

General Hospital Orientation Module

We are delighted to welcome you to Shady Grove Adventist Hospital and we are pleased to have you chose this Hospital for your clinical experience. In order to make this process possible and to meet certain orientation requirements per The Joint Commission (TJC), you are hereby required to read the following information and follow the specified instructions to fulfill the orientation requirements thereof.

1. Mission of the Hospital:

We demonstrate God's care by improving the health of people and communities through a ministry of physical, mental and spiritual healing.

2. Values: (R.I.S.E.S.)

Respect:	We recognize the infinite worth of each individual and care for the whole person.
Integrity:	We are above reproach in all of our dealings.
Service:	We provide compassionate and attentive care in a manner that inspires confidence.
Excellence:	We provide world class clinical outcomes in an environment that is safe for our patients and care givers.
Stewardship:	We utilize our resources in a manner that ensures the enduring fulfillment of the organization's mission.

3. ID Badges and Parking

All staff must wear an ID badge at all times while in the hospital. If parking on campus, staff must park in the designated employee lots. Failure to comply may result in denied access and the towing of your vehicle. Security staff is not authorized to make exceptions.

To obtain an ID badge form:

Tatyana Fernandez Human Resources SGAH 9711 Medical Center Drive Suite 208 240-826-6339 Badges remain the property of SGAH. Lost badges can be replaced for a fee. If you forget your ID badge, a temporary replacement must be obtained at the Security Office. Security Officers will not grant you access to any area of the hospital without a permanent or temporary ID badge.

Staff will return name badge at the end of their assignment to the Security Department or Human Resources

4. Cafeteria:

We have a cafeteria located near the main lobby of the hospital, which serves most meals during normal hours of operations. We do not serve Pork Products in our cafeteria.

5. <u>Smoking</u>

Shady Grove Adventist Hospital is a tobacco free campus; no use of any tobacco products is permitted on the hospital premises by staff, visitors and students.

6. Policy on Professional Behavior:

- a) It is expected that all staff, patients, visitors, students and contractors will be treated with respect.
- b) All contractors are required to maintain a working environment for everyone that is free of physical and verbal abuse, sexual harassment. As a result, contractors are prohibited from physical and verbal abuse or sexual harassment of any member of the Medical Staff, Hospital employee, patient, students, visitors or anyone else on the hospital campus.
- c) <u>Abusive behavior includes</u>, but is not limited to: attacks leveled at hospital employees or other medical staff members which are personal, irrelevant, or go beyond the bounds of professional comment.
- d) <u>Sexual harassment</u> includes, but not limited to: sexual advances; requests for sexual favors; the taking of any action that may affect any facet of an individual's employment or work retention (such as promotion, assignments, or compensation) on the basis of the individual's appearance; the display of sexually suggestive pictures or objects; foul or obscene language, jokes, or gestures; and any other offensive conduct or suggestive statements having a sexual connotation.
- e) <u>Sexual harassment</u> refers to unwelcome verbal or physical conduct of a sexual nature when submission to such conduct is made explicitly or implicitly a term or condition of an individual's employment or work retention or submission to or rejection of such conduct by an individual is used as the basis for an employment or work retention decision affecting that individual.

- f) **<u>Physical and Verbal Abuse and Sexual Harassment</u>** refer to conduct that has the purpose or effect of either unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.
- g) Any Staff or individual who believes that he/she has been the victim of physical and/or verbal abuse/sexual harassment or who has knowledge of any such behavior should report such conduct immediately to his or her point of contact at Shady Grove Adventist Hospital for investigation and appropriate action.

7. <u>Professional Dress Code</u>

It is expected that that all contractors/employees will exercise good judgment and dress appropriately for their positions. Staff is expected to maintain cleanliness, good grooming and be dressed appropriately while on duty. By accepting a contracting position at SGAH, the contractor agrees to uphold these standards. The guidelines have been established in order to promote safety, professionalism and to develop a sense of confidence in the quality of care we provide to patients.

Supervisory personnel will ensure that appearance standards are understood and are enforced. In the event that appearance standards are not followed, the supervisor will direct the employee to clock out, leave his/her work area and return in appropriate attire. Failure to comply with personal appearance guidelines will result in disciplinary action.

8. <u>National Patient Safety Goals (NPSGs) for Hospitals:</u>

- Improve the accuracy of patient identification
- Improve the Effectiveness of Communication among caregivers
- Improve Safety of using Medications
- Reduce the Risk of Health Care associated infections
- Accurately and completely reconcile medications across the continuum of care.
- Reduce the risk of patient harm resulting from falls
- Encourage patient's active involvement in their own care as a patient safety strategy
- The organization identifies safety risks inherent in its patient population
- Improve recognition and response to changes in a patient's condition
- Universal Protocol The organization meets the expectations of the Universal Protocol

9. <u>HERCULES - Occurrence Reporting System</u>

This is SGAH's incident reporting system. The system is used to report any incident or occurrence that you witness while in the hospital. It is your responsibly to speak to your direct point of contact about an incident and to report it in the HERCULES system.

A) <u>What is HERCULES?</u>

• **HE**althcare **R**eporting **Conduit Utilizing rL** Solutions **Event S**oftware

• Web-based incident reporting system

- Can be accessed from any computer in the hospital that is connected to the SGAH intranet
- Provides an improved way of reporting and analyzing all reported occurrences

B) Access and Login

- Locate the HERCULES link from AHC Intranet home page
- Select SGAH
- Click on submit Incident

C) Report incident

- You will be asked to enter information about the event you are reporting **The information is divided into the following sections:**
- General Incident Information
- Personal Information
- Incident Details
- Specific Incident Details
- Notification
- Incident Summary

Helpful Hints for Data Entry

- Mandatory fields are in red text. These fields must be completed before you can submit the incident report.
- Select the blank option at the top of the pick list to clear an item already selected from the list.
- Date fields have a calendar icon for easy date selection.
- To enter a date as free text, follow the date format prompt to the right of the field.
- The round blue button with a "?" to the right of each field contains an extensive description of the field.
- If you have any questions about incident reporting, contact: Nora Moss Risk Manager Phone: 240-826-6661

10. Infection Control:

- Hand Hygiene Is the single most effective way to prevent the spread of infection. Practice hand hygiene before and after patient care. Using gloves does not eliminate the need for rigorous hand hygiene.
- Please review the attached <u>AHC Hand Hygiene Policy</u> and sign the Hand Hygiene attestation!
- **Handwashing** with soap and water for 15 seconds is required when your hands are visibly soiled after caring for patients.

When to wash hands (soap and water or alcohol-based hand rub):

- Before coming on your clinical rotation
- When hands are soiled
- Before each patient encounter
- Before applying sterile gloves for invasive procedures
- After coming in contact with the patient's intact skin (i.e. taking BP, pulse, moving patient)
- After working on a contaminated body site and then moving to a clean body site on the same patient
- After coming in contact with body fluids, dressings, mucous membranes or handling sputum containers, bedpans, urinals, or catheters for instance
- After contact with medical equipment/supplies in patient areas
- After removing gloves
- After leaving isolation areas
- After toileting
- After blowing or wiping the nose
- Before and after eating
- Alcohol-based handrubs (Purell) Available in all patient rooms for routine decontamination of hands.
- Artificial nails or extenders should not be worn because they are 30 times more likely to harbor pathogens that can lead to nosocomial infections.

TYPES OF ISOLATION:

- <u>AIRBORNE PRECAUTIONS</u> For TB, Measles, Chickenpox and possibly SARS. Student must wear N95 mask or PAPR (Powered Air Purifying Respirator). If patient going for test they must wear a clean patient gown and surgical mask. Keep Patient's door closed at all times.
- DROPLET PRECAUTIONS Includes Influenza, Group A Strep, N. Meningitides, Pertussis. Wear Surgical Mask. If the patient needs to go for a test, they must have on a clean patient gown and surgical mask.
- <u>CONTACT PRECAUTIONS</u> Includes MRSA, VRE, ESBL. Wear Gown and Gloves before entering room at all times. If the patient needs to go for a test, they must have on a clean patient gown.
- <u>CONTACT PLUS DROPLET PRECAUTIONS</u> Any organism that requires contact isolation plus those that involve copious respiratory secretions. MRSA, ESBL, E coli, Klebsiella, Pneum, ESBL Pneum. Wear Gown, Gloves and Mask before entering room at all times. If the patient needs to go for a test, they must wear a clean patient gown and surgical mask.

- ENTERIC PRECAUTIONS C. Diff and Noro-Viruses. Wear Gown and Gloves before entering room at all times. Wash hands with soap & water. If the patient needs to go for a test, they must wear a clean gown and wash their hands with soap and water. If incontinent, patient must wear a clean adult brief.
- ♦ MAXIMUM BARRIER Acinetobacter which is pan resistant (although we are treating all Acinetobacter in this category at present) and Klebsiesella Pneumonia Carbapenemase (KPC). Wear Hat, Gown, Mask, Gloves, and Shoe Covers before entering room at all times. Patients should only leave the room for emergency testing and then they are to wear a clean patient gown and a surgical mask. All wounds must be covered.
- **<u>STOP SIGNS</u>** There are Stop Signs that are to be hung on the door frames of each isolation room with a magnet to indicate that the patient is on isolation.
- <u>Standard Precautions</u> are used for ALL patients at ALL times. Personal Protective Equipment (PPE) should be worn for exposure to blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes.
- <u>Respiratory Hygiene / Cough Etiquette</u> Instruct patients and others to cover their coughs and wash hands or use alcohol-based handrubs after touching respiratory secretions or contaminated objects.
- **Transmission-based Isolation Precautions** are used in addition to Standard Precautions. An isolation sign will be posted on the patient's door outlining what additional barriers are required.

	Gloves	Gowns	Mask	Transport Needs	Patient Placement	Special Equipment
Airborne		Follow Standard Precautions		Patient wears a surgical mask if they must leave the room	Negative pressure room with the door <u>closed.</u>	None
Droplet	Follow Standard Precautions	Standard Precautions	Surgical Mask with eye protection	they must leave	Private room or cohort	Respiratory hygiene packs given to patients in waiting rooms
Contact	Yes	Yes	No	Patient should have clean dressings and a gown.	Private room or cohort	Dedicated patient care equipment (blood pressure cuffs, stethoscopes) or disinfect with germicidal wipes between patients

NOTE: Contact Precautions for patients with multidrug-resistant pathogens cannot be discontinued without consultation with Infection Control.

- Use the available safety devices at all times to be safe.
- Follow Standard Precautions and Hand Hygiene with ALL patients.
- Handle sharps with care and immediately discard into sharps containers.
- Report all needlesticks, cuts, and blood/body fluid exposures <u>immediately</u> by calling the Blood and Body Fluid Exposure Hotline at (240) 676-1279.
- ◆ TB should be suspected in any patient with a persistent cough ≥3 weeks, bloody sputum, night sweats, weight loss, anorexia, or fever.

11. <u>Emergency Code Alerts and Phone Ext:</u>

Code Blue "Adu	ılt" 12 years plus	Cardiac Arrest – Adult	4444	
♦ Code Blue "Chi	ld" 1-12 years	Cardiac Arrest – Child	4444	
♦ Code Blue "Infa	nt" birth to 1 year	Cardiac Arrest – Infant	4444	
◆ RRT	Rapid Response		4444	
 Code Gold 	Bomb Threa	at		4444
 Code Gray 	Elopement			4444
 Code Green 	Combative Person		4444	
 Code Orange 	Haz-mat Spill or R	elease	4444	
 Code Pink 	Infant or Child Ab	duction	4444	
Code Purple	Security Only Resp	onse	4444	
 Code Red 	Fire Emergency		4444	
 Code Silver 	Birth Outside of th	e Labor and Delivery Unit	4444	
♦ Code White	Tornado Warning		4444	

٠	Code Yellow	Emergency or Disaster	4444
۲	Code 4164	Hospital Alert	4444

Material Safety Data Sheets can be found at the following link: (MSDS) on Demand - www.MSDSDirect.com

12. FIRE SAFETY:

Fire safety is everyone's responsibility. The following steps will guide you in how to respond if there is a fire emergency (Code Red).

- When a Fire Occurs:
- **R** Rescue anyone in immediate danger
- **A-** Pull the alarm, call 4444
- **C** Confine Close all doors
- **E** Extinguish (Use good judgment when deciding to fight a fire)
- <u>Steps for using a Fire Extinguisher:</u>
- **P** Pull the Pin
- **A** Aim the extinguisher at the base of the fire
- **S** Squeeze the handle
- **S** Sweep

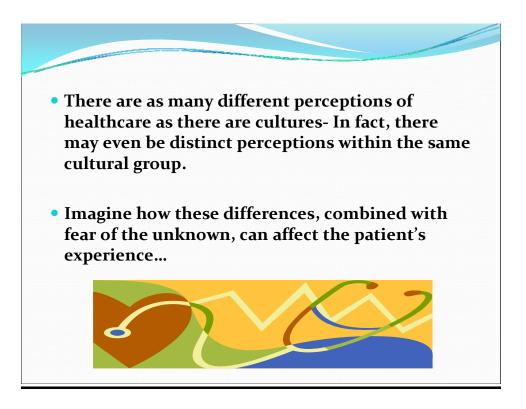
13. HIPAA & Patient Privacy:

- Patients are entitled to confidentiality. The Health Insurance Portability and Accountability Act of 1996, Subtitle F, Public Law 104-191, Section 261, <u>et seq.</u>, govern the release of any patient information, including, in some instances, the very existence of any System records regarding the patient.
- Patient information is only to be released on a "need to know" basis within the Hospital and shall only be used for purposes of patient treatment, billing for patient services, research, education, and other legitimate needs, except where release is required by law. Any releases of patient information shall be in accordance with the Hospital's written policies and procedures. All media and public inquiries regarding patients shall be directed to the Hospital General Counsel or designee. Photographs and other imaging products may not be taken in the facility except in accordance with hospital's policies or with the specific permission of the Regional Director of Communications or designee. When in doubt as to whether releasing patient

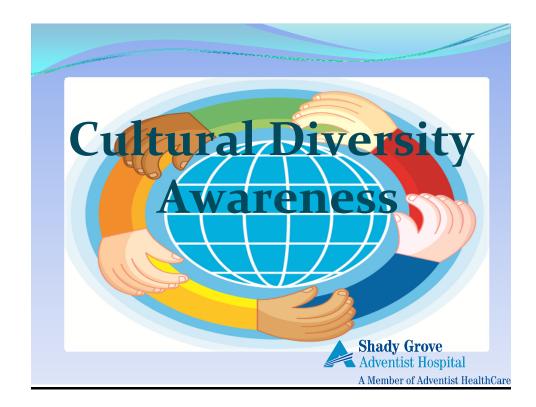
information is appropriate, physicians and employees should err on the side of preserving confidentiality.

- <u>Non-confidential information</u> (defined as the patient's name, address, age, admission and discharge date) may be released without patient authorization to the following only:
 - a. Physicians on staff who are treating the patient
 - b. Extended care facilities direct transfer from the hospital
 - c. Investigative agencies (police, Federal Bureau of Investigation)
 - d. Hospitals in emergency situations (return call to verify identity)

Cultural Diversity







> The Americans with Disabilities Act, Section 504:

"Section 504 states that "no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under" any program or activity that receives Federal financial assistance..."

• "Requirements common to these regulations include;... <u>effective communication with people who</u> <u>have hearing or vision disabilities</u>... Each agency is responsible for enforcing its own regulations."







Active Shooter Policy

ARMED AND DANGEROUS

- Corporate "Armed and Dangerous" or "Active Shooter" Policy – Policy #: AHC 1.25
- Address violence prevention across AHC; assist patients visitors and staff in being prepared to respond to a potentially violent act.
- Three (3) key points to the Policy:
 - > Notify
 - > Barricade
 - Remain Hidden

ARMED AND DANGEROUS

NOTIFY-

- > 911 and Hospital Security by dialing 4444
- Provide vital information to 911 & Security as it relates to the suspect or suspects
- All employee's , visitors and patients will be alerted by an overhead announcement; (Armed and Dangerous Person Alert) An Armed and Dangerous Person has entered the Hospital. Immediately secure yourself and your surrounding area according to lockdown and barricade procedures"

ARMED AND DANGEROUS

Barricade -

- All employees will quickly secure their surrounding areas by either locking and/or barricading all doors, interior and exterior.
- Once barricaded in an area turn off lights and cell phone ringers, get low and remain quiet.

ARMED AND DANGEROUS

<u>Remain Hidden –</u>

> Remain hidden till **ALL CLEAR** is given;

or

- > Until Contacted by Police and directed to move.
- If the police direct persons to move, follow their specific directions given; i.e. "leave the building by a particular door with your hands held over your head, continue out to the side walk with out stopping."



<u>Acknowledgement</u> <u>General Hospital Orientation Module</u>

I (*Name*) have read and reviewed the orientation information and all contents as it relates to orientation guidelines at Shady Grove Adventist Health.

- ___ ID Badges
- ____ Sexual Harassment
- ___ Dress Code
- National Patient Safety Goals
- ____ Occurrence Reporting System (HERCULES)
- Infection Control and Hand Hygiene, Hand Hygiene Attestation
- ___ Emergency Code Alerts
- ____ Fire Safety
- ____ Cultural Diversity
- Active Shooter Policy AHC 1.25
- ____ Patient Rights
- HIPPA and Patient Privacy
- ____ Organization Integrity

Name : ______Signature: _____

Position:

Date: _____