND WITH ANY QUESTIONS OR CONCERNS.



7

PHONE OPERATION - BASIC

- FROM ANY HOSPITAL PHONE YOU MUST PUSH “8” ON THE PHONE TO GET AN OUTSIDE LINE, ONCE YOU HEAR A DIAL TONE YOU MAY DIAL THE NUMBER.
- ACUTE PATIENTS CAN GET AN OUTSIDE LINE BY FOLLOWING THE INSTRUCTIONS ABOVE.
- SNF RESIDENTS MAY REQUEST ASSISTANCE TO MAKE A PHONE CALL. NURSING STAFF OR ACTIVITIES PERSONNEL CAN ASSIST WITH THAT REQUEST.

8

PAGING – P.A.

- ▶ PAGING AND EMERGENCY PAGE
- ▶ HOSPITAL OVERHEAD PAGING - FROM ANY PHONE PUSH “5555”, AND SPEAK YOUR MESSAGE – REPEAT TWICE TO
- ▶ ALL CALL NOTIFICATION DIAL “7777” AND SPEAK. THIS COMMUNICATION WILL GO THROUGH EVERY PHONE SPEAKER ON SENECA’S CAMPUS. REPEAT MESSAGE TWICE.

9

SPECIAL COMMUNICATION NEEDS

- SENECA HEALTHCARE DOES PROVIDE FOR PATIENTS AND CLIENTS THAT HAVE SPECIAL NEEDS TO COMPLETE PROPER COMMUNICATION.
- TEXT TELEPHONE – FOR THE HEARING AND SPEECH IMPAIRED.
- AT&T LANGUAGE LINE TO PROVIDE FOR LANGUAGE INTERPRETATION.
- CALIFORNIA RELAY SERVICE FOR THE HEARING AND SPEECH IMPAIRED.
- PLEASE ASK A STAFF MEMBER TO ASSIST WITH SPECIAL COMMUNICATION NEEDS.

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SENECA HEALTHCARE DISTRICT - SAFETY



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SENECA HEALTHCARE DISTRICT GENERAL SAFETY INFORMATION

- ATTACHED YOU WILL FIND INFORMATION THAT HAS BEEN CONDENSED FROM POLICIES, PROCEDURES, AND PLANS THAT ALLOWS US TO PROVIDE YOU A BRIEF OVERVIEW FOR YOUR PERSONAL SAFETY, AND THAT OF OUR PATIENTS, RESIDENTS, AND VISITORS.
- SENECA HEALTHCARE DISTRICT IS DEDICATED TO PROVIDING A SAFE AND HEALTHY WORK ENVIRONMENT FOR ALL.

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GENERAL SAFETY INFORMATION

- ▶ **WORK SAFELY AND REPORT UNSAFE ACTS OR CONDITIONS AS SOON AS WITNESSED OR NOTICED!**
- ▶ IT IS THE RESPONSIBILITY OF EVERY PERSON TO WORK SAFELY, AND HELP US TO PROVIDE A SAFE AND HEALTHY WORK ENVIRONMENT FOR ALL STAFF, PATIENTS, RESIDENTS AND VISITORS.
- ▶ **REPORTING PROBLEMS TIMELY HELPS US PREVENT ACCIDENTS. REPORT:**
- ▶ **SAFETY CONCERNS – UNSAFE CONDITIONS**
- ▶ **INJURIES OR EXPOSURES TO BLOOD OR BODY FLUIDS.**
- ▶ **PATIENT ACCIDENTS OR INCIDENTS**
- ▶ **GENERAL INCIDENTS OR UNUSUAL OCCURRENCES**
- ▶ **NEAR MISS INCIDENTS**
- ▶ **SECURITY CONCERNS**
- ▶ **ALLEGED ABUSE OR NEGLECT**

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REPORTING – WORK RELATED INJURIES/EXPOSURES

- ▶ **REPORT ANY WORK ACQUIRED INJURY NO MATTER HOW SMALL TO HUMAN RESOURCES, FLOOR CHARGE NURSE, SAFETY DIRECTOR, OR THE ACUTE NURSES STATION. REPORT EXPOSURES TO BLOOD AND BODY FLUIDS IMMEDIATELY. WASH THE AFFECTED AREA THOROUGHLY WITH SOAP AND WATER.**
- ▶ REQUEST AND COMPLETE A VOLUNTEER INJURY REPORT FORM FROM HUMAN RESOURCES OR THE ACUTE NURSES STATION EVEN IF YOU DID NOT REQUIRE TREATMENT FOR THE INJURY AT THE TIME. REPORT INJURIES TIMELY. DO NOT DELAY.

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REPORT – ABUSE/NEGLECT IT’S THE LAW

- **REPORT ALLEGED ABUSE/NEGLECT OR SUSPECTED ABUSE IMMEDIATELY !**
NEVER LET ANY ABUSE GO UNREPORTED. IT WOULDN'T BE FAIR TO THOSE WHO DEPEND ON US FOR THEIR CARE.
- **YOU ARE A MANDATED REPORTER, AND ARE REQUIRED TO REPORT UNDER THE LAW.**
- **YOU MAY REPORT IMMEDIATELY TO ANY SUPERVISOR ON DUTY THAT YOU FEEL COMFORTABLE REPORTING TO. REPORTS CAN ALSO BE MADE TO ADMINISTRATION.**
- **ANY MANDATED REPORTER IS PROTECTED BY LAW FROM ANY RETALIATION FROM ANYONE IN THE FACILITY.**
- **IF A PERSON WHO IS UNDER INVESTIGATION FOR SUSPECTED ABUSE IS RETURNED TO THE WORKPLACE, YOU HAVE THE RIGHT TO PROTECTION FROM RETALIATION FROM THAT INDIVIDUAL.**
- **OUR RESPONSIBILITY IS TO OUR PATIENTS AND RESIDENTS. IT IS OUR JOB TO KEEP THEM SAFE.**

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ABUSE AND NEGLECT – WHAT IS IT?

- PHYSICAL ABUSE, NEGLECT, INTIMIDATION, CRUEL PUNISHMENT, FIDUCIARY (MONETARY) ABUSE, ABANDONMENT, ISOLATION, OR OTHER TREATMENT RESULTING IN PHYSICAL HARM OR PAIN, OR MENTAL SUFFERING, OR THE DEPRIVATION BY A CARE CUSTODIAN OF GOODS AND SERVICES WHICH ARE NECESSARY TO AVOID PHYSICAL HARM OR MENTAL SUFFERING.
- ABUSERS CAN BE FAMILY MEMBERS, CARE GIVERS, EMPLOYEES, OR STRANGERS.

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WHEN TO REPORT ABUSE

- AS A VOLUNTEER YOU ARE CONSIDERED A MANDATED REPORTER IN THE STATE OF CALIFORNIA. THIS MEANS THAT YOU HAVE THE RESPONSIBILITY TO REPORT SUSPECTED AND/OR KNOWN CHILD, DEPENDENT ADULT, ELDER ABUSE AND DOMESTIC ABUSE TO THE APPROPRIATE PROTECTIVE AGENCY(S) AS WELL AS TO THE LOCAL LAW ENFORCEMENT AGENCY.

ACUTE, EMERGENCY ROOM OR ANY GENERAL AREA: SHOULD YOU SEE WHAT YOU BELIEVE IS SUSPECTED ABUSE OR A PATIENT/INDIVIDUAL MAKES AN ALLEGATION OF ABUSE PLEASE REPORT THIS TO EITHER A NURSE LEADER, ANY MANAGER OR SUPERVISOR, OR TO ADMINISTRATION IMMEDIATELY. SOMEONE WILL ASSIST YOU WITH THE REPORTING PROCESS.

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ABUSE REPORTING SNF

- IN THE EVENT THAT YOU EITHER WITNESS OR A RESIDENT MAKES AN ALLEGATION OF ABUSE TO YOU THE REPORTING REQUIREMENTS ARE AS FOLLOWS:
- **IF THE ABUSE RESULTED IN SERIOUS BODILY INJURY** – REPORT THE INCIDENT IMMEDIATELY AND NO LATER THAN 2 HOURS BY TELEPHONE TO LOCAL LAW ENFORCEMENT, AND SEND A WRITTEN REPORT WITHIN 2 HOURS TO LOCAL LAW ENFORCEMENT, C.D.P.H. LICENSING AND CERTIFICATION PROGRAM, AND THE OMBUDSMAN. CONTACT INFORMATION IS POSTED IN LONG TERM CARE.
- **IF THE ABUSE DOES NOT RESULT IN SERIOUS BODILY INJURY** – REPORT THE INCIDENT TO THE SAME AGENCIES AND IN THE SAME MANNER AS LISTED ABOVE WITHIN 24 HOURS.
- **RESIDENTS WITH A DIAGNOSIS OF DEMENTIA** – IF A RESIDENT WHOM YOU BELIEVE MAY BE SUFFERING FROM DEMENTIA MAKES AN ALLEGATION OF ABUSE, PLEASE REPORT THIS TO THE S.N.F. CHARGE NURSE, S.N.F. DON, C.N.O., OR ADMINISTRATION AND ASSIST THEM WITH AN IMMEDIATE INVESTIGATION PRIOR TO FILING REQUIRED REPORTS TO LAW ENFORCEMENT AND THE OMBUDSMAN.

PLEASE ALSO REPORT TO ANY MANAGER/SUPERVISOR AND/OR ADMINISTRATION FOR ASSISTANCE WITH THE REPORTING PROCESS, AND TO HELP PROVIDE FOR THE IMMEDIATE SAFETY OF THE RESIDENT.

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REPORT INCIDENTS – STAFF, PATIENTS, VISITORS

- **INCIDENT REPORTING –AN INCIDENT IS DEFINED AS ANY UNUSUAL OCCURRENCE. REPORT INCIDENTS INVOLVING, PATIENTS, VISITORS, SECURITY ISSUES, STAFF ISSUES, EQUIPMENT MALFUNCTIONS OR FAILURES.**
- INCIDENT REPORTING IS AN IMPORTANT TOOL USED TO ASSESS THE NEEDS OF THE FACILITY, CREATE NEW STRATEGIES TO KEEP PATIENTS SAFE, ALERT OTHERS TO POSSIBLE SECURITY PROBLEMS, ETC.

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INCIDENT REPORTING

- DEFINITION – AN INCIDENT IS DEFINED AS ANY UNUSUAL OCCURRENCE.
- INCIDENTS REPORTS ARE CONFIDENTIAL, AND SHOULD NOT BE COPIED OR SHARED WITH INDIVIDUALS WHO ARE NOT INVOLVED IN THE INCIDENT BEING REPORTED.
- INCIDENT REPORTS SHOULD BE COMPLETED BY YOU ANYTIME YOU WITNESS AN INCIDENT INVOLVING A PATIENT/RESIDENT, STAFF MEMBER, VISITOR OR VOLUNTEER, A PIECE OF EQUIPMENT CAUSES INJURY OR ILLNESS, OR THERE IS A SECURITY ISSUE.
- INCIDENT REPORTS SHOULD REFLECT THE FACTS ONLY. REQUEST INCIDENT REPORT FORMS FROM THE NURSES STATION OR HUMAN RESOURCES. REQUEST ASSISTANCE IN COMPLETING THE FORM AS NEEDED.

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REPORT – POTENTIAL HAZARDS AND UNSAFE CONDITIONS

- ▶ **POTENTIAL HAZARDS AND UNSAFE CONDITIONS** – SHOULD BE REPORTED AS SOON AS THEY ARE NOTICED. YOU MAY REPORT TO ANY STAFF MEMBER OR SUPERVISOR. REPORT ANYTHING AND EVERYTHING UP TO AN INCLUDING SOMEONE WHOM YOU FEEL IS WORKING UNSAFELY CREATING A SAFETY HAZARD FOR PATIENTS OR OTHERS. REPORT ANYTHING THAT CAUSES YOU CONCERN.

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REPORT – PROBLEMS WITH EQUIPMENT, UTILITIES, OR BUILDING SYSTEMS

- **REPORT DEFECTIVE OR MALFUNCTIONING EQUIPMENT, PROBLEMS WITH THE BUILDING OR GROUNDS TO THE MAINTENANCE DEPARTMENT AS SOON AS POSSIBLE OR IS REASONABLE.** DO NOT LET BROKEN EQUIPMENT SLIP BY. PLEASE TAKE THE TIME TO REPORT. PATIENT/RESIDENT AND STAFF SAFETY DEPENDS ON IT.
- **REPORT – TO MAINTENANCE IMMEDIATELY ANY DISRUPTION OF UTILITIES SUCH AS WATER, SEWER, HEAT, AIR CONDITIONING, COMMUNICATIONS, ETC.** ASSIST STAFF TO PROVIDE FOR THE SAFETY OF OUR PATIENTS/RESIDENTS UNTIL REPAIRS ARE MADE OR CONTINGENCY PLANS PUT INTO PLACE.
- ANY STAFF MEMBER WILL ASSIST YOU WITH REPORTING.

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REPORT UNLAWFUL HARASSMENT

- IF YOU BELIEVE YOU HAVE BEEN HARASSED IN ANY MANNER, PLEASE REPORT AS SOON AFTER THE INCIDENT OCCURS AS POSSIBLE.
- DOCUMENT A WRITTEN ACCOUNT OF THE INCIDENT, INCLUDE DATE, TIME PERSONS INVOLVED, AND ANY WITNESSES.
- REPORT TO ANY SUPERVISOR, HUMAN RESOURCES, OR THE ADMINISTRATOR.

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REPORT COMPLAINTS – PATIENTS, RESIDENTS, AND VISITORS

- IF A COMPLAINT IS EXPRESSED TO YOU, PLEASE PROVIDE AN AVENUE TO HAVE THAT COMPLAINT HEARD IMMEDIATELY. OFFER TO GET A SUPERVISOR, THEIR NURSE, OR OTHER APPROPRIATE STAFF MEMBER.
- OFFER INFORMATION TO CONTACT ADMINISTRATION.
- ANY COMPLAINT THAT IS VERBALIZED TO YOU SHOULD IMMEDIATELY BE REPORTED TO A SUPERVISOR AND/OR NURSING STAFF PROVIDING CARE FOR THAT INDIVIDUAL.

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GENERAL SAFETY

- CLEAN ANY SPILL OR LIQUID ON THE FLOOR IMMEDIATELY TO PREVENT A SLIP HAZARD, OR REQUEST HOUSEKEEPING ASSISTANCE.
- SAFELY PLACE CORDS, PORTABLE EQUIPMENT, AND TUBING SO AS NOT TO CAUSE A TRIP HAZARD.
- WEAR PROPER CLOTHING AND SHOES (NO OPEN TOED SHOES) FOR YOUR PARTICULAR JOB, AND WEAR OR BRING PROPER CLOTHING FOR WEATHER CHANGES. BE AWARE OF ICE AND SNOW CONDITIONS, WEAR PROPER FOOTWEAR. REPORT ICY WALKS. ALWAYS BE CONCERNED WITH YOUR SAFETY AS WELL AS THE SAFETY OF OTHERS.
- BECOME FAMILIAR WITH THE POTENTIAL HAZARDS ASSOCIATED WITH YOUR WORK AND ROUTINELY APPLY SAFE WORK PRACTICES.
- ENFORCE THE “NO SMOKING” POLICY ON THE SENECA CAMPUS AT ALL TIMES.

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GENERAL SAFETY

- BE OBSERVANT AND REPORT ANY AND ALL UNSAFE CONDITIONS OR POOR WORK PRACTICES TO YOUR SUPERVISOR OR THE SAFETY DIRECTOR.
- AVOID HORSEPLAY AND PRACTICAL JOKES AS THEY CAN CAUSE INJURY.
- BE CAUTIOUS IN CONGESTED WORK AREAS AND AT BLIND CORNERS – USE CEILING MIRRORS WHERE AVAILABLE. WALK – DO NOT RUN UNLESS ABSOLUTELY NECESSARY.
- KEEP HALLWAYS CLEAR AT ALL TIMES. PLEASE RETURN ALL EQUIPMENT BACK TO ITS’ PROPER STORAGE PLACE WHEN NOT IN IMMEDIATE USE. NEVER IMPEDE ANY DOOR CLOSURE WITH IMPROPERLY PLACED EQUIPMENT. NEVER BLOCK ACCESS TO FIRE EXTINGUISHERS, MEDICAL GAS SHUT OFF VALVES, OR ELECTRICAL PANELS IN CORRIDORS WITH EQUIPMENT.

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GENERAL SAFETY

- ALWAYS USE AN APPROPRIATE LADDER OR STEP STOOL FOR CLIMBING .ENSURE WHAT YOU ARE STANDING ON PROVIDES A STABLE BASE OF SUPPORT. NEVER PLACE ITEMS ON THE FLOOR IN AISLES OR WALKWAYS.
- KEEP DOORS TO CLOSETS AND OTHER AREAS CLOSED WHEN NOT IN USE.

IMMEDIATELY REPORT YOUR INVOLVEMENT IN ANY ACCIDENT REGARDLESS OF WHETHER THERE IS AN INJURY OR NOT. REGARDLESS OF HOW CAREFUL YOU ARE, ACCIDENTS CAN HAPPEN AND THE EXTENT OF INJURY CAN BE MINIMIZED BY EFFECTIVE FIRST-AID/MEDICAL TREATMENT.

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GENERAL SAFETY

- ASK QUESTIONS – IF AT ANY TIME YOU HAVE QUESTIONS OR CONCERNS REGARDING SAFETY, THERE ARE RESOURCES AVAILABLE TO PROVIDE YOU ANSWERS. DO NOT HESITATE TO CONTACT ANY SUPERVISOR, HUMAN RESOURCES, SAFETY DIRECTOR, OR SAFETY COMMITTEE MEMBERS, OR THE DEPARTMENT THAT YOU FEEL CAN ASSIST.
- DON'T BE COMPLACENT – EVEN IF YOU DON'T HAVE TIME TO CORRECT OR INVESTIGATE A POTENTIAL SAFETY ISSUE, AT LEAST TAKE THE TIME TO ENSURE THAT SOMEONE HAS BEEN CONTACTED TO COMPLETE THE TASK.

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SCENTED PRODUCTS AND SENSITIVITIES

- SENSITIVITIES AND ALLERGIES ARE BECOMING MORE PREVALENT IN ALL PERSONS.
- SCENTED PRODUCTS, SUCH AS PERFUMES, COLOGNES, BODY WASHES, HAND LOTIONS, ETC. WILL NOT BE ALLOWED AND NOT WORN BY ANYONE WHILE WORKING ON THE DISTRICT PREMISES.
- BE AWARE OF PATIENTS, STAFF, VISITORS WHO ALSO HAVE ALLERGIES TO THESE PRODUCTS.
- SCENTED PRODUCTS MAY CREATE A GREATER HEALTH HAZARD FOR THOSE PATIENT'S THAT HAVE RESPIRATORY ISSUES.

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FIRE SAFETY

- ▶ **PREPARATION / PREVENTION**
- ▶ WHAT CAN YOU DO TO REDUCE THE DANGER OF FIRE IN THE WORKPLACE? **BE AWARE AND DEVELOP** THE HABIT OF LOOKING FOR CONDITIONS THAT MIGHT CAUSE A FIRE OR PREVENT YOU AND OUR PATIENTS FROM ESCAPING A FIRE.
- ▶ **RECOGNIZE** SOME COMMON FIRE HAZARDS IN HEALTH CARE FACILITIES:
- ▶ **SMOKING.**
- ▶ FAULTY ELECTRICAL EQUIPMENT OR WIRING, IMPROPER USE OF EXTENSION CORDS, A PATIENT'S APPLIANCE FROM HOME (E.G., A HAIR DRYER).
- ▶ CLUTTERED HALLWAYS AND CORRIDORS THAT WOULD RESTRICT SAFE EVACUATION DURING A FIRE.
- ▶ WEDGES, BLOCKS, OR EQUIPMENT THAT PREVENT RAPID CLOSURE OF PATIENT ROOM AND FIRE DOORS DOORS.
- ▶ **AUTOMATIC FIRE DOORS BLOCKED BY EQUIPMENT.**
- ▶ **KEEP DOORS TO UNOCCUPIED AREAS SUCH AS CLOSETS CLOSED WHEN NOT IN IMMEDIATE USE.**
- ▶ **KNOW** THE LOCATION OF FIRE ALARMS, EMERGENCY EXITS, SMOKE AND FIRE SEPARATION DOORS, FIRE EXTINGUISHERS, IN YOUR WORK AREA.

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SAFETY RULES FOR LIFTING

- ▶ FACE WHAT YOU ARE LIFTING, DO NOT TWIST TO GET IT.
- ▶ HAVE FEET SPREAD A SHOULDER WIDTH APART FOR A WIDE BASE OF SUPPORT.
- ▶ BEND YOUR KNEES KEEPING YOUR EARS, SHOULDERS, AND HIPS IN A STRAIGHT LINE AND YOUR LINE OF VISION FORWARD, NOT DOWN. TIGHTEN YOUR ABDOMINAL MUSCLES.
- ▶ HAVE YOUR BACK IN A *NEUTRAL POSITION* NOT TOO STRAIGHT AND NOT TOO CURVED. THIS IS AN INDIVIDUAL POSITION OF COMFORT.
- ▶ LIFT THE OBJECT STRAIGHT UP BY EXTENDING AND USING YOUR LEGS. LIFT WITH YOUR LEGS NOT YOUR BACK.
- ▶ AVOID BENDING OR TWISTING WHILE CARRYING AN OBJECT.

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TRANSFER AND MOVEMENT OF PERSONS – UNTRAINED PERSONNEL

- PERSONS WHO ARE UNTRAINED IN APPROPRIATE PATIENT MOVEMENT AND TRANSFER TECHNIQUES SHOULD NEVER ATTEMPT TRANSFER OR LIFT OF ANY PERSON. THIS INCLUDES TRANSFER TO AND FROM VEHICLES IN PARKING AREAS.
- IN THE HOSPITAL YOU SHOULD NEVER VOLUNTARILY ATTEMPT TO MOVE OR TRANSFER A PERSON. **DO NOT PUSH SNF RESIDENTS IN THEIR WHEELCHAIRS UNLESS INSTRUCTED.** TRAINED PERSONNEL ARE AVAILABLE AND SHOULD BE REQUESTED TO COMPLETE THAT TASK, WITH THE EXCEPTION OF THE FOLLOWING:
- IF ANY PERSON BE IT PATIENT, RESIDENT, VISITOR OR STAFF MEMBER IS AT IMMEDIATE RISK FOR POSSIBLE INJURY OR DEATH, DO WHAT NEEDS TO BE DONE IN AN ATTEMPT TO KEEP THE INDIVIDUAL SAFE, AND CALL OUT FOR ASSISTANCE FROM OTHER PERSONNEL.

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PROPER WASTE DISPOSAL



- NEVER PICK UP BROKEN GLASS BY HAND, ALWAYS USE MECHANICAL MEANS, SUCH AS A BROOM AND DUSTPAN.
- TAKE BROKEN GLASS IMMEDIATELY TO THE DUMPSTER. DO NOT PLACE IT IN A TRASH CAN WHERE IT COULD CAUSE AN INJURY.
- REQUEST HOUSEKEEPING ASSISTANCE.

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PROPER WASTE DISPOSAL

- **SHARPS WASTE** – ANY SHARP OBJECT CONTAMINATED WITH BLOOD OR BODY FLUID MUST BE PLACED IN A SHARPS DISPOSAL CONTAINER.
- **MEDICAL WASTE** – WASTE CONTAMINATED WITH BLOOD OR BODY FLUIDS MUST BE CONTAINED IN A RED BIOHAZARD CONTAINER LINED WITH A RED BAG, AND LABELED WITH THE BIOHAZARD SYMBOL. DO NOT HAND CARRY RED BAG WASTE, UTILIZE A MEDICAL WASTE TRANSPORT CONTAINER.
- **PHARMACEUTICAL WASTE** – MUST BE DISPOSED IN THE PHARMACEUTICAL WASTE CONTAINER IN THE DRUG ROOM. IN SECURED PHARMACEUTICAL WASTE CONTAINERS IN THE CLINIC.
- **SOLID WASTE** – REGULAR TRASH WILL BE TRANSPORTED TO THE DUMPSTERS OUTSIDE THE FACILITY. TIE TRASH BAGS SECURELY BEFORE DISPOSAL.
- NOTE: ALWAYS REQUEST ASSISTANCE FROM STAFF WITH PROPER DISPOSAL OF ALL WASTES EXCEPT SOLID WASTE.

34

RECYCLING

- THERE IS A DUMPSTER AT THE REAR OF THE FACILITY FOR CARDBOARD RECYCLE ONLY. THIS DUMPSTER IS LABELED CLEARLY ON THE FRONT. PLEASE DO NOT PUT TRASH IN THE DUMPSTER.
- THERE IS ALSO A CONTAINER FOR MIXED RECYCLABLES SUCH AS WHITE OFFICE PAPER , PLASTICS, AND TIN TO THE RIGHT OF THE CARDBOARD RECYCLE DUMPSTER.
- THERE IS AN ALUMINUM RECYCLE CONTAINER IN THE ACUTE EMPLOYEE DINING ROOM AND IN THE LONG TERM CARE UTILITY ROOM.
- ALL BATTERIES CAN BE RECYCLED – PLEASE PLACE BATTERIES IN THE RECYCLE CONTAINERS AT THE ACUTE UTILITY OR SNF UTILITY ROOMS.

35

HAZARDOUS MATERIALS – EXPOSURE/SENSITIVITIES

- ALWAYS AVOID HANDLING HAZARDOUS MATERIALS.
- ANY SUBSTANCE CAN BE HAZARDOUS IF YOU ARE SENSITIVE TO IT. USE CAUTION AND AVOIDANCE TO MINIMIZE YOUR EXPOSURE. IF YOU COME IN CONTACT WITH ANYTHING YOU ARE SENSITIVE TO MAKE A SUPERVISOR OR SAFETY AWARE OF PERSONAL SENSITIVITIES, SO CONTROL MEASURES CAN BE PUT INTO PLACE.
- EXPOSURES TO HAZARDOUS MATERIALS SHOULD BE REPORTED IMMEDIATELY, AS YOU MAY REQUIRE MEDICAL ATTENTION.
- REPORT ANY UNLABELED CONTAINERS OF ANY SUBSTANCE TO A STAFF MEMBER.

36

HAZARDOUS MATERIALS SPILLS

- SMALL SPILLS OF HAZARDOUS MATERIALS MUST BE CLEANED IMMEDIATELY – CONTACT HOUSEKEEPING OR MAINTENANCE FOR ASSISTANCE IF REQUIRED.
- LARGE SPILLS OF A HAZARDOUS MATERIAL – CONTAIN THE SPILL, EVACUATE THE AREA, DENY ENTRY, CALL MAINTENANCE PERSONNEL, AND THE FIRE DEPARTMENT AS NEEDED.

37

SET THOSE BRAKES!!!!



38

MEDICAL EQUIPMENT BRAKES

- ▶ IF YOU MOVE ANY MEDICAL EQUIPMENT, BED, GURNEY, WHEELCHAIR, ETC. ENSURE YOU LOCK THE BRAKES WHEN YOU ARE THROUGH.
- ▶ WHEN EQUIPMENT IS LEFT BLOCKING HANDRAILS IN CORRIDORS ENSURE YOU SET THE BRAKES.
- ▶ WHEN WORKING IN LONG TERM REQUEST ASSISTANCE IN LEARNING TO ENGAGE BRAKES OF RESIDENT WHEELCHAIRS AND GERI CHAIRS.
- ▶ ASK STAFF FOR EDUCATION IF YOU ARE NOT FAMILIAR WITH EQUIPMENT BRAKES.

39

MEDICAL GAS CYLINDERS !



40

MEDICAL GAS CYLINDERS - SAFETY

- MEDICAL GAS CYLINDERS MUST NEVER BE HAND CARRIED, BUT MOVED BY WAY OF CART.
- MEDICAL GAS CYLINDERS MUST ALWAYS BE SECURED, EITHER IN A CART, STAND, WHEELCHAIR HOLDER, OR CHAINED TO A WALL TO PREVENT THE CYLINDER FROM FALLING OVER.
- MEDICAL GAS CYLINDERS AND FITTINGS ARE MANUFACTURED SO THAT THEY ARE COMPATIBLE TO PREVENT ERRORS. NEVER ATTEMPT TO CONNECT OR ADMINISTER A MEDICAL GAS, ALWAYS REQUEST ASSISTANCE.
- IF YOU SHOULD NOTICE AN UNSECURED GAS CYLINDER, NOTIFY A STAFF MEMBER.

41

CLINICAL ALARMS

- CLINICAL ALARMS ARE DEFINED AS AN ALARM TO ALERT CAREGIVERS TO A CARE RECIPIENT AT IMMEDIATE RISK.
- THE FOLLOWING EQUIPMENT WILL BE INCLUDED: INFUSION PUMPS, CARDIAC/PHYSIOLOGIC MONITORS, PATIENT CALL BELLS, FALL PREVENTION ALARMS, LONG TERM DOOR ALARMS.
- NOTIFY A LICENSED NURSING STAFF MEMBER IMMEDIATELY IF YOU NOTE AN ALARM THAT YOU CANNOT RESPOND TO SUCH AS AN INFUSION PUMP, ETC.
- IF ANYONE NOTES AN ALARM THAT IS NOT BEING ATTENDED TO PLEASE CHECK ON THE PATIENT AND ALERT A CAREGIVER.
- NOTIFY THE MAINTENANCE DEPARTMENT WHEN ANY ALARM OR BELL IS NOT AUDIBLE, OR NOT FUNCTIONING

42

RADIATION PROTECTION- SAFETY

- DO NOT GO INTO RADIOLOGY OR CT WHEN THE DOOR IS CLOSED. KNOCK AND ENSURE A STUDY IS NOT IN PROGRESS BEFORE ENTERING.
- ALWAYS STAY BEHIND PROTECTIVE BARRIERS, OR WEAR PROTECTIVE EQUIPMENT WHEN YOU ARE IN THE ROOM WHEN STUDIES ARE BEING CONDUCTED.
- STAY AT LEAST TEN FEET AWAY FROM X-RAY EQUIPMENT WHEN IN USE AND DO NOT STAND IN THE BEAM.

43

PATIENT IDENTIFICATION

- PATIENT ARM BANDS/ RESIDENT NAME TAGS SHOULD BE PLACED ON THE PATIENT/RESIDENT IMMEDIATELY UPON ADMISSION.
- NOTIFY NURSING IMMEDIATELY IF ARM BAND OR NAME TAG CANNOT BE LOCATED.
- NO DIAGNOSTIC SERVICES, OR MEDICATIONS WILL BE ADMINISTERED TO A PATIENT WITHOUT PROPER IDENTIFICATION.

44

PATIENT AND RESIDENT SAFETY

- NEVER GIVE A PATIENT OR RESIDENT ANYTHING TO EAT OR DRINK UNLESS YOU HAVE CHECKED WITH THE NURSING STAFF WHO IS TAKING CARE OF THAT PATIENT.
- NEVER REFILL A PATIENT'S WATER GLASS OR PITCHER WITHOUT CHECKING WITH NURSING STAFF.
- NEVER OFFER PATIENTS WAITING TO BE SEEN IN THE ER, OR THAT HAVE ARRIVED FOR AN OUTPATIENT PROCEDURE ANYTHING TO EAT OR DRINK. DISCOURAGE PATIENTS WAITING TO BE SEEN IN THE ER FROM EATING OR DRINKING UNTIL AFTER THEY HAVE BEEN SEEN.

45

PATIENT AND RESIDENT SAFETY

- NEVER REMOVE A MEAL TRAY FROM A RESIDENT OR PATIENT'S ROOM WITHOUT STAFF APPROVAL.
- NEVER GIVE A RESIDENT ANYTHING TO EAT OR DRINK WITHOUT FIRST CHECKING WITH A NURSING STAFF MEMBER.
- NEVER ASSIST A PATIENT IN OR OUT OF BED OR TO GO FOR A WALK UNLESS YOU HAVE CHECKED WITH THE NURSING STAFF CARING FOR THAT PATIENT.
- NEVER RUN AN ERRAND AS REQUESTED BY A PATIENT OR RESIDENT WITHOUT FIRST CHECKING WITH NURSING.
- IF ANYTHING CONCERNS YOU ABOUT A PATIENT OR RESIDENT, REPORT IT TO THE NURSING STAFF CARING FOR THAT INDIVIDUAL.

46

EMTALA – EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT

- ▶ EMTALA MANDATES THAT AN APPROPRIATE MEDICAL SCREENING EXAMINATION BY A PHYSICIAN MUST BE OFFERED TO ANY INDIVIDUAL PRESENTING TO THE E.R. FOR EXAMINATION OR TREATMENT OF A MEDICAL CONDITION.
- ▶ EMTALA REQUIREMENTS ARE APPLICABLE TO ANYONE ON SENECA HEALTHCARE DISTRICT PROPERTY INCLUDING, SIDEWALKS, DRIVEWAYS, PARKING LOTS, AND ACCESS ROADS. TO GAIN ASSISTANCE FOR PERSONS OUTSIDE THE HOSPITAL BUILDING, CALL 911
- ▶ EMTALA REQUIRES SENECA HEALTHCARE DISTRICT TO PROVIDE EMERGENCY SERVICES AND CARE WITHOUT REGARD FOR AN INDIVIDUAL'S RACE, ETHNICITY, NATIONAL ORIGIN, CITIZENSHIP, AGE, SEX, SEXUAL ORIENTATION, PREEXISTING MEDICAL CONDITION, PHYSICAL OR MENTAL HANDICAP, INSURANCE STATUS OR ABILITY TO PAY FOR MEDICAL SERVICES.

47

SECURITY GENERAL – AB508

- ▶ ANYTIME YOU FEEL AN INDIVIDUAL MAY BECOME VIOLENT AND/OR IS A THREAT TO THEMSELVES, OTHERS, OR THE FACILITY. CALL AN "AB508" OVER THE EMERGENCY PAGE – AND GIVE THE LOCATION. STAFF SHOULD RESPOND TO THE AREA MAKING THAT CALL.
- ▶ DO NOT HESITATE TO CALL 911 TO GAIN ASSISTANCE FROM LAW ENFORCEMENT, ALWAYS ERR ON THE SIDE OF SAFETY. LAW ENFORCEMENT PRESENCE CAN BE A GOOD DETERRENT TO POTENTIAL VIOLENCE.

48

SENECA HOSPITAL EMERGENCY CODES

- **CODE BLUE** – CARDIAC ARREST
- **CODE PINK** – INFANT ABDUCTION
- **CODE GREEN** – MISSING OR WANDERING PATIENT OR RESIDENT
- **CODE RED** – FIRE/SMOKE
- DISRUPTION OF SERVICES
- **CODE SILVER** – ACTIVE SHOOTER OR HOSTAGE SITUATION
- **CODE YELLOW** – EXTERNAL DISASTER (AT LEAST 4 VICTIMS IN ROUTE TO E.R.)
- **CODE ORANGE** – BOMB THREAT/ SUSPICIOUS OBJECT
- **CODE PURPLE** – HAZARDOUS MATERIALS

49

EXTERNAL DISASTER (PATIENT SURGE) – **CODE YELLOW**

- DEFINITION – 5 VICTIMS FROM ONE INCIDENT.
- A MULTI-CASUALTY INCIDENT WOULD BE 4 VICTIMS OR LESS DEPENDENT OF THE SEVERITY OF INJURIES.
- ER PHYSICIAN DETERMINES THE LEVEL OF DISASTER RESPONSE IN CONJUNCTION WITH THE INCIDENT COMMANDER.
- A FULL CODE YELLOW MAY BE IMPLEMENTED OR JUST A REQUEST FOR ADDITIONAL STAFF IN CERTAIN DEPARTMENTS.

50

CODE YELLOW

- IF AT WORK WHEN THE CODE IS CALLED – REPORT TO YOUR ASSIGNED LOCATION, OR YOUR DEPARTMENT AND AWAIT ASSIGNMENT. FOR THOSE PERSONS WHO DO NOT HAVE A DEFINED ASSIGNMENT REPORT TO THE PERSONNEL POOL IN THE ACCOUNTING AREA (CLINIC BUILDING) AND SIGN IN. YOU WILL BE ASSIGNED AS PERSONNEL REQUESTS ARE MADE BY OTHER DEPARTMENTS.
- REQUEST DIRECTION WHEN NEEDED FROM A SUPERVISOR OR STAFF MEMBER.

51

CODE YELLOW

- IF YOU ARE AT HOME OR OUT OF THE FACILITY WHEN A CODE YELLOW IS CALLED YOU WILL BE CONTACTED (AS NEEDED) BY HOSPITAL STAFF UTILIZING THE DISASTER CALL ROSTER.
- PROCEED TO THE FACILITY IN A SAFE MANNER, ENSURE TO BRING YOUR HOSPITAL I.D. BADGE.
- PARK YOUR VEHICLE AWAY FROM THE HOSPITAL BUILDING EITHER ON A SIDE STREET OR THE REAR PARKING AREA OF THE CLINIC. LOCK UP YOUR VEHICLE AND SECURE YOUR POSSESSIONS.
- REPORT TO YOUR ASSIGNED AREA, OR THE PERSONNEL POOL IN THE ACCOUNTING AREA OF THE CLINIC BUILDING.

52

CODE RED – SMOKE OR FIRE



- IF YOU SEE OR SMELL SMOKE, OR SEE FIRE CALL A CODE RED OVER THE PA SYSTEM IN THE HOSPITAL, AND GIVE THE LOCATION.
- REPEAT THIS TWO TIMES TO BE SURE IT IS HEARD.

53

R.A.C.E. – CODE RED

- R.-REMOVE ANYONE IN IMMEDIATE DANGER UPON NOTICING FIRE OR SMOKE.
- A. -ALERT/ALARM – PULL THE NEAREST FIRE ALARM. ALERT THE FACILITY ON THE EMERGENCY PAGE.
- C. – CALL/CONTAIN – CALL 911 TO REPORT. CONTAIN FIRE BY CLOSING ALL DOORS AND WINDOWS.
- E. – EXTINGUISH/ EVACUATE – EXTINGUISH FIRE IF POSSIBLE. EVACUATE TO THE NEAREST SAFE EXIT.

54

FIRE ALARM AND FIRE EXTINGUISHER LOCATIONS - HOSPITAL

- ▶ FIRE ALARMS – BY:
- ▶ 1. TIME CLOCK REAR HALL
- ▶ 2. DOCTORS LOUNGE (E.R.)
- ▶ 3. LOBBY DESK
- ▶ 4. PATIENT ROOM #6
- ▶ 5. SNF SUPERVISORS OFFICE
- ▶ FIRE EXTINGUISHERS
- ▶ LONG TERM BY ROOM #9 AND ROOM #12.
- ▶ ACUTE BY LINEN CLOSET.
- ▶ E.R. HALL – NEAR SURGERY DOOR.
- ▶ REAR HALL BY LINEN CLOSET
- ▶ OUTSIDE TRIAGE ROOM.
- ▶ PACU AND SURGERY ANTE
- ▶ OTHER LOCATIONS WITHIN DEPARTMENTS.

55

FIRE ALARM AND FIRE EXTINGUISHER LOCATIONS – CLINIC BUILDING

- ▶ FIRE ALARM PULL BOXES
- ▶ SOUTH ENTRANCE BY CONFERENCE ROOM
- ▶ NORTH ENTRANCE BY BOARD OFFICE
- ▶ FOYER – ENTRANCE TO DR. WARE'S OFFICE
- ▶ BUSINESS OFFICE BY PATIENT BILLING LIASION OFFICE.
- ▶ UPSTAIRS IN CLINIC.
- ▶ FIRE EXTINGUISHERS
- ▶ NEAR OR IN EACH PHYSICIAN OFFICE RECEPTION AREA.
- ▶ NEAR EACH PHYSICIAN OFFICE LAB AREA.
- ▶ CENTRAL HALL NEAR STAIRWELL AND OUTSIDE ADMINISTRATION.
- ▶ UPSTAIRS IN MEDICAL RECORDS
- ▶ BUSINESS OFFICE AREA IN ELEVATOR MECHANICAL ROOM.

56

CODE RED RESPONSIBILITIES – VOLUNTEERS - HOSPITAL

- IF YOU LOCATE SMOKE OR FIRE FOLLOW R.A.C.E. PROCEDURES. (GET ASSISTANCE FROM A STAFF MEMBER)
- EVACUATE BY THE NEAREST SAFE EXIT. CLOSING ANY OPEN DOORS AS YOU GO.
- REPORT TO THE FRONT ENTRANCE OF THE HOSPITAL AND AWAIT INSTRUCTIONS TO ASSIST WITH FURTHER EVACUATION AS REQUESTED BY THE CHARGE NURSE.

57

CODE RED RESPONSIBILITIES – LOBBY

- FOLLOW R.A.C.E. PROCEDURES – AND GET IMMEDIATE ASSISTANCE FROM A STAFF MEMBER.
- EVACUATE PATIENTS AND VISITORS FROM LOBBY AREA, AND TRIAGE BY THE NEAREST SAFE EXIT.
- REPORT TO THE FRONT ENTRANCE OF THE HOSPITAL BUILDING.
- ASSIST WITH FURTHER HOSPITAL EVACUATION AS REQUESTED BY CHARGE NURSE.

58

CODE RED - CLINIC AND OUT BUILDINGS

- ANY TIME THERE IS A SMOKE OR FIRE, IN ANY BUILDING OUTSIDE THE HOSPITAL (**ED. BLDG, PT, STAFF HOUSING, CLINIC**) PLEASE RESPOND ACCORDINGLY:
- EVACUATE ALL PATIENTS OR VISITORS FROM THE BUILDING AND REQUEST THEY LEAVE THE PREMISES.
- PERSONNEL SHOULD EVACUATE THE BUILDING CLOSING ALL DOORS AS THEY LEAVE, AND SHOULD REPORT TO THE SNF RECREATION ROOM. NOTIFY ACUTE NURSING AND MAINTENANCE STAFF OF FIRE OR SMOKE SITUATION. COMPLETE RACE PROCEDURES.
- ENSURE SOMEONE IS POSTED OUTSIDE THE BUILDING TO PREVENT ENTRY UNTIL IT IS SAFE. IN THE CASE OF A BOMB THREAT HAVE LAW ENFORCEMENT SET UP AN APPROPRIATE PERIMETER.

59

FIRE EXTINGUISHER USE – P.A.S.S.

- **P.** – *(PULL) THE METAL PIN OUT OF THE EXTINGUISHER.*
- **A.** – *(AIM) STANDING APPROX. 8 FEET AWAY FROM THE FIRE. AIM THE EXTINGUISHER NOZZLE AT THE BASE OF THE FIRE OR OVER THE TOP OF A CONTAINER.*
- **S.** – *(SQUEEZE) SQUEEZE THE HANDLE ON THE FIRE EXTINGUISHER TO DISCHARGE.*
- **S.** – *(SWEEP) SWEEP THE NOZZLE BACK AND FORTH AT THE BASE OF THE FIRE OR OVER THE TOP OF THE CONTAINER UNTIL YOU’VE EXTINGUISHED THE FIRE.*

60

SMOKE AND FIRE DOORS

- ALL DOORS IN THE HOSPITAL AND CLINIC BUILDING ARE SPECIALLY RATED TO HELP PREVENT THE SPREAD OF SMOKE OR FIRE. NEVER IMPEDE CLOSURE OF ANY DOOR WITH EQUIPMENT. THIS INCLUDES PATIENT AND RESIDENT ROOM DOORS.
- SOME DOORS ARE ON AUTOMATIC CLOSURES THAT WORK WITH FIRE SYSTEMS.
- NEVER BLOCK A FIRE DOOR OPEN, ALWAYS ENSURE THAT DOORS ARE FREE AND CLEAR.
- ONCE FIRE DOORS CLOSE DUE TO SMOKE OR FIRE, NEVER PROP DOORS OPEN. ONLY UTILIZE DOORS TO MAKE SAFE EXIT FROM THE BUILDING.
- IF THERE IS A VISIBLE SIX INCH SMOKE LAYER AT THE HEADER OF A FIRE DOOR DO NOT UTILIZE DOORS.

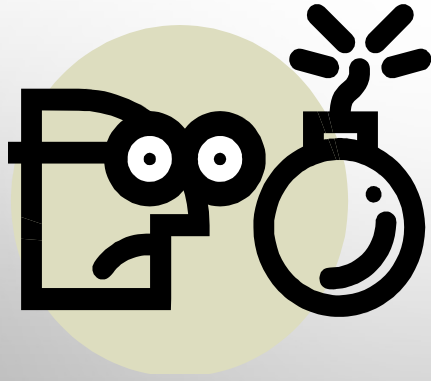
61

CODE ORANGE – BOMB THREAT IF YOU RECEIVE THE CALL.

- ANYTIME YOU RECEIVE A BOMB THREAT VIA THE TELEPHONE THERE ARE 3 THINGS WE NEED TO KNOW IMMEDIATELY:
 - WHERE IS THE BOMB LOCATED? WHICH BUILDING?
 - WHEN IS IT SET TO GO OFF?
 - WHAT TYPE OF DEVICE IS IT?
- IF POSSIBLE GET THE ATTENTION OF ANOTHER STAFF MEMBER AND HAVE THEM START CODE ORANGE PROCEDURES. ALWAYS NOTIFY THE ACUTE NURSING STAFF IMMEDIATELY.
- NEVER START A VEHICLE DURING A BOMB THREAT UNTIL DETERMINED SAFE TO DO SO. STAY OFF THE RADIO AND DO NOT USE CELL PHONES IN THE BUILDING WHERE THE BOMB IS SUPPOSEDLY LOCATED.

62

CODE ORANGE – BOMB THREAT OR SUSPICIOUS OBJECT



- IF THERE IS A BOMB THREAT OR SOMEONE LOCATES A SUSPICIOUS OBJECT, THE BUILDING AFFECTED WILL NEED TO BE EVACUATED IMMEDIATELY. FOLLOW INSTRUCTION PROVIDED BY STAFF TO ASSIST WITH EVACUATION PROCEDURES.

63

SUSPICIOUS OBJECT



- A SUSPICIOUS OBJECT IS ANY PACKAGE THAT CANNOT BE IMMEDIATELY IDENTIFIED.
- DO NOT OPEN, OR TOUCH THE PACKAGE IN ANYWAY. SECURE THE AREA AND FOLLOW CODE ORANGE PROCEDURES.

64

CODE GREEN – MISSING OR WANDERING RESIDENT OR PATIENT

- IF YOU BELIEVE A RESIDENT OR PATIENT IS MISSING, HAVE STAFF ASSIST AND DO A QUICK SEARCH OF THE IMMEDIATE AREA, INCLUDING DIRECTLY OUTSIDE.
- NOTIFY THE NURSING STAFF IMMEDIATELY!
- FOLLOW DIRECTION TO ASSIST WITH CODE GREEN PROCEDURES.
- NOTIFY NURSING STAFF IF YOU FEEL A PATIENT OR RESIDENT MAY BE ATTEMPTING TO LEAVE THE FACILITY.



65

CODE BLUE – RESPIRATORY OR CARDIAC ARREST

- ▶ SHOULD YOU NOTICE ANY PERSON YOU BELIEVE IS IN CARDIAC OR RESPIRATORY ARREST, REQUEST ASSISTANCE FROM NURSING OR OTHER PATIENT CARE STAFF IMMEDIATELY. IN THE HOSPITAL BUILDING PATIENT CARE STAFF WILL CALL A CODE BLUE OVER THE EMERGENCY PAGE AND GIVE THE LOCATION. REPEAT 2 TIMES.
- ▶ IF YOU ARE ALONE OUTSIDE THE HOSPITAL AND NO ASSISTANCE IS IMMEDIATELY AVAILABLE, CALL 911, GAIN ASSISTANCE BY ANY MEANS POSSIBLE, AND IF APPROPRIATE BEGIN CPR.

66

DISRUPTION OF SERVICES – WHAT IS IT?

- PATIENT CALL BELL SYSTEM NOT FUNCTIONING.
- DISRUPTION OF MEDICAL GASSES – MEDICAL GAS ALARM PANEL LOCATED AT EITHER NURSES STATION ALARMING.
- DISRUPTION OF WATER OR SEWER.
- DISRUPTION OF HEAT OR AIR CONDITIONING.
- DISRUPTION OF ANY COMMUNICATION SYSTEM – PHONES, RADIOS, PAGERS, INTERNET, INTERNET BASED FUNCTIONS, ETC.
- ANY DISRUPTION OF A SERVICE OR UTILITY.
- A DISRUPTION OF SERVICES IS – ANY POWER OUTAGE. EVEN IF THE GENERATOR IS FUNCTIONING.

67

DISRUPTION OF SERVICES - RESPONSE

- ANY TIME THERE IS A DISRUPTION OF SERVICES. IMMEDIATELY PROTECT THE SAFETY OF OUR PATIENTS. PROVIDE FOR THEIR NEEDS.
- ASSIST STAFF WITH IMPLEMENTATION OF CONTINGENCY PLANS OUTLINED IN DISRUPTION OF SERVICES MANUAL.
- CALL MAINTENANCE STAFF IMMEDIATELY!!!
- CALL OTHER ASSISTANCE AS NEEDED.

68

EARTHQUAKE – INITIAL SHOCK

- STAY INSIDE THE BUILDING, DO NOT GO OUTSIDE. DO NOT PANIC!
- STAY AWAY FROM ITEMS THAT COULD FALL ON YOU, AND GET UNDER A STURDY TABLE OR DESK.. (YOU CAN USE THE TRIANGLE OF LIFE FOR STAFF AND PATIENTS WHEN AN EARTHQUAKE IS VIOLENT AND LARGE DEBRIS MAY FALL).
- PROVIDE FOR THE SAFETY OF YOURSELF AND PATIENTS/RESIDENTS AS MUCH AS POSSIBLE.

ONCE THE INITIAL EARTHQUAKE IS OVER PLEASE ASSIST THE STAFF IF YOU ABLE IN ASSESSING FOR POSSIBLE INJURIES AND CLEAN UP, BE PREPARED FOR AFTERSHOCKS.

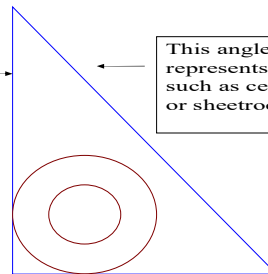
69

TRIANGLE OF LIFE

STOP, DROP, AND HOLD ON – GET UNDER A STURDY PIECE OF FURNITURE COVER YOUR HEAD AND THE BACK OF YOUR NECK WITH YOUR HANDS. IF THERE IS NOTHING TO GET UNDER USE THE TRIANGLE OF LIFE BELOW.

TRIANGLE OF LIFE

This Vertical line represents a wall, the side of a patient bed, etc. The circle represents a person kneeling on the floor with your side pressed firmly against the wall, bed or other large furniture, put your head down to your thighs making a tight ball to protect your vital organs, put your arms tightly over your head and neck, and close your eyes and mouth.



This angled line represents debris, such as ceiling tiles or sheetrock.

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EARTHQUAKE – AFTER THE INITIAL SHOCK.

- BE PREPARED FOR AFTER SHOCKS SOME MIGHT BE SEVERE.
- MOVE PATIENTS AS NECESSARY TO KEEP THEM SAFE. INTERIOR CORRIDORS, AWAY FROM GLASS (WINDOWS) MAY BE A SAFER LOCATION. (ACUTE CORRIDOR – TAKE DOWN PICTURES ETC.)
- BEGIN THE TRIAGE PROCESS IN BOTH PATIENTS AND STAFF – CHECK FOR INJURIES/ GET STAFF ASSISTANCE TO BEGIN ASSESSMENT AND TREATMENT.
- ASSIST WITH CLEAN UP AS NEEDED TO PROVIDE A SAFER ENVIRONMENT.

71

EVACUATION - HOSPITAL BUILDING

- ANY TIME THERE IS A CODE RED OR A SITUATION WHERE THE HOSPITAL MUST BE EVACUATED, NON ESSENTIAL STAFF WILL REPORT OUTSIDE THE FRONT DOOR OF THE HOSPITAL TO ASSIST WITH EVACUATION IF NEEDED.
- THE HOSPITAL WILL EVACUATE PATIENTS TO ANOTHER AREA INSIDE THE HOSPITAL BUILDING, OUTSIDE THE BUILDING OR TO THE CLINIC BUILDING.
- ENSURE THAT A NURSING STAFF MEMBER IS PRESENT TO CARE FOR ANY PATIENT/RESIDENT BEFORE YOU LEAVE THEM AT THE EVACUATION SITE.
- DO NOT ALLOW ANYONE TO REMOVE PATIENTS FROM THE PREMISES UNLESS DOCUMENTATION AND DISPOSITION FORMS ARE COMPLETED BY HOSPITAL STAFF.

72

EVACUATION CLINIC AND OUT BUILDINGS

- ANY TIME THERE IS A SMOKE OR FIRE, BOMB THREAT, ETC., SITUATION IN ANY BUILDING OUTSIDE THE HOSPITAL PLEASE RESPOND ACCORDINGLY:
- EVACUATE ALL PATIENTS OR VISITORS FROM THE BUILDING AND REQUEST THEY LEAVE THE PREMISES.
- STAFF AND VOLUNTEERS SHOULD EVACUATE THE BUILDING CLOSING ALL DOORS AS THEY LEAVE. STAFF SHOULD REPORT TO THE SNF RECREATION ROOM. NOTIFY ACUTE NURSING AND MAINTENANCE STAFF OF FIRE OR SMOKE SITUATION. COMPLETE RACE PROCEDURES.
- ENSURE SOMEONE IS POSTED OUTSIDE THE BUILDING TO PREVENT ENTRY UNTIL IT IS SAFE. IN THE CASE OF A BOMB THREAT HAVE LAW ENFORCEMENT SET UP AN APPROPRIATE PERIMETER.

73

CODE PURPLE – HAZARDOUS MATERIALS

- WHEN YOU HAVE A SPILL OF HAZARDOUS MATERIALS AND YOU BELIEVE IT CAN CAUSE A HEALTH HAZARD.
- HAVE STAFF CALL A CODE PURPLE OVER THE EMERGENCY PAGE REPEAT THE LOCATION 2 TIMES.
- IMMEDIATELY EVACUATE THE AREA. DENY ENTRY.
- NOTIFY MAINTENANCE PERSONNEL AND THE FIRE DEPARTMENT.



74

CODE SILVER – ACTIVE SHOOTER OR HOSTAGE SITUATION

- RUN - HAVE AN ESCAPE ROUTE AND PLAN IN MIND. •
LEAVE YOUR BELONGINGS BEHIND
- HIDE - *HIDE* IN AN AREA OUT OF THE SHOOTER'S VIEW. •
BLOCK ENTRY TO YOUR HIDING PLACE AND.....
- *FIGHT*- AS A LAST RESORT AND ONLY WHEN YOUR LIFE IS IN IMMINENT DANGER.
- WHEN EXITING THE BUILDING ENSURE YOUR HANDS ARE IN PLAIN SIGHT TO ALERT LAW ENFORCEMENT THAT YOU ARE NOT A THREAT.

75

CODE SILVER – ACTIVE SHOOTER OR HOSTAGE SITUATION

ACTIVE SHOOTER OR WEAPON BEING USED

- IF YOU ENCOUNTER ANY INDIVIDUAL THAT IS THREATENING OTHERS WITH A WEAPON, ATTEMPT TO NOTIFY ANY STAFF MEMBER AND IMMEDIATELY LEAVE THE BUILDING BY THE NEAREST SAFE EXIT, OR HIDE IN A SAFE LOCATION. CALL 911 IF IT IS SAFE TO DO SO.

HOSTAGE SITUATION

- IF YOU ARE BEING THREATENED WITH A WEAPON ATTEMPT TO STAY CALM, DO NOT LOOK AT THE WEAPON BUT AT THE INDIVIDUAL, AND DO AS INSTRUCTED.

76

SECURITY AND VIOLENCE IN THE WORKPLACE

- ATTACHED YOU WILL FIND INFORMATION THAT HAS BEEN CONDENSED FROM POLICIES, PROCEDURES, AND PLANS THAT ALLOWS US TO PROVIDE YOU A BRIEF OVERVIEW ON SECURITY MEASURES, AND INFORMATION REGARDING VIOLENCE IN THE WORKPLACE FOR YOUR PERSONAL SAFETY, AND THAT OF OUR PATIENTS, RESIDENTS, AND VISITORS.

77

SECURITY - OBJECTIVES

- **PROVIDE FOR PROTECTION AND SAFETY OF THE PHYSICAL PLANT, UTILITY SYSTEMS, COMPUTER NETWORK, MEDICAL RECORDS (WRITTEN OR ELECTRONIC), COMMUNICATIONS, PATIENTS, RESIDENTS, VISITORS, VOLUNTEERS, AND STAFF.**
- **IMPLEMENT AND PRACTICE REASONABLE PROTECTIVE /SECURITY MEASURES TO DETER POTENTIAL OR ACTUAL THREATS.**
- **COORDINATE STAFF EFFORTS AND EFFORTS WITH LOCAL LAW ENFORCEMENT IN THE EVENT OF A POTENTIAL OR ACTUAL THREAT.**

78

SECURITY GENERAL – AB508

- ANYTIME YOU FEEL AN INDIVIDUAL MAY BECOME VIOLENT AND/OR IS A THREAT TO THEMSELVES, OTHERS, OR THE FACILITY. CALL AN “AB508” OVER THE OVERHEAD PA – AND GIVE THE LOCATION. STAFF SHOULD RESPOND TO THE AREA MAKING THAT CALL.
- DO NOT HESITATE TO CALL 911 TO GAIN ASSISTANCE FROM LAW ENFORCEMENT, EVEN IF JUST ERR ON THE SIDE OF BEING SAFE. PRESENCE CAN BE A GOOD DETERRENT TO POTENTIAL VIOLENCE.

79

SECURITY - DEFINITIONS

- **THREAT** – ANY ACT OR INDIVIDUAL WHO’S PURPOSE IS TO CAUSE DESTRUCTION TO THE PHYSICAL PLANT AND/OR UTILITY SYSTEMS TO CREATE A DISRUPTION OF SERVICES, OR CAUSE HARM TO PATIENTS, RESIDENTS, VISITORS, AND STAFF. (CALL 911)
- **UNAUTHORIZED PERSONNEL OR SUSPICIOUS PERSON**– ANY INDIVIDUAL WHO DOES NOT HAVE A LEGITIMATE REASON TO BE ON THE PREMISES OR WITHIN A BUILDING OR WORK AREA, OR AN INDIVIDUAL WHO DOES NOT HAVE PROPER IDENTIFICATION NAME BADGE OR AN AUTHORIZED VISITORS BADGE WITH A VISIBLE ASSIGNED NUMBER TO ALLOW ACCESS TO THE FACILITY, OR AREA. REPORT IMMEDIATELY TO ANY STAFF MEMBER FOR ASSISTANCE.

80

SECURITY – ACCESS CONTROL

- SENECA HEALTHCARE DISTRICT CONTROLS ACCESS TO ALL AREAS AND EQUIPMENT, INFORMATION, COMPUTER, COMPUTER NETWORK, COMMUNICATIONS, PATIENTS, RESIDENTS, VISITORS AND STAFF IN THE FOLLOWING MANNER:
- **IDENTIFICATION** – STAFF, VOLUNTEERS, CONTRACTED PERSONNEL, AND BOARD MEMBERS ARE PROVIDED WITH A PICTURE NAME BADGE. THIS BADGE SHOULD NOT BE ALTERED IN ANY WAY. YOU MUST WEAR THIS BADGE ABOVE THE WAIST IN AN AREA WHERE ALL PERSONS CAN CLEARLY SEE AND READ IT. QUESTION PERSONS IN SENSITIVE AREAS WITHOUT A NAME BADGE. VISITING CONTRACTORS AND GUESTS SHOULD HAVE AN AUTHORIZED VISITOR BADGE BEFORE BEING ALLOWED TO ENTER THE FACILITY. AUTHORIZED VISITORS BADGES ARE ISSUED AT HOSPITAL ADMISSIONS OR ADMINISTRATION.
- **KEY CONTROL** – DO NOT SHARE OR GIVE YOUR WORK KEYS TO ANYONE. REPORT LOST OR STOLEN KEYS TO MAINTENANCE IMMEDIATELY.

81

EMPLOYEE AND VOLUNTEER VISITORS

- ON DUTY PERSONNEL ARE NOT PERMITTED TO RECEIVE VISITORS EXCEPT IN CASE OF EMERGENCY OR DURING MEAL AND BREAK PERIODS.
- HOSPITAL PERSONNEL VISITORS SHOULD BE REQUESTED TO COME IN THROUGH THE MAIN ENTRANCE AND WAIT IN THE LOBBY.
- CLINIC PERSONNEL VISITORS SHOULD BE REQUESTED TO COME IN THROUGH THE CLINIC WALK IN OFFICE AND REMAIN IN WAITING ROOM.
- VISITORS SHOULD BE INSTRUCTED TO REMAIN IN THESE AREAS OR OUTSIDE THE BUILDING.
- VISITORS MAY BE ALLOWED IN EMPLOYEE DINING AREAS, BUT NEVER BE ALLOWED IN PATIENT CARE, MEDICAL RECORDS, NURSES STATIONS, RECEPTION AREAS, OR ANY AREA WHERE MEDICATIONS OR PATIENT INFORMATION MAY BE ACCESSIBLE.

82

SECURITY – YOUR PART

- QUESTION PERSONS IN SENSITIVE AREAS THAT DO NOT HAVE A NAME BADGE OR AUTHORIZED VISITORS BADGE WITH A NUMBER.
- DO NOT ALLOW ACCESS TO PERSONS NOT AUTHORIZED.
- BE ALERT FOR AND REPORT SUSPICIOUS ACTIVITY BY NOTIFYING A SUPERVISOR, ADMINISTRATION, SAFETY, OR BY CALLING 911.
- BE PROACTIVE AND ATTEMPT TO RESOLVE CONFLICT BEFORE IT ERUPTS INTO VIOLENCE.
- CALL FOR LAW ENFORCEMENT ASSISTANCE WHENEVER YOU REASONABLY ANTICIPATE A THREAT TO ANY PERSON OR THE PREMISES.

83

SECURITY – PERSONAL SAFETY

- LOCK YOUR VEHICLE AND ENSURE THAT PERSONAL ITEMS ARE NOT VISIBLE IN YOUR CAR OR REMOVE PERSONAL ITEMS.
- KEEP VALUABLES WITH YOU OR SECURED IN THE BUILDING.
- BE WATCHFUL FOR SUSPICIOUS ACTIVITY IN THE PARKING AREA WHEN MOVING TO AND FROM YOUR VEHICLE.
- DO NOT ALLOW YOURSELF TO BE ALONE WITH PERSONS WHO HAVE A POTENTIAL FOR VIOLENCE. DO NOT LEAVE ITEMS THAT CAN BE USED AS WEAPONS NEAR THESE INDIVIDUALS.
- BE WATCHFUL FOR PERSONS THAT MAY HAVE WEAPONS ON THEIR PERSON, CALL 911 IF YOU HAVE A CONCERN.

84

SECURITY – PROTECTION OF PATIENT HEALTH INFORMATION.

- IT IS THE LAW THAT WE PROTECT THE RIGHT TO PRIVACY OF EVERY PATIENT'S HEALTH INFORMATION.
- LEGISLATION HOLDS THE FACILITY AND THE INDIVIDUALS INVOLVED CRIMINALLY LIABLE FOR DIVULGING THAT INFORMATION.
- DO NOT UTILIZE A CELL PHONE INSIDE THE HOSPITAL OR CLINIC BUILDING WHILE ON DUTY. PLEASE GO OUTSIDE TO MAKE OR TAKE PHONE CALLS. DO NOT TAKE PICTURES WITHOUT A SUPERVISORS PERMISSION.
- YOU MAY OVERHEAR AND SEE MANY THINGS WHILE IN OUR FACILITY. WHATEVER YOU HEARD OR SAW, PLEASE REMEMBER THAT IT'S NO ONE'S BUSINESS EXCEPT THE PATIENT AND THEIR CAREGIVERS.

85

SECURITY – PROTECTION OF PATIENT HEALTH INFORMATION.

- YOU MAY ONLY REQUEST HEALTH INFORMATION IF YOU ABSOLUTELY HAVE A NEED TO KNOW.
- YOU MAY NOT TELL FRIENDS OR FAMILY WHO YOU SAW AND WHAT YOU HEARD WHILE WORKING IN THE FACILITY.
- WHATEVER HAPPENS AT SENECA, STAYS AT SENECA. DO NOT DISCUSS OR SHARE ANY INFORMATION CONCERNING OUR PATRONS OR PATIENTS. DO NOT POST ANY INFORMATION REGARDING THE FACILITY OR PATIENTS/RESIDENTS ON ANY SOCIAL MEDIA WITHOUT PERMISSION FROM ADMINISTRATION.
- DO NOT ASK PERSONS ABOUT THEIR HEALTH ISSUES WHILE ON DUTY.
- IF THEY VOLUNTEER INFORMATION: LISTEN, BE EMPATHETIC, AND FORGET IT!

86

SECURITY – PROTECTION OF PATIENT HEALTH INFORMATION.

- WE TAKE OUR PATIENT'S PRIVACY VERY SERIOUSLY.
- IF YOU ARE NOT SURE WHAT YOU CAN SAY, THEN GET ASSISTANCE FROM A STAFF MEMBER.
- NEVER DIVULGE INFORMATION AS TO WHO IS A PATIENT IN THE HOSPITAL TO ANYONE. IF YOU WERE A PATIENT, I AM SURE YOU WOULD NOT WANT TO BE THE TOPIC OF, " GUESS WHO I SAW TODAY AT THE HOSPITAL, AND LET ME TELL YOU WHAT I HEARD".
- DIVULGING PATIENT HEALTH INFORMATION IS NOT RIGHT, AND IT'S AGAINST THE LAW.

87

PREVENTING VIOLENCE – OVERVIEW

- A HOSPITAL AND CLINIC ARE UNIQUE WORK ENVIRONMENTS THAT ARE PERCEIVED BY THE PUBLIC AND STAFF TO BE:
 - HAVING MINIMAL ENTRY BARRIERS.
 - A PLACE WHERE VIOLENCE IS NOT EXPECTED
 - HAS A GENERAL FEELING OF SAFETY BECAUSE HEALTHCARE IS PROVIDED
 - THE PUBLIC IS USUALLY THERE BY CHOICE
 - THE STAFF IS SEEN AS CARE GIVERS

88

PREVENTING VIOLENCE – OVERVIEW

- ▶ AS STAFF AND VOLUNTEERS WE HAVE A RESPONSIBILITY TO CONTRIBUTE TO THE CARE, WELFARE, SAFETY AND SECURITY OF OURSELVES, OUR CO-WORKERS, OUR PATIENTS AND ANY ONE WE COME IN CONTACT WITHIN OUR FACILITY

89

WE CAN MEET THIS RESPONSIBILITY BY:

- BEING AWARE OF THE ENVIRONMENT AND POTENTIAL VIOLENT OR DISRUPTIVE BEHAVIOR.
- HAVE A KNOWLEDGE OF PERSONAL AND PATIENT SAFETY MEASURES.
- FOLLOW SECURITY PROCEDURES.
- OBSERVE, IDENTIFY, AND REPORT POTENTIALLY DANGEROUS SITUATIONS.
- KNOW HOW TO DEAL WITH A POTENTIALLY VIOLENT EVENT AND RENDER AID IF NEEDED.
- DO NOT ESCALATE ANY POTENTIAL FOR CONFLICT OR VIOLENCE.
- DO NOT HESITATE TO CALL FOR ASSISTANCE FROM LAW ENFORCEMENT (911) AS THEY CAN BE A DETERRENT TO ESCALATING BEHAVIORS.

90

UNLAWFUL HARASSMENT

- SENECA HEALTHCARE DISTRICT IS COMMITTED TO PROVIDING A WORK ENVIRONMENT FREE OF UNLAWFUL HARASSMENT, POLICY PROHIBITS SEXUAL HARASSMENT AND HARASSMENT BECAUSE OF RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN OR ANCESTRY, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION, MARITAL STATUS, AGE, SEXUAL ORIENTATION, OR ANY OTHER BASIS PROTECTED BY FEDERAL, STATE, OR LOCAL LAW OR ORDINANCE OR REGULATION.
- **ALL SUCH HARASSMENT IS UNLAWFUL.**

91

UNLAWFUL HARASSMENT – WHAT IS IT?

- UNLAWFUL HARASSMENT FOR ANY OF THE REASONS PREVIOUSLY DESCRIBED INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING:
- VERBAL CONDUCT SUCH AS EPITHETS, DEROGATORY JOKES OR COMMENTS, SLURS OR UNWANTED SEXUAL ADVANCES, INVITATIONS OR COMMENTS.
- VISUAL CONDUCT SUCH AS DEROGATORY AND/OR SEXUALLY ORIENTED POSTERS, PHOTOGRAPHY, CARTOONS, DRAWINGS OR GESTURES, INAPPROPRIATE INFORMATION VIA THE COMPUTER INTERNET, OR EMAIL.

92

UNLAWFUL HARASSMENT – WHAT IS IT?

- ▶ PHYSICAL CONDUCT SUCH AS ASSAULT, UNWANTED TOUCHING, BLOCKING NORMAL MOVEMENT OR INTERFERING WITH WORK BECAUSE OF ANY PROTECTED BASIS.
- ▶ THREATS OR DEMANDS TO SUBMIT TO SEXUAL REQUESTS AS A CONDITION OF CONTINUED EMPLOYMENT, OR TO AVOID SOME OTHER LOSS, AND OFFERS OF EMPLOYMENT BENEFITS IN RETURN FOR SEXUAL FAVORS, AND ...
- ▶ RETALIATION FOR HAVING REPORTED OR THREATENED TO REPORT HARASSMENT.

93

UNLAWFUL HARASSMENT - REPORTING

- ▶ IF YOU BELIEVE THAT YOU HAVE BEEN UNLAWFULLY HARASSED, PROVIDE A WRITTEN COMPLAINT TO ANY SUPERVISOR, THE DIRECTOR OF HUMAN RESOURCES, OR THE ADMINISTRATOR AS SOON AS POSSIBLE AFTER THE INCIDENT.
- ▶ THE DISTRICT ENCOURAGES ALL VOLUNTEERS TO REPORT ANY INCIDENTS OF HARASSMENT FORBIDDEN BY POLICY, SO THAT COMPLAINTS CAN BE QUICKLY AND FAIRLY RESOLVED.

94

SEXUAL HARASSMENT/COMPLAINT PROCEDURE

- SENECA HEALTHCARE DISTRICT HAS ADOPTED A FIRM POLICY AGAINST SEXUAL HARASSMENT. EVERY REASONABLE STEP WILL BE TAKEN TO PREVENT HARASSMENT FROM OCCURRING.
- IF YOU BELIEVE YOU HAVE BEEN UNLAWFULLY HARASSED – IF YOU FEEL COMFORTABLE, CONFRONT THE HARASSER AND REQUEST THAT THEY STOP THE UNWANTED BEHAVIOR.
- AS SOON AS POSSIBLE AFTER THE INCIDENT PROVIDE A WRITTEN COMPLAINT TO ANY SUPERVISOR, HUMAN RESOURCES MANAGER, OR THE ADMINISTRATOR.

95

WORKPLACE ANTI-VIOLENCE POLICY

- SENECA IS COMMITTED TO PROVIDING A VIOLENCE FREE WORKPLACE FOR IT'S EMPLOYEES, VOLUNTEERS, PATIENTS AND VISITORS.
- THREATS, HARASSMENT, VIOLENT OR OTHER TYPES OF INAPPROPRIATE BEHAVIOR WILL NOT BE TOLERATED.
- SOME TYPES OF VIOLENCE MAY RESULT FROM SOCIETAL ISSUES. IF THIS OCCURS THE DISTRICT BELIEVES THAT SOME MEASURES CAN BE ADOPTED TO INCREASE SECURITY AND PROTECTION FOR OUR EMPLOYEES. TO ACCOMPLISH THIS WE MUST REQUIRE THE COOPERATION OF ALL STAFF, AND VOLUNTEERS.

96

THREATS OF VIOLENCE- AGGRESSIVE BEHAVIOR

- ▶ EVERY THREAT OF VIOLENCE IS SERIOUS AND MUST BE TREATED AS SUCH. REPORT ANY OF THE FOLLOWING IMMEDIATELY TO ANY STAFF PERSON, SUPERVISOR, HUMAN RESOURCES OR ADMINISTRATION.
- ▶ THROWING OBJECTS, MAKING A VERBAL THREAT TO HARM OTHERS, OR DESTROY PROPERTY.
- ▶ MAKING MENACING GESTURES, EXPRESSING A GRUDGE, DEMENTED OR CONFUSED BEHAVIOR.
- ▶ PHYSICAL ALTERCATION, VANDALISM, HARASSING PHONE CALLS, STALKING OR FOLLOWING, ETC.

97

IMMINENT RISKS OF VIOLENCE

- ▶ IF A VOLUNTEER BECOMES AWARE OF ANY ACTUAL VIOLENCE , IMMINENT VIOLENCE, OR A THREAT OF IMMINENT VIOLENCE, OBTAINING EMERGENCY ASSISTANCE MUST BE A MATTER OF FIRST PRIORITY. IMMEDIATELY GET ASSISTANCE FROM A STAFF MEMBER.
- ▶ THE VOLUNTEER WILL IMMEDIATELY CALL 911 FOR LAW ENFORCEMENT ASSISTANCE.
- ▶ THE VOLUNTEER WILL THEN REPORT TO ANY SUPERVISOR.
- ▶ **VOLUNTEERS MAY REPORT ANY INCIDENTS OF VIOLENCE OR THREATS OF VIOLENCE WITHOUT FEAR OF REPRISAL OF ANY KIND.**

98

ASSAULT AND BATTERY INJURY REPORTING

- ▶ IF A VOLUNTEER IS INJURED DUE TO AN ASSAULT OR BATTERY, AND WHETHER THE INJURY REQUIRED TREATMENT OR NOT FOLLOW THE PROCEDURE FOR REPORTING VOLUNTEER INJURIES AND SUBMIT COMPLETED FORMS TO HUMAN RESOURCES WITHIN 24 HOURS.
- ▶ IF A CONTRACTOR OR CONTRACTED EMPLOYEE IS INJURED DUE TO ASSAULT OR BATTERY COMPLETE AN INCIDENT REPORT FORM AND SUBMIT TO HUMAN RESOURCES WITHIN 24 HOURS. ENSURE THAT CONTRACTED EMPLOYEES NOTIFY THEIR COMPANY OR AGENCY.

99

POST INCIDENT ASSISTANCE

- IF FOR ANY REASON YOU FEEL THAT YOU REQUIRE ASSISTANCE, DO NOT HESITATE TO SPEAK WITH ANY SUPERVISOR YOU MAY FEEL COMFORTABLE WITH, OR HUMAN RESOURCES.
- AFTER CRITICAL INCIDENTS THAT OCCUR AT THE WORKPLACE, HUMAN RESOURCES WILL PROVIDE ASSISTANCE FOR ALL WHO WISH TO PARTICIPATE, AND THOSE DIRECTLY INVOLVED.

100

INCIDENT REPORT - SECURITY

- ▶ ANY INAPPROPRIATE BEHAVIOR, SUSPICIOUS BEHAVIOR OR ACTIVITY, THREAT OF HARM TO THEMSELVES OR OTHERS, POTENTIAL FOR VIOLENCE, A VISITOR WHO IS SUSPECTED OF BEING INTOXICATED OR IMPAIRED BY DRUGS, COMPLAINTS, SUSPICIOUS VEHICLE IN THE PARKING LOT, ETC.
- ▶ COMPLETE AN INCIDENT REPORT. THIS INFORMATION WILL BE UTILIZED TO ASSESS THE NEED TO KEEP CERTAIN INDIVIDUALS AWAY FROM THE FACILITY, ADD SECURITY MEASURES OR EQUIPMENT, ETC.
- ▶ FORWARD SECURITY RELATED INCIDENT REPORTS TO ADMINISTRATION OR SAFETY.

101

WHY DO CONFLICTS OCCUR?

- CONFLICTS OCCUR BECAUSE WE BELIEVE SOMEONE'S ACTIONS WILL PREVENT US FROM FULFILLING OUR NEEDS. ADDITIONAL FACTORS THAT MAY AMPLIFY CONFLICT INCLUDE COMMUNICATION, MISUNDERSTANDING, AND PERSONAL BIAS



102

WHAT DO WE ALL WANT DURING CONFLICT?

- TO BE LISTENED TO!
- TO BE UNDERSTOOD!
- TO BE TREATED WITH RESPECT!
- TO SATISFY OUR NEEDS!

103

CRISIS CYCLE – “TRIGGERING” EARLY STAGES

- EARLY STAGES – PERSON IS UNHAPPY, AND BEGINNING TO ACT OUT VERBALLY, AND IS AGITATED. IF YOU ARE ATTENTIVE TO THIS ESCALATING BEHAVIOR AND RESPOND BY BEING SUPPORTIVE AND EMPATHETIC YOU SHOULD NOT SEE ANY FURTHER ESCALATION, AND GET CONTINUED COOPERATION FROM THE PERSON. ONCE YOU LET THIS OPPORTUNITY GO BY THERE MAY BE NO HOPE OF COMMUNICATING WITH THIS INDIVIDUAL UNTIL THE CRISIS CYCLE IS IN THE RECOVERY PHASE.

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CRISIS CYCLE – ESCALATION

- **ESCALATION – THE INDIVIDUALS POTENTIALLY VIOLENT BEHAVIOR IS BECOMING MORE EVIDENT. THE PERSON IS MORE VISIBLY AGITATED, VERBAL THREATS ARE BEGINNING AND GETTING LOUDER. THE LACK OF APPROPRIATE RESPONSE FROM YOU IS ESCALATING THE SITUATION. REASONING AT THIS TIME MAY NOT BE POSSIBLE.**
- **CALL 911 FOR LAW ENFORCEMENT ASSISTANCE.**

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CRISIS CYCLE – CRISIS STAGE

- **PHYSICAL ACTING OUT (PUNCHING WALLS – POUNDING FISTS, AND PHYSICALLY ASSAULTING OTHERS) IS MOST LIKELY TO OCCUR DURING THIS STAGE. THE EMOTIONAL LEVEL OF THE INDIVIDUAL MAKES RATIONAL COMMUNICATION DIFFICULT. UNLESS THE PROCESS IS BEING ENHANCED BY DRUGS OR ALCOHOL, MOST PERSONS CANNOT SUSTAIN THIS EMOTIONAL LEVEL FOR LONG PERIODS OF TIME.**

106

CRISIS CYCLE – RECOVERY

- CRISIS CYCLE – RECOVERY THE INDIVIDUAL IS CALMING DOWN. MOST OFTEN THEY ARE ALSO PHYSICALLY AND MENTALLY EXHAUSTED. THE PERSON NORMALLY IS REMORSEFUL FOR THEIR BEHAVIOR. COMMUNICATION IS ONCE AGAIN POSSIBLE.



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POST CRISIS “DEPRESSION” PHASE

- THE INDIVIDUAL MAY BE **DEPRESSED** AND EITHER REHASHES THE EVENT AGAIN AND AGAIN LEADING TO BURNOUT OR IF HANDLED IN A RESTORATIVE MANNER, MAKE PEACE WITH ALL INVOLVED.
- LISTEN ATTENTIVELY AND PROVIDE **VERBAL SUPPORT**. ALLOW THE INDIVIDUAL TIME TO VERBALIZE FEELINGS.

108

A GOOD LISTENER!

- ▶ LISTENS AND UNDERSTANDS WHAT IS BEING SAID.
- ▶ ASKS QUESTIONS.
- ▶ IS CAREFUL NOT TO JUDGE.
- ▶ PUTS ASIDE PERSONAL OPINIONS.
- ▶ DOES NOT INTERRUPT.
- ▶ IS ALERT AND INTERESTED.
- ▶ DOES NOT ARGUE ABOUT WORDS AND LISTENS TO MESSAGES.
- ▶ DOES NOT COUNTER-ATTACK AND LOOKS FOR AREAS OF AGREEMENT.

109

CARE

- ▶ **CONCENTRATE** – GIVE THE PERSON YOUR FULL ATTENTION.
- ▶ **ACKNOWLEDGE** – USE NONVERBAL CUES SUCH AS NODDING YOUR HEAD AND MAKE EYE CONTACT.
- ▶ **RESPONSE** – PARAPHRASE BACK TO THE INDIVIDUAL TO BE SURE YOU UNDERSTAND.
- ▶ **EMPATHY** – TRY TO SEE THE PERSON'S REAL OR IMAGINED PROBLEMS THROUGH THEIR EYES. THE MORE YOU UNDERSTAND THE BETTER YOUR RELATIONSHIP CAN BE.

110

REMEMBER !!!!

- ▶ WE ARE HERE TO HELP PEOPLE WHETHER YOU BELIEVE THEIR PROBLEM IS REAL OR IMAGINED.
- ▶ DON'T TAKE IT PERSONAL, DON'T HOLD GRUDGES. DON'T JUDGE.
- ▶ SEPARATE THE PERSON FROM THE PROBLEM.
- ▶ TREAT ALL PERSONS WITH RESPECT, COMMON COURTESY, AND EMPATHY.
- ▶ PATIENT SATISFACTION AND GOOD CUSTOMER RELATIONS IS OUR JOB.
- ▶ BE NICE.
- ▶ LIFE IS 10% OF WHAT HAPPENS, AND 90% HOW YOU REACT TO IT.

111

VOLUNTEERING DURING COVID -19

SENECA HEALTHCARE DISTRICT TAKES THE THREAT OF COVID-19 VERY SERIOUSLY, AND HAS MANY PLANS OR PROCEDURES IN PLACE TO HELP PROTECT THE HEALTH AND WELL BEING OF ALL PERSONS ON THE SENECA CAMPUS AND WITHIN OUR BUILDINGS FROM EXPOSURE TO COVID-19 ILLNESS.

SENECA REQUIRES ALL STAFF AND VOLUNTEERS TO ADHERE TO SOME SIMPLE PRACTICES TO MAINTAIN EVERYONE'S SAFETY. ONE OF THE PRACTICES REQUESTS THAT NO INDIVIDUALS ENTER ANY OF THE SENECA BUILDINGS FOR VOLUNTEER PURPOSES IF YOU ARE UNWELL AND HAVE ANY SYMPTOMS ASSOCIATED WITH INFLUENZA OR COVID-19 ILLNESS AS DESCRIBED ON THE NEXT PAGE.

SEE SOME SIMPLE PRACTICES ON THE NEXT FEW PAGES THAT YOU WILL BE ASKED TO ADHERE TO ANYTIME YOU ARE VOLUNTEERING AT SENECA.

112

VOLUNTEERING DURING COVID -19

- VOLUNTEERS THAT WISH TO WORK IN THE HOSPITAL BUILDING WILL CHECK WITH INFECTION PREVENTION TO DETERMINE IF THERE ARE ANY REQUIREMENTS THAT NEED TO BE MET DUE TO COVID-19 VACCINATION STATUS.
- VOLUNTEERS ENTERING THE HOSPITAL BUILDING MAY DON A FACE MASK SUPPLIED BY THE HOSPITAL AND WEAR IT FOR THE DURATION OF THE TIME SPENT INSIDE THE HOSPITAL, INCLUDING THE LONG TERM/SNF UNIT. MASKS ARE NO LONGER MANDATED UNLESS INFECTION PREVENTION POSTS REQUIREMENTS FOR MASKING.
- VOLUNTEERS WILL BE REQUIRED TO SIGN AN ATTESTATION UPON ENTRY OF THE HOSPITAL BUILDING EACH WORKING DAY STATING THAT THEY CURRENTLY DO NOT HAVE ANY HEALTH SYMPTOMS SYNONYMOUS WITH COVID-19 ILLNESS, SUCH AS COUGH, FEVER, SHORTNESS OF BREATH, CHILLS, SORE THROAT, MUSCLE PAIN, OR NEW LOSS OF TASTE OR SMELL.
- VOLUNTEERS SHOULD NOT ALLOW ACCESS TO ANY INDIVIDUAL THAT IS AT THE FACILITY TO VISIT WITH A PATIENT UNLESS THE NURSING STAFF HAS AUTHORIZED THAT VISIT. THE INDIVIDUAL MUST WAIT OUTSIDE THE SNF/LONG TERM UNIT UNTIL NURSING STAFF ALLOWS ACCESS.

113

INFECTION CONTROL ORIENTATION

- THE MOST BASIC, AND MOST IMPORTANT INFECTION CONTROL TOOL TO PROTECT YOURSELF AND OTHERS IS PROPER AND FREQUENT HAND WASHING!!!!
- **NEVER TOUCH YOUR NOSE, MOUTH, EYES, OR ANY OPEN CUT OR SCRATCH UNLESS YOUR HANDS HAVE JUST BEEN WASHED. DO NOT TOUCH YOUR FACE.**
- ALWAYS CARRY A PAIR OF DISPOSABLE GLOVES IN YOUR POCKET JUST IN CASE. GLOVES ARE LOCATED THROUGHOUT THE HOSPITAL, ANY STAFF MEMBER CAN HELP YOU OBTAIN GLOVES.

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HAND HYGIENE PROCEDURES

HAND WASHING

- USING SOAP AND TEPID WATER, WASH HANDS FOR AT LEAST 20 SECONDS, WASH ABOVE THE WRIST AS WELL.
- RINSE AND DRY WITH DISPOSABLE TOWEL
- TURN OFF THE FAUCET WITH A CLEAN PAPER TOWEL

HAND RUBS

- USE ALCOHOL BASED HAND RUBS, EXCEPT WHEN HANDS ARE VISIBLY SOILED OR IF INJURY OR EXPOSURE HAS OCCURRED.
- RUB HANDS UNTIL ALCOHOL BASED RUB IS DRY BEFORE PROCEEDING WITH ANOTHER TASK.

115

HAND HYGIENE TO PREVENT THE SPREAD OF INFECTION

- ALWAYS WASH YOU HANDS AS YOU ENTER AND UPON LEAVING ANY PATIENT ROOM.
- ALWAYS WASH YOUR HANDS AFTER PATIENT CONTACT. THIS INCLUDES HOLDING HANDS WITH ANY PATIENT OR RESIDENT.
- ALWAYS WASH YOUR HANDS WHEN YOU HAVE TOUCHED SURFACES OR EQUIPMENT THAT MAY BE CONTAMINATED. THIS INCLUDES DOOR KNOBS, AND HAND RAILS.
- CLEAN YOUR HANDS BETWEEN TASKS.

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HAND HYGIENE PROCEDURES

WASH HANDS BEFORE:

- ▶ WORK
- ▶ PATIENT CONTACT
- ▶ PUTTING ON GLOVES
- ▶ EATING
- ▶ TOUCHING YOUR FACE, EYES, NOSE OR MOUTH.
- ▶ PERSONAL TOILET
- ▶ PRIOR TO DONNING GLOVES
- ▶ GOING HOME
- ▶ DONNING A FACE MASK

WASH HANDS AFTER:

- ▶ PATIENT CONTACT
- ▶ REMOVING GLOVES
- ▶ BLOOD OR BODY FLUID CONTACT
- ▶ UNANTICIPATED EXPOSURE EATING
- ▶ TOUCHING YOUR FACE, EYES, NOSE OR MOUTH.
- ▶ PERSONAL TOILET
- ▶ IMMEDIATELY AFTER REMOVING GLOVES
- ▶ IMMEDIATELY AFTER REMOVING OR ADJUSTING A FACE MASK.

117

RESPIRATORY HYGIENE AND COUGH ETIQUETTE

- ALWAYS UTILIZE GOOD COUGH ETIQUETTE AND RESPIRATORY HYGIENE.
- COVER ALL COUGHS AND SNEEZES, UTILIZE A TISSUE IF AT ALL POSSIBLE, BUT THE CROOK OF YOUR ARM WORKS IN A PINCH.
- IF YOU HAVE UTILIZED A TISSUE OR YOUR HAND BE SURE TO IMMEDIATELY WASH YOUR HANDS TO STOP THE SPREAD OF INFECTION.

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RESPIRATORY HYGIENE AND COUGH ETIQUETTE

- TRY TO ENSURE THAT ALL PERSONS IN THE FACILITY PRACTICE RESPIRATORY HYGIENE AND COUGH ETIQUETTE.
- OFFER TISSUES OR MASKS AS NEEDED.
- PLEASE REMIND PERSONS TO WASH THEIR HANDS AFTER COVERING A COUGH OR A SNEEZE.
- ALERT A STAFF MEMBER IF YOU CANNOT LOCATE OR RUN OUT OF TISSUES, MASKS, OR ALCOHOL BASED HAND RUB IN ANY LOCATION WHERE NEEDED.

119

TUBERCULOSIS SCREENING

- TUBERCULOSIS SCREENING IS REQUIRED FOR ALL PERSONS WHO WORK IN A HEALTHCARE SETTING, AND FOR VOLUNTEERS WHO WORK IN THE HOSPITAL BUILDING.
- THIS WILL BE COMPLETED VIA A PPD SKIN TEST.
- THERE IS NO CHARGE TO YOU FOR ANY OF THE TESTING.
- IF THE SKIN TEST IS POSITIVE, DON'T PANIC IT MAY NOT MEAN THAT YOU HAVE TB, HOWEVER A CHEST X-RAY WILL BE REQUIRED TO MAKE THAT DETERMINATION.
- YOU WILL BE ELIGIBLE TO WORK AS SOON AS YOUR TESTS HAVE BEEN COMPLETED, AND YOU ARE CLEARED TO WORK.

120

ISOLATION PRECAUTIONS

- SHOULD YOU NOTICE SIGNS POSTED ON OR NEAR ANY PATIENT DOOR, DO NOT ENTER THAT ROOM. ALWAYS CHECK WITH THE NURSING STAFF CARING FOR THAT PATIENT.
- IN MOST CASES YOU WILL NOT BE ALLOWED TO ENTER ANY ROOM WHERE THE PATIENT IS UNDER ISOLATION PRECAUTIONS.

121

INFECTION PREVENTION PRINCIPLES

- **MICROORGANISMS: AN ORGANISM OF MICROSCOPIC OR SUBMICROSCOPIC SIZE**
 - BACTERIA, VIRUS, FUNGI, PROTOZOAN, PRIONS, PARASITES
 - THEY ARE EVERYWHERE!
 - MOST ARE EVEN HELPFUL. THOSE THAT AREN'T CAUSE:
- **INFECTIONS DISEASE: CLINICALLY EVIDENT DISEASE RESULTING FROM THE PRESENCE OF PATHOGENIC MICROBIAL AGENTS**

THE GOAL OF INFECTION PREVENTION IS TO PREVENT THE SPREAD OF INFECTIOUS MICROORGANISMS!

122

INFECTION PREVENTION PRINCIPLES

- COMMUNICABLE DISEASE: A DISEASE, CAUSED BY AN INFECTIOUS MICROORGANISM, THAT IS TRANSMITTED THROUGH DIRECT CONTACT WITH AN INFECTED INDIVIDUAL OR INDIRECTLY THROUGH A VECTOR
- THAT MEANS IT IS **CONTAGIOUS!**

IN HEALTHCARE WE COME IN CONTACT WITH INFECTED INDIVIDUALS DAILY.

IT IS OUR RESPONSIBILITY TO PROTECT OURSELVES AND OUR PATIENTS FROM INFECTIOUS MICROORGANISMS.

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INFECTION PREVENTION PRINCIPLES

OPIM – Other Potentially Infectious Materials

- BLOOD
- SEMEN
- VAGINAL SECRETIONS
- CEREBROSPINAL FLUID
- SYNOVIAL FLUID
- PLEURAL FLUID
- PERICARDIAL FLUID
- PERITONEAL FLUID
- AMNIOTIC FLUID
- SALIVA
- BREAST MILK
- ANY UNFIXED TISSUE OR ORGAN

In other words, if it is wet and sticky and it isn't yours, don't touch it!

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COMMUNICABLE DISEASE EXPOSURE

WHAT IS AN EXPOSURE?

PERCUTANEOUS INJURY (E.G., A NEEDLE STICK OR CUT WITH A SHARP OBJECT THAT IS CONTAMINATED WITH BLOOD OR BODY FLUIDS) OR CONTACT OF MUCOUS MEMBRANE (EYE, NOSE, MOUTH) OR NONINTACT (CUT, SCRATCH OR BURN) SKIN WITH BLOOD, TISSUE, OR OTHER BODY FLUIDS THAT ARE POTENTIALLY INFECTIOUS.

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COMMUNICABLE DISEASE EXPOSURE

IT IS NOT THE INTENTION OF THE DISTRICT TO PLACE A VOLUNTEER IN A SITUATION WHERE BLOODY OR BODY FLUID EXPOSURES WILL OCCUR, BUT JUST THE FACT THAT YOU ARE WITHIN THE HOSPITAL OR CLINIC SETTING THERE MAY BE A REMOTE POSSIBILITY OF THIS TO OCCUR.

VOLUNTEER POST EXPOSURE RESPONSE – BLOOD AND BODY FLUIDS

- DO NOT PANIC OR FREAK OUT!
- WASH, FLUSH, IRRIGATE THE AFFECTED AREA
- REPORT THE EXPOSURE TO A NURSING STAFF MEMBER ASAP

FACILITY POST EXPOSURE RESPONSE

- YOU WILL BE DIRECTED TO THE ER DOCTOR FOR ASSESSMENT AND POSSIBLE POST EXPOSURE TREATMENT IF DEEMED NECESSARY.

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STANDARD PRECAUTIONS

ASSUME THAT EVERY PERSON IS POTENTIALLY INFECTED OR COLONIZED WITH AN ORGANISM THAT COULD BE TRANSMITTED IN THE HEALTHCARE SETTING AND APPLY THE FOLLOWING INFECTION PREVENTION PRACTICES.

THIS APPLIES TO HOW YOU HANDLE THE PATIENT AND ALL SURFACES/EQUIPMENT/ITEMS THE PATIENT AND YOU ARE EXPOSED TO.