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**Kingsbrook Jewish Medical Center  
Rutland Nursing Home  
Nursing Education, Practice and Research**

**2016 Mandatory Yearly Retraining**

***Revised December 2015***  
***(Includes Infection Control Addendum)***

**Self-Learning Package**



***Next Review Date: December 2016***

***Kingsbrook Jewish Medical Center  
Rutland Nursing Home***

***ORGANIZATIONAL TRAINING AND EDUCATION***

This Mandatory Retraining Self-Learning Package was developed by the Department of Staff Development in conjunction with Nursing Departments, both Acute and Long Term Care, Human Resource Department, Infection Control Department, Facilities Management, Pharmacy Department, Respiratory Department, Employee's Health Services, Patient Relations, Nursing Quality Initiative Department, Food and Nutrition Services, Physical Medicine and Rehabilitation Department, Department of Case Management, Safety/Security Department, Emergency Management and Risk Management.

These modules are mandated by the following Regulatory Agencies:

NYS Department of Health (NYS DOH)

Occupational Safety and Health Administration (OSHA)

The Joint Commission (TJC)

***Directions:***

*A competency exam is located at the end of each chapter. The "Personnel Codes/Training Requirements" page identifies those sections/chapters which must be completed.*

*Place your answers on the answer sheet which is inserted in the Self Learning Package.*

*Sign, include your title and date both sides of the sheet and return to your Manager.*

## Personnel Codes/Training Requirements

Code #1 Non-Union	Code #2 KMSA	Code #3 CIR	Code #4 NYSNA	Code #5 SEIU/1199
Executive Department Head Managerial/Secretarial Clerical Director/Medical Services Professional Technical	Medical Staff Physician Associate Director Assistant Director Coordinator	Interns and Residents Fellows House Staff Physician Dentist Coordinator	Staff Nurse House Nurse UP/DP Case Manager Instructors Clinical Specialist Nurse Anesthetist Nurse Practitioner	Clerical Service/Maintenance Professional Technical Business Office Clerical LPNs CNAs/PCTs Unit Clerks

Chapter	Topic	Required to Complete the Following:				
		Code 1	Code 2	Code 3	Code 4	Code 5
1	Safety					
	A. Fire	X	X	X	X	X
	B. Electrical	X	X	X	X	X
	C. Disaster	X	X	X	X	X
	D. Equipment Management					
	1. Crash Cart		X	X	X	
	2. Defibrillator		X	X	X	
	E. Environmental Safety	X	X	X	X	X
	F. Security	X	X	X	X	X
2	Hazard Communication / Body Mechanics	X	X	X	X	X
3	Infection Control/Bio-Terrorism	X	X	X	X	X
4	Patient/Resident Rights					
	A. Mission Statement	X	X	X	X	X
	B. Advanced Directives	X	X	X	X	X
	C. Latex Allergies	X	X	X	X	X
	D. Pain Management	X	X	X	X	X
	E. Customer Service	X	X	X	X	X
5	Risk Management					
	A. Incident/Occurrence Reporting	X	X	X	X	X
	B. Risk Management	X	X	X	X	X
	C. Documentation	X	X	X	X	X
	D. Professional Misconduct	X	X	X	X	X
	E. HIV Confidentiality					
	F. Sentinel Events/Patient Safety	X	X	X	X	X
	H. New York Patient Occurrence Reporting and Tracking	X	X	X	X	X
	I. Bio-Ethics Committee	X	X	X	X	X
	J. Organ Donation	X	X	X	X	X
6	Corporate Compliance**	X	X	X	X	X
7	Domestic Violence/Victims of Abuse	X	X	X	X	X
8	Restraints/Seclusion	X	X	X	X	X
9	Patient/Family Education/Cultural/Religious Practices	X	X	X	X	X
10	Quality Assessment/Improvement,	X	X	X	X	X
11	Human Resource Policies/Age-Specific Issues	X	X	X	X	X
12	Cultural Competence & Awareness	X	X	X	X	X
13	Information Security	X	X	X	X	X
14	Emergency Management	X	X	X	X	X
**	<b>Module is online as computer based test</b>					

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# Chapter 1: Safety

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## Purpose

This module was designed to review the actions and responsibilities of nursing personnel as it relates to fire, electrical safety and disaster.

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## Objectives

At the completion of this module, the learner will be able to:

1. Recall the actions to be taken if a fire occurs
2. Identify the Local Fire Alarm Station Number for your work area
3. State the RACE procedure, *i.e.*, the four steps to take in the event of a fire on a patient care unit
4. Describe the PASS procedure for discharging a fire extinguisher
5. State the three classifications of fire extinguishers and their use
6. Identify actions to take in the event of a disaster and describe procedures for maintenance of electrical equipment
7. Complete the competency exam

## Emergency Situation Codes

Emergency Situation	Code
Cardiac Arrest	Code 99 – Dial 555
Sepsis	Code 33
Therapeutic Hypothermia	Code Ice
Fire/Smoke Rescue -- Remove any person in immediate danger Alarm – Sound alarm at nearest alarm box Confine – Close all doors and windows Extinguish/Evacuate – Use fire extinguisher	Doctor Red – Pull nearest fire alarm, then dial 555
Potential or actual physical harm in acute care	Assist 13 – Dial 555
Potential or Actual Physical Harm in LTC	Code Plaid – Dial 777
Change in patient's condition/Medical Distress	Code 66 (Recognition & Response Team)
Stroke Code	Code 717
Need for Limited Assistance, <i>i.e.</i> , flood from broken pipe	Limited Assist 10 – Dial 555
Missing child – girl	Code Pink – Dial 555
Missing child – boy	Code Blue – Dial 555
Controlling entrance/exits for medical reasons (Nuclear/Biological/Chemical type incidents)	Code Medical Seal
<b>Disaster Code</b>	You will hear fire alarm bells ring “2222.” All disaster team leaders will respond to the command center (Lefrak Building, 1 <sup>st</sup> floor) for further instructions
Missing/Eloped Patient/Resident	Code Orange
Active Shooter	Code Silver
Emergency/Fire in ventilation Unit in Rutland nursing Home.	Code Purple

### ***New Neurological Deficit***

1. RN staff member notifies resident on duty STAT
2. RN administers oxygen at 2 liters/min., maintains clear airway and begins assessment using the Neurological Flow Sheet (see policy, “Neurological Assessment,” in Nursing P&P Manual)
3. On instructions from resident, the nurse will dial 717 and say “Code 717”
4. RN staff member pages Radiology Technician using stroke pager (operator has pager number). RN and MD transfers patient to Cat Scan
5. RN staff members [from out-patient departments] should notify the Emergency department charge nurse for urgent transport of stroke patient to the Emergency Department. All in-patient units will notify the Critical care charge nurse
6. RN staff member notifies ADN/designee

# Part 1A: Fire

## Fire Plan and Procedures

The fire plan is intended to provide a basic guide for actions to be taken in the event of smoke or fire. The cornerstone of this plan is the notion that the first person to see or suspect a fire should transmit a fire alarm immediately. Neither permission nor approval is ever necessary.

If you smell smoke or the smoke detector sounds, dial 555 and give the location. When the fire alarm sounds 10-1 (smoke alarm) and 10-2 (water flow alarm). This requires that you listen to the fire bell system to determine the location of the alarm.

## RACE Procedure

- **REMOVE** those who may be in immediate danger from smoke and fire!

Rationale: It is most important to separate people from the fire. Therefore, it is necessary to remove the patients or any other person from the room that is on fire as a first step (see patient evacuation techniques).

- **ALERT** others by calling “Doctor Red” aloud and pull the alarm (located on each stairwell on every level). Also dial 555 on any house phone. Once patients are removed, turn off oxygen if in use.

Rationale: KJMC’s fire plan, in compliance with New York City fire codes, requires the person who first observes a fire to pull the manual fire alarm. This does several things. First, it alerts all within the hospital that a fire emergency exists and permits others to determine the location of the fire by counting the tones. Second, it notifies the Quick Response Team of the location of the fire so they can respond to the area and provide assistance. It also tells the Quick Response Team where to bring the fire department when they arrive. Third, it summons the New York City Fire Department to the hospital automatically.

- **CONFINE** the fire by closing the doors to the room.

Rationale: Closing the doors contains the spread of fire, smoke and heat. Place wet linens at base of door to prevent smoke from contaminating the corridor. Toxic smoke can be more dangerous than the flame itself. A closed door creates a fire-rated barrier between you and the fire because it confines the fire in a “compartment.”

For instance, if a fire is in a patient’s room, closing the door to the room will contain the fire in the room for about one hour.

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**NOTE:** The converse is also true. A patient is protected inside his or her room from a fire outside the room for about an hour when the room door is closed. Closed corridor fire doors are added protection to confinement.

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- **EVACUATE** the surrounding area, along a horizontal axis to a safe corridor refuge location. If horizontal evacuation is not possible, evacuate vertically via fire stairs.

Rationale: For inpatient areas the general order of patient evacuation is:

- Ambulatory
- Those who need assistance
- The critically ill

Someone should stay with the patients in the safe corridor refuge area to render care as needed and to prevent them from panicking.

Elevators should not be used for evacuation. Patients should be evacuated horizontally to another area.

**OR**

- **EXTINGUISH:** use the fire extinguishers (ABC types) located throughout our facilities to **PASS – Pull, Aim, Squeeze, Sweep**

**Fire Response**

In the event of a fire, the following steps should be taken:

1. The source of the fire should be located
2. All doors in the immediate area should be closed to minimize access of smoke
3. Activate the closest manual pull station (this will alert the fire department)
4. The Operator should be contacted via ext. 555; give the location of the fire including building, floor and closest stairway
5. Dr. Red will be announced by the Operator

If the fire is in a controlled area and can be extinguished, the PASS system will be implemented:

- Pull pin
- Aim nozzle at base of fire
- Squeeze handle to discharge content
- Sweep in side-to-side motion

In the event of evacuation the stairway is the only means of egress. Never use the elevators. Once the fire is under control the “all clear” signal will be announced by the operator.

**Evacuation Procedures**

When patient evacuation is necessary follow these methods of moving them:

***Horizontal Evacuation***

1. Move patients who are closest to the danger first.
2. Children should be handled like adults.
3. Start moving ambulatory patients toward the nearest and safest protected area. Assign one employee to follow in the rear of each patient group. Do not leave ambulatory patients without guidance – this will minimize the potential for panic.
4. Move wheelchair patients to a safe area on the same floor. Return chairs for additional patients.
5. Move helpless patients via stretchers. If stretchers are unavailable, use the cradle drop method to place a patient on a blanket that has been set on the floor. Then pull the patient out along the floor to a safe location. If blankets are unavailable, use sheets (double-folded) or bedspreads to drag patients to safety.

***Vertical Evacuation***

1. Lead ambulatory patients up or down the nearest and safest protected exits/stairway. Refuge should normally be found one floor below the disaster or fire. However, if time permits, evacuate patients two floors downward. In all situations, patients should be evacuated by means of fire exits, not elevators!
2. Non-ambulatory and helpless patients should be moved down stairways by means of emergency personnel carries. The recommended stairway or fire escape carries are the two-man swing carry or the three-man and four-man blanket carries.

***Non-Ambulatory Patient Evacuation: Two Person Technique***

1. Remove top sheet/blanket from the bed
2. Loosen bottom sheet around mattress
3. Roll both sides of the bottom sheet parallel to patient's arms and legs
4. On one side of bed, position one nurse at the head and another nurse at the feet of the patient. In sequence grab both sides of rolled sheet and lift patient to edge of bed.
5. Holding onto the rolled sheet edges, the nurse positioned at the feet lowers the patient's legs over the edge of the bed. Then the nurse at the patient's head lowers the patient's shoulders onto nurses' thighs. (The nurse at this position bends her knees using her thighs as a slide, so the patient is eased down from the bed and slides onto the floor.)
6. Once the patient is on the floor, the nurse at the feet releases the sheet and the nurse at the head position drags the patient to an area of refuge.

***Non-Ambulatory Patient Evacuation – One Person Technique***

1. Remove top sheet/blanket from the bed
2. Loosen bottom sheet around mattress
3. Wrap the patient's legs with the sheet, mummify the leg area
4. Roll both sides of sheet parallel to patients' arms and head
5. Slide patient to edge of bed and lower legs over the edge
6. Hold onto both rolled sheet edges and slide the patient's shoulders onto nurse's thighs (the nurse bends her knees using her thighs as a slide so the patient is eased down from the bed) and slides the patient onto the floor
7. Once the patient is on the floor, the nurse drags the patient to an area of refuge

**Operation of a Fire Extinguisher**

There are four basic steps to operating a portable fire extinguisher. An easy way to remember the procedure is to think of the word "PASS."

- **Pull the pin:** Hold the extinguisher with the nozzle pointing away from you. Release the locking mechanism (in most cases this means pulling out the pin located below the trigger).
- **Aim the nozzle:** Point the extinguisher nozzle at the base of the fire, the lowest point of the fire nearest you. Extinguishers are designed to be operated in an upright position; avoid cradling or holding at an angle.
- **Squeeze the handle:** Squeeze the trigger slowly and evenly to release the extinguishing agent.
- **Sweep side to side:** Sweep the nozzle from side to side to extinguish the fire. As the fire closest to you goes out, you may move closer to the fire and continue the sweeping motion until the fire is extinguished.

Even after the fire appears to be extinguished, watch the area until help arrives. If the fire breaks out again and you have not fully discharged the extinguisher, repeat the process. If you cannot extinguish the fire completely or perceive you cannot extinguish the fire, leave the area immediately, closing the door as you leave.

## Portable Fire Extinguishers

### Classification of Fire Extinguishers

- “Class A” fires involve “ordinary combustibles” such as wood, paper, linen, mattresses and waste containers.
- “Class B” fires involve flammable liquids such as oils, greases, chemicals, flammable gasses and plastics.
- “Class C” fires involve electrical equipment, appliances, medical equipment, electrical wiring, fuse boxes or circuit breakers. This indicates that the extinguisher can be used on electrical equipment without receiving an electric shock.

If all three symbols (A, B and C) are shown, the extinguisher is rated for use in all types of fires.



However, a red slash through any of the classification symbols tells you an extinguisher can be dangerous if it is used on that type of fire. In this example, the extinguisher could be used on ordinary combustibles and flammable liquids fires, but not for electrical equipment fires.



## Oxygen Safety

Oxygen itself does not burn but its presence will support combustion and allow materials to burn that would not ordinarily burn at room temperature. Since oxygen and fuel (any combustible material) is always present, the best means to reduce fire hazards is the elimination of the source of ignition. Therefore, the following safety precautions should be observed when using oxygen:

1. Electrical equipment should be plugged in and running before oxygen flow is started.
2. All oxygen connections should be checked to be sure they are tight and not leaking.
3. Alcohol, ether or flammable liquid must not be used in the vicinity of oxygen use.
4. Avoid dropping clothing or linens onto oxygen lines, cylinders or equipment, since fabrics saturated with oxygen ignite easily.
5. Any source of ignition must not be allowed into an area where oxygen is used, *e.g.*, electrical equipment which arcs or sparks, sparking toys in a pediatric area.
6. Enforce KJMC’s no smoking policy at all times. A fire caused by lighting a cigarette in the presence of oxygen-enriched materials (such as sheets, blankets, etc.) could immediately engulf the patient.
7. When possible, oxygen should be discontinued during the defibrillation of a patient.
8. Oxygen cylinders must be secured upright in stands or on a dolly when not in use.
9. If the wall oxygen system or a portable oxygen tank is leaking, page Respiratory as soon as possible. DO NOT use the oxygen.
10. If oxygen is leaking in a patient’s room or storage area, DO NOT disconnect or turn on any electrical equipment – this will help avoid any potential ignition source.

11. The fire department will make the decision to turn off the oxygen to patient rooms; the KJMC designee (nurse, respiratory tech, etc.) will turn off the oxygen as instructed by the fire department, being aware of where the zone valve(s) are located on the unit.

## Part 1B: Electrical Safety

### Electrical Shock

- ELECTRICAL SHOCK occurs when a source of voltage is present on the case and/or a power cord of a piece of equipment due to malfunction.
- A MACROSHOCK is caused by exposed wires, a defective electrical plug or power cord or an internal electrical short.
- MICROSHOCK is caused by a relatively small current on the metal case or connector of the instrument due to equipment design and not necessarily indicating malfunction. Patients vulnerable to microshock include: patients with moist or wet skin, small children, sick adults and patients in a wet environment.

You can protect patients by ensuring that equipment has three-wire power cords and three-pronged plugs.

### Common Hazards

- Patients' Personal Equipment: Patients may not use their own equipment unless it has been checked by the Biomedical Engineering Department.
- Unapproved Extension Cords: Avoid use of extension cords at all times. If an extension cord must be used, ensure that it has been checked by the Biomedical Engineering Department.
- Two to Three-Pronged Adapters: These "cheaters" are prohibited at KJMC. Their use causes elimination of the ground wire in the power plug, increasing the probability of being electrocuted.
- Faulty Equipment: If you have reason to believe that a piece of equipment is faulty, immediately attach a BioMed Service Requisition form and call the Biomedical Engineering Department for service.

### Precautions for Preventing Electric Shock

1. Close monitoring of all common hazards
2. Check for signs of liquid spillage
3. Use three-pronged electrical plugs only
4. Check for the presence of the Biomedical Engineering safety tag
5. Become thoroughly familiar with the procedures for proper use of equipment

### In Case of Accident

1. Unplug the faulty equipment
2. Render help to the electrocuted person
3. Call Biomedical Engineering for assistance
4. Safely rescue and revive the victim



## TJC and Electrical Safety

According to TJC, every piece of medical equipment (patient and non-patient-related) should undergo a safety check at least annually. A record of these checks should be kept by the user and by Biomedical Engineering.

## Cellular Telephones and Radio Transmitters

In order to ensure patient safety and eliminate the possibility of radio frequency (RF) interference with clinical equipment, KJMC will not allow the use of cellular telephones and will control the use of radio transmitters.

Two-way radios are not to be used within three feet of active patient monitors. A two-way radio may be used to receive, but not to transmit, from an area with active patient monitors (including transport monitors).

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## Part 1C: Disaster Plan

### Definition and Classification of Disasters

A disaster is defined as an abnormal patient load, resulting from a common cause, admitted to Emergency Services and requiring staff and resources beyond that usually available at Emergency Services at that time.

Disasters are classified as follows:

- **External Disaster:** Disasters occurring outside of KJMC facilities such as a disaster may result from such events as a building or bridge collapse, an airline crash, a major subway or bus accident or a major fire.
- **Internal Disaster:** Disasters occurring insider KJMC facilities such as an in-hospital fire, bomb threat or major utility failure.

### Disaster Alert

In the event of an External Disaster, the KJMC operator will make announcements via the overhead page system.

The fire alarm will sound “2222.”

### Internal Disaster Plan

In an Internal Disaster situation, patients will be triaged at the site of the disaster and then accompanied by a physician or nurse to the Emergency Department or Ambulatory Care area where treatment will continue.

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## Part 1D: Equipment Management

### Crash Cart/Box Checklist

On every shift, the nurse uses the crash cart/box checklist to document the integrity of the lock on the crash cart. Every shift, the nurse ensures that:

1. The crash cart is present
2. The crash cart Is locked
3. The equipment stated on the sheet is indeed present
4. The defibrillator is functionally checked with the plug out

In the event that the crash cart is used, the date of use is noted on the checklist. Immediately after use, the cart must be replaced with a fresh cart from Central Supply. The emergency drug boxes are returned to pharmacy for exchange.

## Defibrillator Safety and Maintenance

The RN, LPN and physician are responsible for safe operation and maintenance of the cardiac defibrillator.

The operational checks are performed with the plug out at the beginning of each shift following manufacturer's guidelines. The checks are documented as part of the crash cart checklist.

The physician or nurse with Automatic External Defibrillator (AED) on the unit will defibrillate the patient. Only the physician may cardiovert, pace patients and use "paddle" mode to defibrillate the patient.

Staff and patient safety is imperative during the defibrillation process:

1. Staff must report frayed wires
2. Patient's chest must be dry
3. The floor must be dry
4. Staff must stand well away from the patient's bed or electrodes
5. The person defibrillating must clearly announce, "Stand Clear!"
6. The oxygen source must be removed

After use, with the power off and unit unplugged, the defibrillator paddles must be cleaned with a damp cloth.

Operational malfunction of the unit must be reported immediately to Biomedical Engineering and the unit must be returned to Central Supply for exchange.

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## Part 1E: Environmental Safety

### Dietary/Pantry Refrigerators

The Food and Nutrition Services Department will check and record temperatures on the Nursing Unit pantry refrigerators using the Temperature Log Sheet on a daily basis. The Facilities and Nursing departments will be contacted whenever a temperature is above 41° F. All foods will be discarded if this should occur.

### Temperature Ranges

Temperatures are checked daily.

Equipment	Acceptable Temperature Range
Pantry/Dietary Refrigerators	41° or below
Medication Refrigerators	36° – 45° F
Refrigerator for Blood in the OR	40° – 44° F

### Out-of-Range Temperatures

- The pantry refrigerator temperature, when out of range, will be reported immediately to the Facilities Department
- Refrigerators for Blood in the OR, when out of range, will be reported immediately to the Engineering Department. Engineering notifies the Blood Bank whenever the temperature increases or decreases.

- Laboratory employees should refer to the KJMC Policies and Procedures for laboratories for information on lab refrigerator temperature ranges and reporting requirements.

## References

“Blood Bank in OR,” December 1999.

“Pantry Refrigeration Temperature Checks,” November 2001.

“Refrigerators on Nursing Units,” April 2002, Nursing Policy and Procedure Manual.

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## Part 1F: Security

The security procedures for KJMC/RNH are as follows:

1. A visible security presence in the hospital helps to reduce crime and increase the feeling of security on the part of patients, visitors and staff.
2. Patrol buildings and property to identify and document potential or actual problems.
3. Limit access to grounds, buildings and sensitive areas by enforcement of staff identification. Picture ID cards must be worn or displayed at all times.
4. Identification of visitors will be accomplished by requiring sign-in and by issuance of passes that must be worn on visitors' outermost layer of clothing.
5. Lockdown of all exits and entrances occurs from 6:00 p.m. to 6:00 a.m., Monday through Friday. All entrances are manned by a security officer and work with a buzzer system during these times. This is also a precaution against patient/resident elopement.
6. Security Incident Reports are prepared for the following situations:
  - Property damage
  - Personal injury (other than employee or patient)
  - Breach of security
  - Safety or fire hazards
  - Violation of KJMC's policies
  - Criminal acts by an individual
  - Theft of property
  - Acts of violence
  - Investigations by outside agencies (law enforcement agencies, OSHA, etc.)
7. Infant/child abduction plan:
  - Dial 555
  - Code blue for a boy; code pink for a girl
  - Notify security IMMEDIATELY!

The Security Department will work closely with the local police and fire departments to make the facility a safer place.

<b>Environment of Care Policy &amp; Procedures Manual</b>	<b>Safety &amp; Security Management</b> <b>Subject: Policy on Active Shooter on Campus</b> <b>"Code Silver"</b>
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**OBJECTIVE:**

To provide an immediate and effective response to an active shooter event on the Kingsbrook Jewish Medical Center facilities or its grounds.

**PURPOSE:**

This policy outlines recommendations for staff members to follow during an Active Shooter (Code Silver) event within The Kingsbrook Jewish Medical Center facilities or its grounds. This policy is consistent with the recommendations published by the United States Department of Homeland Security and is in keeping with other Kingsbrook Jewish Medical Center policies surrounding high risk security events. Active Shooter situations are unpredictable and may evolve quickly (often over within 10 to 15 minutes). This policy provides general response guidance for staff members. Immediate deployment of law enforcement is required to stop the shooting and victim harm.

Directions provided by law enforcement, upon arrival, should be followed exactly.

**DEFINITIONS:**

A. Active Shooter - An **active shooter** is defined as

"... an armed person who has used deadly physical force on other persons and continues to do so while having unrestricted access to additional victims."

[1] The definition includes so-called "snipers," but not usually suicide

bombers. **Active shooters** have caused a paradigm shift in law enforcement training and tactics, especially as these persons do not necessarily expect to escape or even survive these situations.

B. Hostage - A **hostage** is a person or entity which is held by a captor.

C. Code Silver-When used in this policy the term "**Code Silver**" means an individual or multiple people actively engaged in killing or attempting to kill people in a confined and populated area.

**POLICY:**

It is the policy of Kingsbrook Jewish Medical Center to provide a safe, caring and compassionate environment for all whom enter our facilities. In order to preserve life and address the reality of an active shooter event, these guidelines have been established to guide our response to this event to maximize survivability.

**PROCEDURES:**

The intent of most active shooters is to harm or kill as many people as quickly as possible. In order to save lives, the New York City Police Department will initiate an immediate response.

Active shooters do not take hostages.

1. Upon discovery of an active shooter situation, notify: Telecommunications at Extension 0 (Internal) and (718)604- 5000(External). They will conduct an overhead announcement of a Code Silver and location. If possible, call 911.

2. Upon hearing a "Code Silver" overhead page; employees shall **Shelter in place**. If possible, barricade door and/or hide. **DO NOT** go to the area specified in "Code Silver".

3. Safety/Security will institute a **Lockdown** of the Hospital. No one shall enter the building unless they are a member of the Police Department or Law Enforcement agency involved in the incident.
4. Safety & Security Officers will meet and guide New York City Police officers as appropriate. The goal of law enforcement is to locate, isolate, and neutralize the shooter as quickly as possible to prevent additional deaths or injuries.
5. Safety & Security Officers will attempt to track the active shooter using CCTV and Panic alarms being activated or phone calls being received by Telecommunications.

#### **Clinical/Medical Staff Response in Patient Care areas-Shelter in Place**

1. Clinical/Medical staff and support staff in patient care areas will remain calm and calm the fears of patients and visitors.
2. Clinical/Medical Staff will suspend all discharges, non-urgent medical procedures, and other non-urgent patient movement during the incident.
3. Clinical/Medical Staff, patients, and visitors will be directed to patient rooms or other adjacent rooms, close the door and attempt to barricade the doors.
4. If possible, consider locating into the bathroom and locking the door, stay as low to floor as possible and remain quiet and still.
5. Do not flee from the area or leave the facility unless instructed to do so by law enforcement or to protect oneself from imminent danger.
6. If Clinical/Medical staff can safely call Telecommunications (718)604-5000 using a cell phone, or phone (to call 911) from the area where they are concealed they should do so and provide the following information:
  - a. **Description of suspect and possible location.**
  - b. **Number and types of weapons.**
  - c. **Suspect's direction of travel.**
  - d. **Location and condition of any victims.**
  - e. **When calling 911, if possible leave the line open if you cannot speak or if you leave the area. This gives law enforcement "open listening" to the area.**
7. An "All Clear" Code Silver will be announced overhead when the situation has been resolved. All Clear announcement will only be authorized after a **face to face** meeting from New York City Police and the Hospital Incident Commander to the Hospital Telecommunications Operator is conducted.
8. Take action against the active shooter. As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:
  - a. Acting as aggressively as possible against him/her.
  - b. Throwing items and improvising weapons.
  - c. Yelling.
  - d. Committing to your actions.

#### **Non-Clinical Staff Response in Non-Clinical Areas, physicians, and others-Shelter in Place**

1. Non-Clinical/Medical staff and support staff should remain calm, and calm the fears of others.
2. Non-clinical staff, patients, students, contractors, vendors, and others should immediately proceed to areas that can be locked.

3. Individuals are to stay as close to the floor as possible, using office furniture available as cover.
4. Individuals should remain quiet and still. Silence your cell phone or pager.
5. Individuals will remain behind closed or locked doors until rescued by New York City Police or they hear an "all clear" Code Silver announced overhead.
6. Do not flee from the area or leave the facility unless instructed to do so by New York City Police or to protect oneself from imminent danger.
7. If Staff can safely call Telecommunications (718)604-5000 using a cell phone, or phone (to call 911) from the area where they are concealed they should do so and provide the following information:
  - a. **Description of suspect and possible location**
  - b. **Number and types of weapons**
  - c. **Suspect's direction of travel**
  - d. **Location and condition of any victims**
  - e. **When calling 911, if possible leave the line open if you cannot speak or if you leave the area. This gives law enforcement "open listening" to the area**
8. An "All Clear" Code Silver will be announced overhead when the situation has been resolved. All Clear announcement will only be authorized after a **face to face** meeting from New York City Police or the Hospital Incident Commander to the Hospital Telecommunications Operator is conducted.
9. Take action against the active shooter. As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- a. **Acting as aggressively as possible against him/her.**
- b. **Throwing items and improvising weapons.**
- c. **Yelling.**
- d. **Committing to your actions.**

**Evacuation:**

A partial or full evacuation may be ordered based on the situation specifics, and when it is deemed safe to do so. The order to evacuate will be given by the following individuals; The Hospital Incident Commander or a Law Enforcement Officer. Staff is reminded to keep their hands above their heads, free of objects and open palms facing the responding agency members.

**Administration:**

1. Institute the Hospital Incident Command System (HICS) as soon as possible in the administration board room 1 (*If safe to do so*).
2. HICS team to alert triage team on possible number of injuries.

**Safety/Security Response****Main Campus**

1. Safety/Security will immediately respond in a safe manner to contain and/or isolate the suspect(s) within the area that the call came from, if possible.
2. Safety/Security will only set up an interior perimeter. They will then wait for New York City Police to arrive and take over the situation in coordination with the Safety/Security Department.

3. Safety/Security will immediately call the Administrator on Call, the Director of Safety & Security and Nursing Supervisor and advise them of the situation. Based upon the situation at hand, a recall of all off duty Safety and Security officers may be completed.
4. Safety/Security will meet with New York City Police to assist in guiding them to the scene. New York City Police will take over the incident.
5. Safety/Security will give New York City Police THE Kingsbrook Jewish Medical Center **"Go Kit"** Containing: 6 Activated All Access Cards; Complete Set of Hospital Life Safety Drawings; Thumb Drive containing Life Safety Drawings and 2 Portable Radios on Safety/Security Channel. Go Kit is located in Command Center. Backup Go Kit located in Safety/Security office.
6. Negotiations with the suspect(s) will not be conducted by members of Safety/Security or the hospital.
7. At the conclusion of the Code Silver, security will complete an incident report.

### **Hospital Incident Command System:**

The nature and duration of a Code Silver may preclude the activation of the Hospital Incident Command System (HICS) during the event. However, as soon as the active shooter is neutralized, the HICS will be activated and the Hospital Command Center opened to address the after-action issues.

### **Post Event Activity**

1. The HICS team shall focus on the following items during the Recovery phase:
  - a. Patient and Staff accountability
  - b. Facility Perimeter Control & Media Access
  - c. Damage Assessment & Repair
  - d. Cleanup
  - e. Incident Debriefing
2. The Director of Safety & Security will conduct a critique of any Code Silver event and include New York City Police to evaluate the Code Silver response, policy and procedure, and other issues.
3. An After Action Report (AAR) will be completed by the Director of Emergency Management.

### **Training:**

All staff shall receive in-service training on this policy as soon as possible after implementation, at time of employment and at annual refresher training.

### **Critical Incident Stress Management:**

The Incident Commander will ensure that the Critical Incident Stress Debriefing Team is notified to provide with the necessary intervention related to psychological trauma of the event, within 48 to 72 hours.

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## **Code Orange (Patient/Resident Elopement)**

### **Patient/Resident Elopement:**

The first step in elopement prevention is to identify patients/residents who may be at risk to wander or elope. Elopement risks are generally greatest in the first 72 hours following admission. It is important, therefore, to recognize those characteristics that can be used to identify a resident as a risk to wander or elope during the initial assessment. All clinical and Security Officers will be competenced on the Administrative policy on Elopement.

A missing patient/resident can be a significant loss exposure as well as an emotional event for staff and family. Being prepared to respond to a missing patient/resident emergency is as important as preparing for other emergencies. Kingsbrook Jewish Medical Center has protocols in place and is committed to providing appropriate staff training so that

reacting to this form of emergency will be efficient, orderly and effective. All employees have a role in safeguarding wandering/elope patients/residents and should be familiar with the medical center's Elopement policy, as is necessary. Regardless of your role at the medical center, all employees need to understand the following rules for safeguarding our patients/residents:

**In the event a patient with a yellow gown or wanderer is found outside of the assigned unit/floor:**

Any staff member who observes a non-escorted, confused or previously identified wandering acute patient (Yellow Gowned)/resident attempting to leave the premises or wandering will engage the patient/resident in order to determine the individual's appropriate unit/floor. Should the attempt fail to find their appropriate unit of origin, the staff member shall obtain assistance by dialing 555 and calling a CODE ORANGE.

Other staff members in the immediate vicinity should be commandeered to assist in the management of the patient. Staff members are not to leave the patient/resident alone for any reason and should make every effort to hand off the wanderer/elopee to another coworker before making the 555 code orange call.

**When a Patient/Resident is determined to be missing:**

When a Patient/Resident is determined to be missing from their assigned unit/floor, Security must be notified by calling ext. 5708. Security should be provided with:

- a. Clinical risk status of patient/resident , *e.g.* whether any psychiatric, unstable medical illness or communicable disease concerns
- b. A description of the physical characteristics of the patient/resident. Security may request staff to identify patient through review of the videotape
- c. Description of clothing patient/resident was wearing when last seen
- d. When and where the patient/resident was last seen.

When a Patient/Resident is determined to be missing, the Nursing Supervisor, Administrator on Duty should be notified immediately. The Nursing Supervisor will ensure that the elopement is communicated to the *patient's attending* physician. The Administrator on Duty, in conjunction with Nursing Administration, determines if the Incident Command Center should be activated. The Nursing Supervisor and Security Supervisor will collaborate to determine whether NYPD needs to be notified.



# Competency Exam:

## Chapter 1

### Safety

Question	Select the correct response:
1. When reporting a fire, what number should you dial?	a. 1500 b. 1600 c. 555 d. None of the above
2. When reporting a fire to the KJMC operator, which of the following examples would be an appropriate statement?	a. "Help, there is a fire in 813." b. "Dr. Yellowstone in SICU" c. "Dr. Red," and then provide the location d. "Code 909 in 513"
3. The proper sequence of actions to follow when responding to a fire safety emergency are:	a. Run, announce, cry, evacuate b. Alarm, confine, rescue, extinguish c. Rescue, alarm, confine, extinguish d. Call, alarm, extinguish, rescue
4. Once a fire is reported, it is then safe to use elevators.	a. True b. False
5. What electrical hazards should be reported immediately?	a. Malfunctioning electrical equipment b. Sparks coming from junction boxes c. Exposed or frayed wires d. All of the above
6. Once a crash cart is opened, it is returned to Central Supply	a. True b. False

Question	Select the correct response:
and immediately replaced.	
7. Examples of an External Disaster are: a major subway or bus accident, a building collapse and a multiple car accident.	a. True b. False
8. Which is the correct order to evacuate hospitalized patients?	a. Bedridden, ambulatory, wheelchair patients b. Helpless, wheelchair, ambulatory patients c. Ambulatory, bedridden, helpless patients d. Ambulatory, wheelchair, helpless patients
9. Class B fire extinguishers are used for fires with:	a. Wood, paper, linen, mattresses b. Oil, grease, chemicals c. Electrical equipment and wiring d. Wood, oil and electrical wiring
10. Operational checks for the defibrillator are performed every shift	a. With the plug in b. With the plug out c. With the plug in and out d. With the battery pack removed
11. Temperatures for refrigerators on the unit should be checked:	a. Monthly b. Weekly c. Daily
12. The overhead page/announcement of an "Active Shooter" will be:	a. Code Black b. Code Orange c. Code Silver
13. The intent of most active shooters is to:	a. Frighten but not harm you b. Harm or kill as many people as possible
14. Upon hearing a "Code Silver" on the overhead page	a. Stand still and wait for further direction

Question	Select the correct response:
employees shall:	b. Go to the area specified in "Code Silver" c. Shelter in place
15. Clinical and medical staff, patients and visitors in Patient Care areas will:	a. Be directed to patient rooms or other adjacent rooms, close the door and attempt to barricade the doors b. Continue to perform non-urgent medical procedures and non-urgent patient movement during the incident
16. As a last resort (when your life is in imminent danger) to take action against the active shooter, attempt to disrupt and/or incapacitate the active shooter by:	a. Acting passively and attempt to calmly talk to the shooter b. Acting as aggressively as possible, yell, throw items and improvise weapons
17. You will know it is safe when:	a. An "All Clear" is announced overhead b. After ten (10) minutes of total silence
18. If I do not have a role in providing direct patient at the medical center I have a role to play in preventing confused or wandering patients/residents safety.	a. True b. False
19. If I see a confused or yellow gowned patient unescorted by a staff member, I should approach them, determine their unit of origin and dial 555 code orange and state my location.	a. True b. False

# Chapter 2: Hazard Communication/Body Mechanics

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## Purpose

This module was designed to review the policy and procedures of hazard communication and the principles of proper body mechanics / injury prevention with nursing personnel.

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## Objectives

At the completion of this module, the learner will:

1. Know how to obtain information on chemical hazards in the work area
2. Know what an SDS is and where it can be located
3. Know the purpose of the OSHA Hazard Communication Standard
4. Understand the policy/procedures for chemo spills State the principles of proper body mechanics
5. Demonstrate correct posture
6. Explain how to use proper body mechanics while lifting or moving patients and objects
7. Identify healthy strategies that improve the chances of avoiding injury
8. Identify steps to take in the event of an injury
9. Complete the competency exam

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# Hazard Communication

1. What is hazard communication?

Hazard communication is a way for an employee to get information about chemical hazards in the workplace. Hazard communication books are located on all units. These books contain chemical inventory lists and a hazard communication plan explaining what to do if anything happens.

2. What are hazardous materials?

Hazardous materials are substances that are potentially dangerous to your health.

3. Why do you need to know about chemical hazards?

- For your protection – to prevent injuries and illness
- For your safety – some substances can cause fire and serious injuries
- For your health – some substances can cause serious health problems

4. Types of hazardous material:

- Infectious substances
- Radioactive materials
- Toxic chemicals
- Flammable liquids and medical gasses

5. How do you get information on chemical hazards?

Read container labels. Report any torn or illegible labels to your supervisor. Labels not only identify chemicals but also have hazard statements, *e.g.*, warnings, precautions, antidotes, fire/spill/leak instructions, handling and storage instructions, notes to physician.

Consult the Safety Data Sheet (SDS). SDSs are provided by the manufacturer for each product they sell or produce. Every chemical used at KJMC has an associated SDS which provides background health and safety information.

SDS Manuals contain an SDS for all potentially hazardous materials used in your work area. The complete SDS Manuals are found at the Security Main Desk.

SDSs contain the following information:

- Composition, treatment and antidote
- Manufacturer's address and telephone number
- Instructions on storage, boiling point, melting point, etc.

Protect yourself against hazards in the workplace. Educate yourself by reviewing SDSs and by reading warning labels.

6. What can I do to protect myself?

- Practice safe work habits, *i.e.*, wash hands after contact with each patient and after removing gloves
- Avoid overstuffing the sharps containers
- Never recap needles
- Gloves must be worn when performing FSBS (finger stick blood sugar) tests on patients
- If there is a hazardous material spill, corner off the area and call Housekeeping
- If there is a Chemo spill, corner off the area and refer to Nursing Policy and Procedure Manual, "Chemotherapy Handling and Disposal of Chemotherapy Agents"
- The *Poison Control Number* is:  
**212-POISONS (212-764-7667) or 212-340-4494**

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# Occupational Safety and Health Administration

The Occupational Safety and Health Administration (OSHA) is the federal agency that sets guidelines for actions to protect everyone from occupational hazards.

## Employee Rights Under the OSHA Standard

The purpose of the OSHA Hazard Communication Standard is to ensure that you understand the hazards of the chemicals you work with and that you know how to safely use them. Under this standard you have the following rights:

1. The right to request in writing and obtain information on hazardous chemicals you come in contact with
2. The right to be informed of the hazardous chemicals used in your work area
3. The right of access to the Medical Center's written hazard communication program
4. The right to file a complaint with OSHA if you believe that you have been discriminated against by exercising your rights under this law

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## Body Mechanics

### Introducing Ergonomics

In general, ergonomics is the study of work practices with the intention of designing or adapting the work to meet the capabilities and limitations of the worker. It is an applied science concerned with how people interact with their environment. Ergonomic risk factors are conditions of a job that contribute to the risk of work-related injury.

You are at risk for back pain if you:

1. Are employed in a job that requires frequent bending and lifting
2. Keep your knees stiff and bend your back when lifting
3. Stretch, reach or twist your body when lifting
4. Are in a hurry and off balance when lifting and moving heavy objects
5. Are overweight or out of shape
6. Slouch when standing or sitting
7. Do not exercise regularly
8. Have stressful living or work habits
9. Smoke
10. Have poor nutrition
11. Do not get enough rest

Research has shown that back injuries occur as a result of cumulative stress of the back. A single incident usually does not cause back injury. The following table outlines some of the risk factors and specific interventions you must use to reduce your chance of injury. Make a conscious effort to incorporate these strategies into your daily work practice to avoid cumulative back trauma.

Risk Factor	Possible Intervention
Lifting or moving heavy or asymmetrical objects	<ul style="list-style-type: none"> <li>• Size up the load. If you feel something is too bulky or heavy to lift alone, you need to help.</li> <li>• Allow the patient to assist you if he/she is able. Give him/her instructions on how and when to move.</li> <li>• Women lifting as part of a team, it is important to avoid jerky or unexpected movements. Choose one person to be the leader and to give instructions. Count “one, two, three, lift.”</li> <li>• The body can push twice as much weight as it can pull, so push an object whenever possible. Use slide boards and pull sheets to assist in moving patient.</li> </ul>
Bending at the waist	<ul style="list-style-type: none"> <li>• Maximize use of adjustable height features of electric beds.</li> <li>• Squat down, bending your knees and hips.</li> <li>• Keep your abdominal muscle firm; maintain the natural curve of the spine. Even when not lifting, squat down and don't bend, e.g., to look in a drawer, to insert an IV, etc.</li> </ul>
Working at extended reach for long periods of time	<ul style="list-style-type: none"> <li>• Place objects that are frequently needed closer to you, e.g., while doing a dressing/procedure.</li> <li>• Use step stools with a wide base of support.</li> </ul>
Twisting at the waist, especially while lifting	<ul style="list-style-type: none"> <li>• Do not try to get an object off an overhead shelf by reaching or twisting your torso.</li> <li>• Use a ladder or step stool to bring your center of gravity up toward the object.</li> <li>• Take time to prepare for lifts.</li> </ul>

## Additional Safety Strategies

1. Maintain an appropriate weight. Obesity places continuous tremendous strain on the lower back
2. Keep in shape. Regular exercise improves your chances of avoiding injury
3. Maintain correct posture whether you are sitting or standing
4. Wear low-heeled, rubber-soled shoes
5. When sitting for a prolonged period of time, remember to stand up and stretch every 20 minutes
6. Learn stretching and strengthening exercises and stress reduction techniques
7. Use the techniques discussed in this module at home while performing your activities of daily living (*i.e.*, do not bend over sink while brushing teeth or twist torso to unload dishwasher, etc.)
8. Always ask for help when needed

## What to Do If You Forget to “Think Back”

If you injure yourself while at work notify your Head Nurse, Nurse Manager or Supervisor and/or AND. The Nurse Manager or Supervisor should supply you with an Employee Incident Report and if medical intervention is required, direct you to the Employee Health Services during the day or the Emergency Department during evening, night and weekend hours.

**Employees are responsible for reporting an on-the-job injury to their supervisor within 24 hours of the injury.**

# Physical Therapy Corner: Protecting your Back

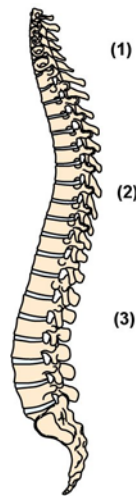
Creating and maintaining good posture decreases your risk of developing back problems. Achieving comfortable, good posture will provide a functional range of movement that will allow you to perform daily activities safely.

Even if your back feels OK at the movement, you may be straining it if you:

1. Have poor posture.
2. Move your body incorrectly.
3. Are out of shape or overweight.

All of these strains add up until one day a simple act like bending over can bring on back pain.

When correctly aligned the back has three curves. It curves in (forward) at your neck (1), out in the chest region (2), and in again in the lower back (3). These curves help distribute pressure evenly throughout the vertebrae and discs.

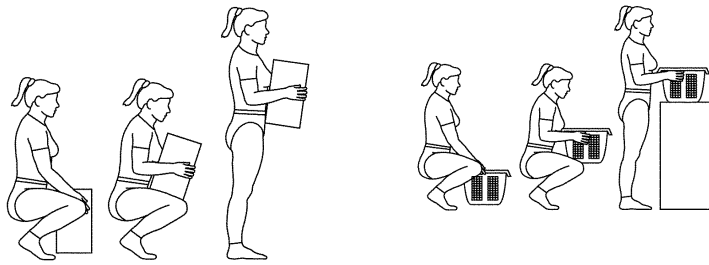


Body mechanics is defined as the way in which you move your body and back. Good body mechanics includes lifting loads close to your body to reduce strain on your back and maintaining your three natural curves to keep your back in balance.

## ***Keys to Proper Lifting***

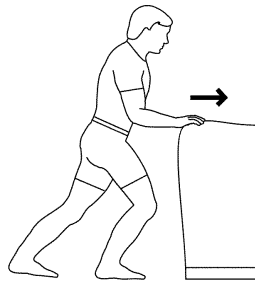
1. Stand close to the object to be lifted.
2. Spread your feet wide apart to straddle the object.
3. Squat, bending your knees and hips, keeping your back in proper alignment.
4. Contract your stomach muscles.
5. Lift by using the work of your leg muscles, not your back.
6. When lifting with another person, one person should say when to lift, walk and unload.
7. Do not twist as you lift. Instead, pivot with your hips and shoulders in line and shift your weight.
8. Mentally prepare, by planning what you are going to do.





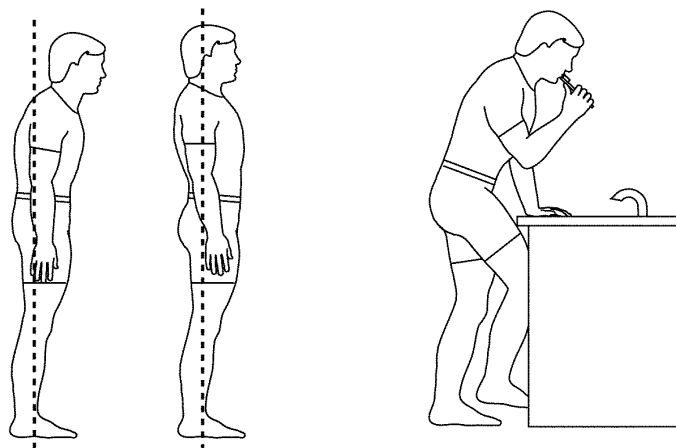
### ***Keys to Pushing and Pulling Objects***

1. Push, don't pull, whenever possible.
2. Stay close to the object.
3. Do not lean forward.
4. Use both arms and tighten your stomach muscles.
5. Never push or pull with a bent back.



### ***Keys to Prolonged Standing***

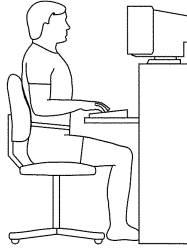
1. Change position often.
2. Wear comfortable shoes and stand on a soft surface.
3. Bring your work to a comfortable level; do not bend over it.
4. Rest one leg on a stool to reduce stress on the back.



### ***Keys to Sitting***

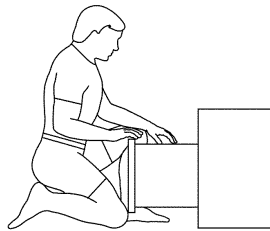
1. Sit in a chair that supports your lower back. If the chair does not support your back sufficiently, you can place a lumbar cushion (which can be bought at your local pharmacy) at the level of your low back, for added support.

2. Position your chair so that your knees are at least as high as your hips when feet are flat on the floor.
3. Your desktop should be slightly above your waist.
4. Sit close to your work, do not lean over it.
5. Do not slump over while sitting.
6. Take frequent breaks to get up and stretch.



### ***Keys to Bending and Leaning***

1. Let your legs do the work.
2. Stand with your feet shoulder length apart, one foot ahead of the other.
3. Contract your stomach muscles.
4. To lower your upper body, bend with your knees and hips, keeping your back in proper alignment. Rest one knee on the floor for extra support if needed.



### ***Keys to Doing Repetitive Movements***

1. Keep loads small if possible.
2. Tighten your stomach muscles before lifting.



# Competency Exam: Chapter 2

## Hazard Communication / Body Mechanics

Question	Select the correct response:
1. You should read the label and also look for the biohazard symbol before handling any chemicals.	a. True b. False
2. OSHA stands for <i>Occupational Safety and Health Administration</i>	a. True b. False
3. You should recap all needles before putting them in the sharp container.	a. True b. False
4. If there was a chemotherapy spill in your area the nurse would refer to the Nursing Policy and Procedure Manual under "Chemotherapy: Handling and Disposing of Chemo Agents."	a. True b. False
5. SDS stands for Safety Data Sheets.	a. True b. False
6. Which steps are necessary for anyone who works with hazardous materials to do in order to maintain their safety?	a. Be aware of the information contained in the SDS b. Be aware if any substance or chemical that you may be exposed to while working on your units c. Seek medical treatment for any accidental hazardous material exposure d. All of the above
7. The three general concepts that relate to strategies of specific body mechanics are posture, center of gravity and proper muscle use.	a. True b. False
8. When lifting or moving heavy or asymmetrical objects you should:	a. Size up the load. If you feel something is too bulky or heavy to lift alone, you need to get help. b. Lift or move any object regardless of the size by yourself. c. Lift or move the object with jerky and unexpected movements.
9. If you hurt your back, you should fill out an Employee Incident Report.	a. True b. False
10. When lifting you should do the following:	a. Do not try to get an object off an overhead shelf by reaching or twisting your torso. b. Use a ladder or step stool to bring your center of gravity up toward the object. c. Take time to prepare for lifts. d. Do not change direction by twisting at the waist. e. All of the above.
11. When lifting you should tighten:	a. Your back muscles b. Your leg muscles c. Your stomach muscles d. Your arm muscles
12. When lifting you should keep objects close to your body and lift using your leg muscles.	a. True b. False

# Chapter 3: Infection Control/ Bio-Terrorism Management

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## Purpose

This module was designed to provide written rules, regulations and procedures for specific precautions to prevent and control the spread of infection.

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## Objectives

At the completion of this module, the learner will be able to:

1. State the principles of proper hand washing
2. Define Standard/Universal Precautions
3. Define blood and body fluid exposure
4. List the steps necessary in the management of blood and body fluid exposure
5. Describe the communication procedure used to identify that a patient is on Isolation Precautions
6. Define Contact Precautions
7. Identify the signs and symptoms of Hepatitis B
8. Describe the process of Hepatitis B transmission
9. Describe the Hepatitis B Vaccination Program
10. Define Airborne Precautions
11. List the patients who are at high risk for the development of tuberculosis
12. State when Airborne Precautions may be discontinued
13. Identify the purpose and frequency of PPD testing
14. Define Droplet Precautions
15. State when Droplet Precautions should be used
16. Identify where to obtain information on caring for a patient exposed to terrorism

# Hand Washing/Hand Hygiene

**Hand washing is the single most important infection control measure to prevent the spread of infection.**

Hand washing is defined as vigorous, brief rubbing together of all surfaces of lathered hands, followed by rinsing under water. Hand washing with soap is the mechanical removal of dirt and microbes through friction.

**The Center for Disease Control recommends a 15-20 second hand wash to remove most transient or temporary contaminants from the skin.**

Always wash your hands:

1. Before and after patient contact
2. Before and after touching wounds
3. After contact with any mucous membranes (eyes, nose, mouth), blood or body fluids, secretion or excretions
4. After removing gloves

You should always wash your hands before preparing food, after using the bathroom, before you leave your unit for breaks and at the end of your shift.

## Waterless alcohol hand sanitizer

Alcohol based waterless hand sanitizer has been designated by the Center for Disease Control (CDC) as a highly effective germicidal product for use in sanitizing the hands before and after patient contact and after removing gloves. Is designated for use on hands, which are **not** visibly soiled with blood or body fluid. For hands, which are visibly soiled, soap and water should be used to clean hands before applying waterless sanitizer.

Waterless hand sanitizer dispensers are located in all patient/resident care areas in both KJMC and RNH. They are mounted on the wall near the exit of patient rooms and are also located in various other areas where hand hygiene is performed.

The performance of hand hygiene after patient contact is very important in preventing the spread of infections. Please use soap and water, or waterless hand sanitizer before and after each direct patient contact. Observational monitoring of staff compliance, to assure that this is occurring, in ongoing in all areas of the Medical Center.

### Instructions for use

1. Apply to hands, which are not visibly soiled
2. If hands are visibly soiled, wash with soap and water before using waterless hand sanitizer
3. Rub palms of hands together to distribute sanitizer to all parts of the hand including under and around fingernails
4. Allow to air dry. Do not wash off with water

## Standard/Universal Precautions

The concept of Standard/Universal Precautions is a set of guidelines recommended by the U.S. Centers for Disease Control. Standard/Universal Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infections in hospitals. Standard/Universal Precautions apply to (1) blood, (2) all body fluids, secretions, and excretions (except sweat), regardless of whether they contain visible blood, (3) non-intact skin, and (4) mucous membranes.

**KJMC mandates that you apply Standard/Universal Precautions in the care of all patients regardless of their diagnosis.**

The term Standard/Universal Precautions is used by OSHA.

Standard/Universal Precautions means you must always:

1. **WEAR GLOVES** when your hands may come in contact with blood, body fluids or mucous membranes. For example, put on gloves when drawing blood, starting or handling an IV, doing finger sticks, suctioning (whether oral or nasal), handling contaminated instruments, cleaning blood or body fluid spills, handling soiled linen or waste, and in all other situations where contact with blood or body fluids may occur. **GLOVES MUST BE CHANGED AND HAND HYGIENE PERFORMED BETWEEN EACH NEW PATIENT CONTACT.**
2. **WEAR GOWNS/APRONS** when your skin or clothing may be soiled by blood or body fluids. Use the impervious gown if splashing or large quantities of blood are present or anticipated. For example, wear a gown during endoscopies, intubations, hemodialysis and all surgical procedures.
3. **USE MASK/EYEWEAR** if there is a possibility that you may be splashed, sprayed or splattered with blood or body fluids. Eyewear includes goggles, safety glasses or eyeglasses. Face protection is provided by wearing a face shield, or eyewear and mask worn together.
4. **PERFORM HAND HYGIENE IMMEDIATELY** after taking off your gloves. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Gloves are not a substitute for hand washing. **REMEMBER TO WASH YOUR HANDS AFTER ALL PATIENT CONTACT.**
5. **MANAGE SKIN CONDITIONS** by reporting to Employee Health Services (EHS) for evaluation and by using gloves and contact precautions if you have cuts, abraded skin, chapped hands, or dermatitis. If you have weeping dermatitis or open wounds that are draining, you should refrain from all direct patient care and from handling patient care equipment until the condition is resolved.
6. **PREVENT INJURIES** by disposing of sharps immediately after use. Place all needles, syringes and scalpel blades and other sharps only in designated puncture-resistant sharp containers.

**NEVER RECAP NEEDLES.** Prevent injury to yourself and others by never leaving sharps on bedside tables, in your clothing pockets or in mattresses, linen or garbage cans. Correct coworkers who dispose of sharps inappropriately.

7. **REPORT EXPOSURES IMMEDIATELY** to your supervisor and EHS. All treatment of an exposed person is provided by EHS during clinical hours. On holidays and all other times, treatment of an exposed person is provided in the Emergency Department. An Incident Report documenting the exposure must be completed. If initial treatment is done in the ED, follow up will be done by EHS.

**A BLOOD/BODY FLUID EXPOSURE** is defined as:

- A needle stick or sharps puncture wound
- An open cut, burn or abrasion contaminated by body fluids or tissues (blood, blood products, bloody fluids, semen, cerebrospinal fluid, amniotic fluid, pleural fluid, peritoneal fluid, pericardial fluid or any other body fluid or tissue contaminated with blood)
- A blood or body fluid splash to mucous membranes (*e.g.*, eye, nose or mouth) with such materials.

For a needle stick or body fluid exposure you should follow the Procedures for Evaluation and Treatment of Occupational Exposure to Blood or Body Fluids. Some highlights are:

- Clean the wound with soap and water or flush mucous membranes with water/saline
- Report the incident to your supervisor immediately
- The employee is required to complete and submit an Incident Report
- The employee must report to EHS as soon after an incident as possible. When EHS is closed the employee must report to the Emergency Department immediately and follow up in the EHS on the next working day. If the EHS is closed, the ER Department will provide a temporary supply of anti-HIV drugs
- If you are stuck with a needle from an unidentifiable source and the blood or body fluid is still available call Infection Control to arrange for the testing of the fluid
- If you are stuck with a needle from a known person, the source will be asked to sign an informed consent to have HIV testing performed. Informed consent is mandated by New York State law. In the EHS Department there will be a counselor available to discuss this issue with the person who is the source of the needle.
- Your treatment will include evaluation of your Hepatitis B surface antibody. You may be offered treatment for Hepatitis B exposure and Tetanus
- You may be offered HIV prophylaxis. EHS will provide counseling. Pharmacy will provide medication counseling
- All exposed persons will receive counseling by the clinician at the time of initial visit to discuss the nature and severity of the exposure, treatments available, HIV testing, confidentiality, deferment of blood donation, safe sex practices and prevention of further workplace exposure
- All medical and other hospital records pertaining to the exposed person's exposure will be kept confidential in accordance with applicable New York State law. All "HIV-Related Information" must have stringent confidentiality. Testing for the antibody mandates the strictest confidence both for you and the source of your exposure.
- You will be given an Health Care provider's written opinion. The employee will be provided with a copy of the evaluating health care provider's opinion within 15 days of the completion of the evaluation of an exposure report.

## Seven Things Every Employee Needs to Know About Needle Sticks and Other Exposures to Blood or Body Fluid

1. What is an exposure to blood or body fluid and how do they occur?

The most common way an exposure occurs is through a patient's blood or body fluid being introduced into your body through a blood or body fluid contaminated needle stick or laceration. This is known as a "percutaneous exposure."

2. Is "percutaneous exposure" the only way someone can be exposed?

Other exposures occur when blood or body fluids contact a mucous membrane such as those in the mouth, nose or eyes or through contact with non-intact skin (skin with cuts, open sores, chapping or dermatitis). Bites that break the skin are another potential source of transmission. If a large blood spill occurs in intact skin, this may also require assessment and follow-up.

3. Why do I need to be concerned about "exposure" to blood or body fluid?



Blood and body fluid may be infected with blood borne pathogens, microorganisms (viruses and bacteria) that live in the blood of infected people and may be transmitted to others following an exposure to infected blood or body fluid.

4. What are some blood-borne pathogens?

HIV (human immunodeficiency virus) that causes AIDS and Hepatitis B and C, which cause Hepatitis, a liver disease, are the most common blood borne pathogens. However, some other infections can also be transmitted in this manner. Infections with blood borne pathogens can lead to serious illness.

5. If I am exposed to blood or body fluid will I become sick?

Your risk of becoming ill following an exposure depends on a number of things:

- If the individual's blood, to which you have been exposed, has no blood borne pathogens then you have no risk of transmission
- Exposure to the blood or body fluid of an individual with AIDS has an approximately 1 in 250 risk of transmission. Exposure to Hepatitis C has a transmission risk of about 1 in 60 and for Hepatitis B the risk is 1 in 35 (for example, for every 35 people who are exposed to blood or body fluid of a person who has Hepatitis B, one person will become ill with the disease).

6. Can I take a vaccine to prevent illness by blood borne pathogens?

Hepatitis B is the most common blood borne pathogen and the most contagious. There is currently a safe and effective vaccine available to protect you from Hepatitis B. Ask your doctor or EHS for details.

7. What should I do if I have an exposure to blood or body fluid?

- If you have a percutaneous exposure, wash needle stick or laceration site with soap and running water for several minutes. If the wound is bleeding freely, allow it to bleed for several minutes. Do not force bleeding by squeezing the site of the puncture.
- If the exposure occurs due to a splash of blood or body fluid into the eyes or mouth, rinse under running water for several minutes
- It is very important to be seen by a physician as soon as possible (within less than two hours following exposure)
- Tell your supervisor of the exposure and report without delay to EHS (Monday through Thursday, 9:00 a.m. – 5:00 p.m.; Friday, 9:00 a.m. – 2:00 p.m.). At all other times report to the Emergency Room for follow-up, counseling, testing and treatment
- There are drug treatments that have been shown to greatly reduce the risk of acquiring AIDS if taken after an exposure but treatment must begin quickly for the drugs to be effective. The New York State Department of Health recommends that treatment begin within 1-2 hours after exposure for maximum effectiveness. However, the treatment may still be effective up to 36 hours after exposure.

## Infection Control Measures for Patient/Resident Requiring Isolation Precautions

### **Contact Precautions**

Personal protective equipment required to prevent spread of microorganisms by the contact route include gloves and gown. Add eye protection if splashing of blood or body fluids is anticipated. Gloves should be removed before leaving the room. Always wash hands after removal of gloves. Examples of microorganisms spread by the contact route are C difficile, VRE and MRSA.

### ***Droplet Precautions***

Patients and residents on droplet precautions require similar protective equipment as a person on contact precautions with the addition of a regular surgical mask for contact within a three-foot radius of the patient. Consider all fomites within the three-foot radius as potentially contaminated. Remove all protective equipment before leaving the room and wash hands.

Examples of microorganisms spread by the droplet route include H. influenza and Mycoplasma as well as Acinetobacter and possible MRSA (in respiratory tract). The patient on droplet precautions should be transported for essential purposes only. **Clean gown and mask patient with surgical mask during transport.**

### ***Standard Precautions***

All patients and residents are considered to potentially harbor infectious microorganisms or blood borne pathogens. Therefore, barrier items such as gloves, gown and mask are used to prevent contact with blood or body fluids.

### ***Airborne Precautions in Acute Care***

Applies to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by airborne route. Examples include Measles, Tuberculosis (AFB) and Varicella.

All staff entering the negative pressure room must wear a N-95 mask. Patients must be in a private room with negative pressure and HEPA filtration with the door closed at all times.

The patient should be transported for essential purposes only. Use a surgical mask on patients during transport.

**ADDENDUM****January 2015****CLEAN-UP OF SPILLS OF BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIALS**

Any employee may at times be required to assist in the cleanup or containment of spills of blood body fluid or other potentially infectious materials. The following procedure should be followed.

**Procedure 1**

1. Don gloves. Also use gown, mask and goggles or eye shield if splashing is possible.
2. Isolate the area of the spill to prevent traffic flow through area.
3. Cover spill with a solution of 1:10 freshly prepared bleach.
4. Allow disinfectant to act for 10 minutes
5. Use absorbent paper towels or other absorbing material to clean spill
6. If broken glass is present do not touch with hands- use broom and dust pan to remove glass after disinfection and discard into sharps container.
7. Discard towels or absorbent containing spilled material in red bag waste
8. Discard gloves, gown and other protective equipment in regular trash unless saturated with blood or body fluid (which would require discard in red bag waste)
9. Wash hands with soap and water after removing personal protective equipment or use alcohol based hand sanitizer.
10. Call building services to sanitize area

**Procedure 2**

1. Isolate the area of spill to prevent traffic through area
2. Notify building services of spill
3. Building services will assign staff to clean up spill

**COMMUNITY SHARPS DISPOSAL PROGRAM**

Kingsbrook Jewish Medical Center/Rutland Nursing Home has a community sharps disposal program that complies with New York State Department of Health Chapter 438 laws of 1993.

People in the community may dispose of their sharps/containers anonymously by placing them in our community sharps/needle disposal unit.

Employees are not to handle sharps from the community; people wanting to dispose of sharps are instructed to place their sharps/containers in the community needle box disposal unit.

**LOCATION:** The community sharps disposal container is located at the entrance to the emergency room located on Winthrop Ave between East 49<sup>th</sup> street and Schenectady Avenue.

**TIME :**Members of the community may drop off their sharps 7 days per week, 24 hours per day

**CARBAPENEM RESISTANT KLEBSIELLA (CRE)**

**Background:** Some *Klebsiella* bacteria (Gram negative rods) have become highly resistant to antibiotics.

When bacteria such as *Klebsiella pneumoniae* or *E coli* produce an enzyme known as a carbapenemase, then the class of antibiotics called carbapenems (i.e. imipenem, meropenem, ertapenem) will not work to kill the bacteria and treat the infection. These bacteria are know by the general term CRE, which stands for carbapenem-resistant Enterobacteriaceae. Unfortunately, carbapenem antibiotics often are the last line of defense against Gram-negative infections that are resistant to other antibiotics. Infections caused by these bacteria can be difficult to treat because fewer antibiotics are effective against them.

**General Information:** *Klebsiella* is a type of bacteria that can cause different types of healthcare-associated infections, including pneumonia, bloodstream infections, urinary tract infections wound or surgical site infections, and meningitis. Increasingly, *Klebsiella* bacteria have developed antimicrobial resistance, most recently to the class of antibiotics known as carbapenems.

In healthcare settings, *Klebsiella* infections commonly occur among sick patients who are receiving treatment for other conditions. Patients whose care requires devices like ventilators, intravenous or Foley catheters, and patients who are taking long courses of certain antibiotics are most at risk for *Klebsiella* infections. Healthy people usually do not get *Klebsiella* infections.

**How *Klebsiella* bacteria are spread:** To get a *Klebsiella* infection, a person must be exposed to the bacteria. For example, *Klebsiella* must enter the respiratory tract to cause pneumoniae, or the blood to cause a bloodstream infection.

In healthcare settings, *Klebsiella* bacteria can be spread through person-to-person contact (for example, from patient to patient via the contaminated hands of healthcare personnel, or other persons) or, less commonly, by contamination of the environment. The bacteria are not spread through the air.

Patients in healthcare settings also may be exposed to *Klebsiella* when they are on ventilators, or have intravenous catheters or wounds (caused by injury or surgery). Unfortunately, these medical tools and conditions may allow *Klebsiella* to enter the body and cause infection.

**Preventing *Klebsiella* from spreading:** To prevent spreading *Klebsiella* infections between patients, healthcare personnel must follow specific infection control precautions. These precautions may include strict adherence to hand hygiene and wearing gowns and gloves when they enter rooms where patients with *Klebsiella*-related illnesses are housed. Healthcare facilities also must follow strict cleaning procedures to prevent the spread of *Klebsiella*.

### **CENTRAL LINE ASSOCIATED INFECTIONS (CLABS)**

A “central line” or “central catheter” is a tube that is placed into a patient’s large vein, usually in the neck, chest, arm, or groin. The catheter is often used to draw blood, or give fluids or medications.

It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel down a “central line” and enter the blood. If you develop a catheter-associated bloodstream infection you may become ill with fevers and chills or the skin around the catheter may become sore and red.

### **CLOSTRIDIUM DIFFICILE INFECTIONS**

*What is Clostridium difficile infection?*

*Clostridium difficile* [pronounced Klo-STRID-ee-um dif-uh-SEEL], also known as “*C. diff*” [See-dif], is a germ that can cause diarrhea. Most cases of *C. diff* infection occur in patients taking antibiotics. The most common symptoms of a *C. diff* infection include:

- Watery diarrhea
- Fever
- Loss of appetite
- Nausea
- Belly pain and tenderness

*Who is most likely to get C. diff infection?*

The elderly and people with certain medical problems have the greatest chance of getting *C. diff*. *C. diff* spores can live outside the human body for a very long time and may be found on things in the environment such as bed linens, bed rails, bathroom fixtures, and medical equipment. *C. diff* infection can spread from person-to-person on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

### **MRSA INFECTIONS: METHICILLIN RESISTANT STAPH AUREUS**

*What is MRSA?*

*Staphylococcus aureus* (pronounced staff-ill-oh-KOK-us AW-ree-us), or “*Staph*” is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who

have it on their skin. But sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood.

Antibiotics are given to kill *Staph* germs when they cause infections. Some *Staph* are resistant, meaning they cannot be killed by some antibiotics.

*“Methicillin-resistant Staphylococcus aureus”* or “MRSA” is a type of *Staph* that is resistant to some of the antibiotics that are often used to treat *Staph* infections.

*Who is most likely to get an MRSA infection?*

In the hospital, people who are more likely to get an MRSA infection are people who:

- have other health conditions making them sick
- have been in the hospital or a nursing home
- have been treated with antibiotics.

People who are healthy and who have not been in the hospital or a nursing home can also get MRSA infections. These infections usually involve the skin.

### **SURGICAL SITE INFECTIONS**

*What is a Surgical Site Infection (SSI)?*

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery. Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

*Can SSIs be treated?*

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

*What are some of the things that hospitals are doing to prevent SSIs?*

To prevent SSIs, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

### **CATHETER ASSOCIATED URINARY TRACT INFECTIONS**

*What is “catheter-associated urinary tract infection”?*

A urinary tract infection (also called “UTI”) is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Germs (for example, bacteria or yeasts) do not normally live in these areas; but if germs are introduced, an infection can occur.

If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or your kidney; in that case it is called a catheter-associated urinary tract infection (or “CA-UTI”).

*What is a urinary catheter?*

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. A urinary catheter may be used:

- If you are not able to urinate on your own
- To measure the amount of urine that you make, for example, during intensive care
- During and after some types of surgery
- During some tests of the kidneys and bladder

People with urinary catheters have a much higher chance of getting a urinary tract infection than people who don’t have a catheter.

***How do I get a catheter-associated urinary tract infection (CA-UTI)?***

If germs enter the urinary tract, they may cause an infection. Many of the germs that cause a catheter-associated urinary tract infection are common germs found in your intestines that do not usually cause an infection there. Germs can enter the urinary tract when the catheter is being put in or while the catheter remains in the bladder.

***What are the symptoms of a urinary tract infection?***

Some of the common symptoms of a urinary tract infection are:

- Burning or pain in the lower abdomen (that is, below the stomach)
- Fever
- Bloody urine may be a sign of infection, but is also caused by other problems
- Burning during urination or an increase in the frequency of urination after the catheter is removed.

Sometimes people with catheter-associated urinary tract infections do not have these symptoms of infection.

***Can catheter-associated urinary tract infections be treated?***

Yes, most catheter-associated urinary tract infections can be treated with antibiotics and removal or change of the catheter. Your doctor will determine which antibiotic is best for you.

**DONNING AND DOFFING OF PERSONAL PROTECTIVE EQUIPMENT (PPE)**

The type of PPE used will vary based on the level of precautions required; e.g., Standard, Contact, Droplet or Airborne precautions.

**USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION.**

Keep hands away from face. Limit surfaces touched. Change gloves when torn or heavily contaminated. Perform hand hygiene after removing gloves.

**SEQUENCE FOR DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Don PPE in the following order: gown>mask>goggles>.gloves

**1. GOWN:**

Put on gown before entering patient room

Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.

Fasten in back of neck and waist

**2. MASK OR RESPIRATOR:**

Put on mask or respirator before entering patient room

Secure ties or elastic bands at middle of head and neck.

Fit flexible band to nose bridge.

Fit snug to face and below chin.

Fit-check respirator (N-95)

**3. GOGGLES OR FACE SHIELD:**

Place over face and eyes and adjust to fit

**4. GLOVES:**

- Extend to cover wrist of isolation gown

**SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Remove PPE in the following order: Gloves>goggles>gown>mask

**1. GLOVES:**

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off.
- Hold removed glove in gloved hand.
- Slide fingers of ungloved hand under remaining glove at wrist.
- Peel glove off over first glove.
- Discard gloves in waste container

2. GOGGLES OR FACE SHIELD.

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces.
- Place in designated receptacle for reprocessing or in waste container

3. GOWN:

- Gown front and sleeves are contaminated!
- Unfasten ties.
- Pull away from neck and shoulders, touching inside of gown only.
- Turn gown inside out.
- Fold or roll into a bundle and discard.

4. MASK OR RESPIRATOR:

- Front of mask/respirator is contaminated —DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove.
- Discard in waste container
- Except for respirator, remove PPE at doorway or in anteroom.
- Remove respirator after leaving patient room and closing door.

Ref; CDC sequence for donning and doffing PPE

SEQUENCE FOR <b>DONNING</b> PERSONAL PROTECTIVE EQUIPMENT (PPE)	SECUENCIA PARA <b>PONERSE</b> EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)
<p>The type of PPE used will vary based on the level of precautions required; e.g., Standard and Contact, Droplet or Airborne Infection Isolation.</p> <ol style="list-style-type: none"> <li><b>1. GOWN</b> <ul style="list-style-type: none"> <li>■ Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back</li> <li>■ Fasten in back of neck and waist</li> </ul> </li> <li><b>2. MASK OR RESPIRATOR</b> <ul style="list-style-type: none"> <li>■ Secure ties or elastic bands at middle of head and neck</li> <li>■ Fit flexible band to nose bridge</li> <li>■ Fit snug to face and below chin</li> <li>■ Fit-check respirator</li> </ul> </li> <li><b>3. GOGGLES OR FACE SHIELD</b> <ul style="list-style-type: none"> <li>■ Place over face and eyes and adjust to fit</li> </ul> </li> <li><b>4. GLOVES</b> <ul style="list-style-type: none"> <li>■ Extend to cover wrist of isolation gown</li> </ul> </li> </ol>	<p>El tipo de PPE que se debe utilizar depende del nivel de precaución que sea necesario; por ejemplo, equipo Estándar y de Contacto o de Aislamiento de infecciones transportadas por gotas o por aire.</p> <ol style="list-style-type: none"> <li><b>1. BATA</b> <ul style="list-style-type: none"> <li>■ Cubra con la bata todo el torso desde el cuello hasta las rodillas, los brazos hasta la muñeca y dóblela alrededor de la espalda</li> <li>■ Átesela por detrás a la altura del cuello y la cintura</li> </ul> </li> <li><b>2. MÁSCARA O RESPIRADOR</b> <ul style="list-style-type: none"> <li>■ Asegúrese los cordones o la banda elástica en la mitad de la cabeza y en el cuello</li> <li>■ Ajuste la banda flexible en el puente de la nariz</li> <li>■ Acomódese en la cara y por debajo del mentón</li> <li>■ Verifique el ajuste del respirador</li> </ul> </li> <li><b>3. GAFAS PROTECTORAS O CARETAS</b> <ul style="list-style-type: none"> <li>■ Colóquelas sobre la cara y los ojos y ajústelas</li> </ul> </li> <li><b>4. GUANTES</b> <ul style="list-style-type: none"> <li>■ Extienda los guantes para que cubran la parte del puño en la bata de aislamiento</li> </ul> </li> </ol>
<p><b>USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION</b></p> <ul style="list-style-type: none"> <li>■ Keep hands away from face</li> <li>■ Limit surfaces touched</li> <li>■ Change gloves when torn or heavily contaminated</li> <li>■ Perform hand hygiene</li> </ul>	<p><b>UTILICE PRÁCTICAS DE TRABAJO SEGURAS PARA PROTEGERSE A SÍ MISMO Y LIMITAR LA PROPAGACIÓN DE LA CONTAMINACIÓN</b></p> <ul style="list-style-type: none"> <li>■ Mantenga las manos alejadas de la cara</li> <li>■ Limite el contacto con superficies</li> <li>■ Cambie los guantes si se rompen o están demasiado contaminados</li> <li>■ Realice la higiene de las manos</li> </ul>
<p><b>SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)</b></p> <p>Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.</p> <ol style="list-style-type: none"> <li><b>1. GLOVES</b> <ul style="list-style-type: none"> <li>■ Outside of gloves is contaminated!</li> <li>■ Grasp outside of glove with opposite gloved hand; peel off</li> <li>■ Hold removed glove in gloved hand</li> <li>■ Slide fingers of ungloved hand under remaining glove at wrist</li> <li>■ Peel glove off over first glove</li> <li>■ Discard gloves in waste container</li> </ul> </li> <li><b>2. GOGGLES OR FACE SHIELD</b> <ul style="list-style-type: none"> <li>■ Outside of goggles or face shield is contaminated!</li> <li>■ To remove, handle by head band or ear pieces</li> <li>■ Place in designated receptacle for reprocessing or in waste container</li> </ul> </li> <li><b>3. GOWN</b> <ul style="list-style-type: none"> <li>■ Gown front and sleeves are contaminated!</li> <li>■ Unfasten ties</li> <li>■ Pull away from neck and shoulders, touching inside of gown only</li> <li>■ Turn gown inside out</li> <li>■ Fold or roll into a bundle and discard</li> </ul> </li> <li><b>4. MASK OR RESPIRATOR</b> <ul style="list-style-type: none"> <li>■ Front of mask/respirator is contaminated — DO NOT TOUCH!</li> <li>■ Grasp bottom, then top ties or elastics and remove</li> <li>■ Discard in waste container</li> </ul> </li> </ol>	<p><b>SECUENCIA PARA QUITARSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)</b></p> <p>Con la excepción del respirador, quítese el PPE en la entrada de la puerta o en la antecámara. Quítese el respirador después de salir de la habitación del paciente y de cerrar la puerta.</p> <ol style="list-style-type: none"> <li><b>1. GUANTES</b> <ul style="list-style-type: none"> <li>■ ¡El exterior de los guantes está contaminado!</li> <li>■ Agarre la parte exterior del guante con la mano opuesta en la que todavía tiene puesto el guante y quítaselo</li> <li>■ Sostenga el guante que se quitó con la mano enguantada</li> <li>■ Deslice los dedos de la mano sin guante por debajo del otro guante que no se ha quitado todavía a la altura de la muñeca</li> <li>■ Quítese el guante de manera que acabe cubriendo el primer guante</li> <li>■ Arroje los guantes en el recipiente de desechos</li> </ul> </li> <li><b>2. GAFAS PROTECTORAS O CARETA</b> <ul style="list-style-type: none"> <li>■ ¡El exterior de las gafas protectoras o de la careta está contaminado!</li> <li>■ Para quitárselas, ténelas por la parte de la banda de la cabeza o de las piezas de las orejas</li> <li>■ Colóquelas en el recipiente designado para reprocessar materiales o de materiales de desecho</li> </ul> </li> <li><b>3. BATA</b> <ul style="list-style-type: none"> <li>■ ¡La parte delantera de la bata y las mangas están contaminadas!</li> <li>■ Desate los cordones</li> <li>■ Tocando solamente el interior de la bata, pásela por encima del cuello y de los hombros</li> <li>■ Voltee la bata al revés</li> <li>■ Dóblela o enróllela y deséchela</li> </ul> </li> <li><b>4. MÁSCARA O RESPIRADOR</b> <ul style="list-style-type: none"> <li>■ La parte delantera de la máscara o respirador está contaminada — ¡NO LA TOQUE!</li> <li>■ Primero agarre la parte de abajo, luego los cordones o banda elástica de arriba y por último quítese la máscara o respirador</li> <li>■ Arrojela en el recipiente de desechos</li> </ul> </li> </ol>
<p><b>PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE</b></p>	<p><b>EFFECTÚE LA HIGIENE DE LAS MANOS INMEDIATAMENTE DESPUÉS DE QUITARSE CUALQUIER EQUIPO DE PROTECCIÓN PERSONAL</b></p>





**GLUCOMETER CLEANING AND DISINFECTION BETWEEN PATIENT AND RESIDENT USE**

The use of shared Glucometers between patients and Residents may be associated with risk of cross infection if not properly cleaned/disinfected between each patient/resident use. Use clean disposable gloves for cleaning and discard between each use.

1. Glucometer must be cleaned and disinfected between each patient or resident use.
2. Don gloves to remove bleach wipe from canister
3. Use a moist, 1:10 Clorox germicidal wipe (1:10 bleach) to clean the external surface of the Glucometer.
- 4 Use a second moist Clorox germicidal wipe (1:10 Bleach) to disinfect the surface of the Glucometer
- 3 The disinfectant must remain on the surface of the Glucometer for at least one minute to assure adequate disinfection time to kill viruses and bacteria.
4. If the Glucometer is still damp after one minute the Glucometer it may be dried with a clean tissue before use on the next patient
5. Discard gloves and wipe in regular trash can.

**NYS Hepatitis C Testing Law**

**Rationale:** Persons born between 1945 and 1965 are five times more likely to be infected with hepatitis C (HCV). The prevalence is 3.25% among the 1945-1965 birth cohort vs. 0.88% among individuals outside of the birth cohort

The benefits of early HCV diagnosis and care include:

1. Reduce risk of transmission to others
2. Early clinical evaluation and ongoing monitoring and treatment
3. Treatment response decreases as liver disease progresses
4. Measures can be taken to protect liver from further harm
  - a. Vaccination against Hep A and Hep B
  - b. Counseling to decrease alcohol consumption

**Key provisions of NYS Hepatitis C testing law**

Beginning on January 1<sup>st</sup> 2014 a hepatitis C screening test is to be offered to every individual born between 1945 and 1965 for:

- Inpatients of a hospital
- Individuals receiving primary care services (including family medicine, general pediatrics, primary care, internal medicine, primary care obstetrics or primary care gynecology) in the outpatient department of a hospital
- Individuals in a freestanding diagnostic or treatment center
- From a physician, physician assistant or nurse practitioner providing primary care regardless of setting type.

The offer for testing must be culturally and linguistically appropriate

If an individual accepts the offer and the screening test is reactive, the health care provider must offer the individual follow-up health care or refer the individual to a health care provider who can provide follow-up health care.

**SAFE INJECTION PRACTICES**

**Injection safety (or safe injection practices):** A set of measures taken to perform injections in an optimally safe manner for patients, healthcare personnel, and others. A safe injection does not harm the recipient, does not expose the provider to any avoidable risks and does not result in waste that is dangerous for the community. Injection safety includes practices intended to prevent transmission of bloodborne pathogens between one patient and another, or between a healthcare worker and a patient, and also to prevent harms such as needlestick injuries.

*Safe injection practices and procedures designed to prevent disease transmission from patient to patient and from healthcare workers to patient.*

1. Maintain aseptic technique throughout all aspects of injection preparation and administration
  - a. Medications should be drawn up in a designated "clean" medication area that is not adjacent to areas where potentially contaminated items are placed.
  - b. Use a new sterile syringe and needle to draw up medications while preventing contact between the injection materials and the non-sterile environment.
  - c. Ensure proper hand hygiene before handling medications.
  - d. If a medication vial has already been opened, the rubber septum should be disinfected with alcohol prior to piercing it.
  - e. Never leave a needle or other device (e.g. "spikes") inserted into a medication vial septum or IV bag/bottle for multiple uses. This provides a direct route for microorganisms to enter the vial and contaminate the fluid.
  - f. Medication vials should be discarded upon expiration or any time there are concerns regarding the sterility of the medication.
  - g. Never administer medications from the same syringe to more than one patient, even if the needle is changed.
  - h. Never use the same syringe or needle to administer IV medications to more than one patient, even if the medication is administered into the IV tubing, regardless of the distance from the IV insertion site.
  - i. All of the infusion components from the infusate to the patient's catheter are a single interconnected unit.
  - j. All of the components are directly or indirectly exposed to the patient's blood and cannot be used for another patient.
  - k. Syringes and needles that intersect through any port in the IV system also become contaminated and cannot be used for another patient or used to re-enter a non-patient specific multi-dose vial.
  - l. Separation from the patient's IV by distance, gravity and/or positive infusion pressure does not ensure that small amounts of blood are not present in these items
  - m. Never enter a vial with a syringe or needle that has been used for a patient if the same medication vial might be used for another patient.
  - n. Dedicate vials of medication to a single patient.
  - o. Medications packaged as single-use must never be used for more than one patient:
    1. Never combine leftover contents for later use;
    2. Medications packaged as multi-use should be assigned to a single patient whenever possible
    3. Never use bags or bottles of intravenous solution as a common source of supply for more than one patient.
  - p. Never use peripheral capillary blood monitoring devices packaged as single-patient use on more than one patient:
    - a. Restrict use of peripheral capillary blood sampling devices to individual patients.
    - b. Never reuse lancets. Consider selecting single-use lancets that permanently retract upon puncture.

### **STORAGE OF CLEAN MEDICAL SUPPLIES AND EQUIPMENT**

#### **STORAGE OF MEDICAL EQUIPMENT**

Clean medical supplies must be stored in a manner which protects them from contamination. The following guidelines pertain to the storage of all clean medical supplies.

- 1 Store clean medical supplies in clean utility rooms, supply rooms or other designated clean areas.
- 2 No clean supplies or equipment are to be stored in the soiled utility room
- 3 Do not store clean supplies under sinks or in cabinets under sinks
- 4 Do not store clean supplies on any counter within 2 feet of a sink or other source of water.
- 5 Do not store supplies under areas of leaking water or in areas with damaged or missing ceiling tiles

- 6 Do not store clean supplies in boxes on floors.
- 7 Do not store excess quantities of clean supplies in the patient's rooms. When the patient is discharged, all supplies remaining in the room must be removed and discarded.
- 8 If the outer packaging of clean supplies is damaged, torn, soiled or shows signs of water damage the product should be discarded.
- 9 Do not store clean and soiled items together or in same room.
- 10 Areas/rooms used to store clean medical supplies should be kept clean and free of clutter and debris.
- 11 The bottom wire shelves used to store supplies should be covered with plastic to protect supplies.
- 12 No storage of outer shipping boxes in clean storage areas. Contents must be removed from outer shipping boxes for storage.

### **CLEAN MEDICAL EQUIPMENT**

Clean medical equipment must be identified as clean by the presence of an outer covering or wrapping which protects the equipment from contamination.

The outer covering may consist of an overwrap, if the item comes from central processing, or the item may be covered with a clean clear plastic bag which identifies the product as cleaned/sanitized, and also prevents recontamination by soiling from the environment or by contact with hands or respiratory secretions in the course of casual contact with the item. Clear plastic bags are typically used to identify and protect cleaned commodes, IV poles, portable HEPA filters and other equipment cleaned and sanitized by building services.

Clean medical equipment must be stored in a manner which protects them from contamination. The following guidelines pertain to the storage of all clean medical equipment

- 1 Store clean medical Equipment in clean utility rooms, supply rooms or other designated clean areas.
- 2 No clean medical equipment is to be stored in the soiled utility room
- 3 Do not store clean equipment under sinks or in cabinets under sinks
- 4 Do not store clean equipment on any counter within 2 feet of a sink or other source of water.
- 5 Do not store clean medical equipment under areas of leaking water or in areas with damaged or missing ceiling tiles
- 6 If the outer covering of clean medical equipment is damaged, torn, or shows signs of water damage the product should be reprocessed
- 7 Do not store clean medical equipment in a room used to store dirty equipment or supplies.
- 8 Areas/rooms used to store clean medical Equipment should be kept clean and free of clutter and debris.

### **VISITORS INFECTION CONTROL POLICY**

**Objective:** To reduce the risk of transmission of infections between patients/residents and visitors.

**Note:** If the visitor is ill with a cough, fever, rash, sore throat, vomiting or diarrhea, visits should be postponed until the visitor is no longer ill.

Visitors include family members, friends, volunteers and any other persons or groups who enter patient/resident care areas.

(a) Visitors to the facility are required to conform to facility policies and procedures when visiting patients/residents. This includes visitors compliance with all indicated procedures when a patient/resident is under any type of infection precautions. The facility provides essential information and instruction as necessary.

(b) Visitors should consult nurse before entering patient room where "STOP" sign is posted at the patient/resident door or over the bed. The nurse will guide the visitor as to what type of personal protective equipment is required and other instructions before interacting with patient/resident.

(c) Hand hygiene should be performed before and after the visit.

(e) If a family member desires to provide care for the patient/resident, such as bathing or feeding, the same infection control techniques are required, of the assisting family members, as is required of hospital care personnel.

(f) The KJMC/ RNH may restrict visitors to the facility as a whole or to specific patient/resident or group of patients/residents. Reasons may be epidemics in the community, increased susceptibility of the patients/residents to infectious diseases, or other conditions.

(g) Visitors should not bring food to patients/ residents unless specific permission has been given and arrangements have been made for safe storage, if necessary.

(h) No live plant or flower's are allowed for immuno-compromised patients.

## KJMC Infection Control Department: Isolation/Precaution Guidelines Summary

	Standard Precaution	Airborne Precaution	Droplet Precaution	Contact Precaution
<b>Mode of Transmission</b>	Contact with patient blood/body fluids	Airborne	Droplet	Direct patient contact/contact with patient environment
<b>Disease Examples</b>	All patients at ALL time regardless of patient diagnosis	Herpes Zoster ((Disseminated or immunocompromised host) Chicken pox (Varicella) Tuberculosis Measles	H.Influenzae-b Neisseria Meningitis MDR S. pneumoniae Mycoplasma Pneumonia Diphtheria Pertussis Strep. Pharyngitis (gp A) Viral infections MRSA and/or antibiotic resistant Acinetobacter in sputum of pts with <u>active cough</u> or those requiring suctioning	MRSA VRE C.difficile M.D.R gram negative rods Enteric pathogens Multi drug resistant infections of decubitus ulcers and wounds (uncovered only) Scabies Pediculosis Herpes Zoster (also see airborne precautions for special cases)
<b>Private Room/MD Order</b>	No	Yes Mandatory Place in negative pressure room. If not available, provide private room with HEPA filter. Transfer to negative pressure room when available <u>Keep door closed</u>	Yes if available. If no private room available cohort with patient infected at same site with same organism if possible. If cohorting is not possible place patient with roommate who has no tubes, indwelling catheters, or skin problems. Maintain at least 3 feet of separation between pts. <u>Door may be kept open</u>	Yes if available If no private room available, cohort with patient infected with same organism at same site If cohorting not possible place patient with roommate who has no tubes, indwelling catheters, or skin problems. Maintain 3 feet separation between pts. <b>Door may be kept open</b>
<b>Linen</b>	No special precaution	No special precaution	No special precaution	No special precaution
<b>Dietary Service</b>	No special precaution	No special precaution	No special precaution	No special precaution
<b>Special Air Flow</b>	No	Yes Negative pressure room with 8-12 air exchanges per hr.	No	No
<b>Glove</b>	If handling body fluids, mucous membrane or non-intact skin	If handling body fluids mucous membrane or non-Intact skin	If handling body fluids. mucous membrane or non-intact skin	If handling body fluids, mucous membrane or non-intact skin

	<b>Standard Precaution</b>	<b>Airborne Precaution</b>	<b>Droplet Precaution</b>	<b>Contact Precaution</b>
<b>Mask</b>	If splashing or aerosolization likely	Yes. Particulate Filter Respirator (N-95 Mask). Face fit testing required before use. Contact supervisor for fit testing.	Yes. For use within a 3 foot radius of patient	If splashing or aerosolization likely
<b>Goggles, Face Shields</b>	If splashing likely	If splashing likely	If splashing likely	If splashing likely
<b>Gown</b>	If clothing likely to be soiled	If clothing likely to be soiled	if clothing likely be soiled or if clothing will have substantial contact with the patient or environment	if clothing likely be soiled or if clothing will have substantial contact with the patient or environment
<b>Hand Washing</b>	Before and after patient contact, after removing gloves and handling potentially contaminated articles,	Before and after patient contact, after removing gloves and handling potentially contaminated articles,	Before and after patient contact, after removing gloves and handling potentially contaminated articles,	Before and after patient contact, after removing gloves and handling potentially contaminated articles,
<b>Needles/Syringes and Other Sharps</b>	Used needle should not be recapped or bent. Place in sharp disposal container at the point of use	Used needle should not be recapped or bent. Place in sharp disposal container at the point of use	Used needle should not be recapped or bent. Place in sharp disposal container at the point of use	Used needle should not be recapped or bent. Place in sharp disposal container at the point of use
<b>Transporting Patients</b>	No special precaution	Clean gown and mask on patient during transport	Clean gown and mask patient during transport	No special precautions.
<b>Specimen Transport</b>	Place specimen in biohazard bags at point of collection for lab transport	Place specimen in biohazard bags at point of collection for lab transport	Place specimen in biohazard bags at point of collection for lab transport	Place specimen in biohazard bags at point of collection for lab transport
<b>Housekeeping</b>	Routine cleaning procedure	Routine cleaning procedure	Routine cleaning procedure	Routine cleaning procedure
<b>Sign at Door</b>	No sign	Stop sign	Stop sign	Stop sign



## Door Stop Sign

[Placed outside patient's room. Used to instruct personnel and visitors regarding use of appropriate protective equipment.]



## Hepatitis B

HEPATITIS B IS A BLOODBORNE PATHOGEN.

Hepatitis is an inflammation of the liver. It can be caused by a wide variety of agents including medications, alcohol, toxic or poisonous substances and infectious agents such as viruses. Signs and symptoms are:

- Fever: an increase in body temperature
- Jaundice: yellowing of the skin and sclera (white part of the eye)
- Hepatomegaly: an enlargement of the liver
- Malaise: feeling tired and listless

- Dark colored urine
- Joint pain

## Hepatitis Transmission

Transmission of Hepatitis B can occur after a needle stick or sharp injury; a splash or spray of blood or body fluids to the eyes, nose or mouth; unprotected sex with an infected partner; and from an infected mother to the baby. A patient may have Hepatitis B and not have signs or symptoms of the disease and/or not know that he or she is infected with the disease.

In the hospital, we break the chain of infection for Hepatitis B by following Standard/Universal Precautions, proper handling and disposal of sharps and the Hepatitis B Vaccination Program.

The Hepatitis B vaccine is a non-infectious, yeast-based vaccine. It is not made from blood or plasma. It is a series of three injections given in the deltoid muscle at three separate visits to EHS. The vaccine is available free of charge to employees of KJMC. More than 90% of those who are vaccinated will develop immunity to Hepatitis B. To ensure immunity, it is important for individuals to receive all three injections. At this point, it is unclear how long the immunity lasts, so booster shots may be required at some point in the future. It is recommended that an individual titer or presence of antibodies to Hepatitis B be checked approximately four to six weeks after the third injection. Any employee who wishes to receive the Hepatitis B vaccine should call EHS to set an appointment.

OSHA's blood borne pathogen regulations require that any employee who may have occupational exposure to blood or potentially infectious material must show proof of immunity, receive the Hepatitis B vaccine or sign a refusal form in EHS. If you refuse the vaccine and sign the declination form, you may elect to receive the vaccine at a later date should you change your mind.

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## Regulated Medical Waste

According to the Centers for Disease Control (CDC) and OSHA, Universal/Standard Precautions refers to an infection control system that assumes that any direct contact with a patient, particularly their body fluids, has the potential for transmitting disease. This system resulted from the heightened awareness and concern over the potential risk of transmitting HIV and HBV to healthcare providers. Therefore, Universal/Standard Precautions is a system designed to ensure the safety of the individual healthcare provider.

The critical factor for determining if material used in patient care should be considered as regulated medical waste are: (1) direct contact with any of the fluids identified by OSHA as being possible sources of transmission of infectious agents, and (2) the quantities of these fluids. OSHA has described semen, vaginal secretions, pleural fluid, synovial fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, and any other fluid visibly contaminated with blood. Conversely, feces, urine and vomitus are not included unless they contain visible blood.

## Human Pathological Wastes

This waste includes tissue, organs and body parts, body fluids that are removed during surgery, autopsy or other medical procedures or specimens of body fluids and their containers, and discarded materials saturated with such body fluids other than urine.

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## Tuberculosis

Tuberculosis (TB) is responsible for over three million deaths per year worldwide. It is approximated that 1.75 billion people are infected with Mycobacterium Tuberculosis. In New York City, TB cases rose steadily from 1979 to 1992. Factors that contributed to the increase included the HIV epidemic, increased immigration from areas of the world where TB is common, a weakening of the public health structure in the 1970s and 1980s, and social conditions such as homelessness, crowding and incarceration. In 1993 there was a 15% decrease in the number of cases of TB in the United States, the first significant decline in fifteen years. In 1994 a decrease in the number of New York City cases



occurred. One of the measures that contributed to the decrease was improved infection control practices limiting the spread of TB in hospitals.

**What are we doing to deal with this organism? How can you protect yourself and effectively break the chain of infection? First we need to identify who may have TB.**

There are some patients who are at a higher risk than normal for developing TB. These include homeless persons, intravenous drug users, persons who are HIV positive, immigrants from endemic areas, persons from the prison system, immunosuppressed persons and anyone with a history of TB. All patients considered at high risk for TB must be evaluated by Infection Control.

**Any person in a high risk group with pulmonary symptoms must be isolated.**

The pulmonary symptoms that should be observed for are:

1. Cough
2. Pleuritic chest pain – typically sharp pain upon inspiration
3. Blood in sputum – any blood in sputum should be evaluated
4. Weight loss
5. Night sweats
6. Fever

All patients admitted must be evaluated by the nursing staff regarding any past history of TB or a positive PPD (intradermal skin test for TB), any exposure to TB in their home or workplace, or membership in any of the high-risk groups.

**TB is transmitted when someone with active Pulmonary or Laryngeal TB sneezes or coughs. That is why it is important that Airborne Precautions are followed when someone is a suspected or confirmed TB case. (See attachment for information on proper placement of the PFN 95 mask.)**

Assuming the potential or actual person with TB has been identified and kept on Airborne Precautions, what else can we do to break the chain of infection? First, you must be aware of your own risk of exposure. Staff is tested at least yearly with PPD skin testing. After exposure to TB has been identified, all staff are evaluated, except for those who are already tested every six months. EHS must evaluate your PPD. You cannot self-report nor can you have a nurse who is not in EHS, the Emergency Department or Urgent Care must evaluate your PPD. PPDs may also be read by accredited MDs or RNs on a limited basis as defined by EHS. It is the “induration” or swelling and hardness of the site that is evaluated and measured, not the redness. Always follow up with EHS. PPD placement, when done annually, corresponds to the annual health survey. Check with you Head Nurse, Nurse Manager, AND or EHS for the dates and times. If you have received the BCG vaccine in the past, you must still be tested for exposure to TB with a PPD. Prior BCG vaccination is not a contraindication for PPD testing. Some staff members do, with exposure to TB, convert to having a positive PPD. This does not mean that the converter has active TB. However, the converter will need a chest X-ray for further evaluation. Also, the medication INH (Isoniazid) may be prescribed to decrease the chance that TB will develop. It is recommended that this medication be taken for a period of six months to one year. Once someone has converted, PPD testing is no longer done.

It is important to remember the signs and symptoms of TB. If you are experiencing a cough, night sweats, bloody sputum or any of the symptoms mentioned above, please see EHS to be evaluated. It is much safer for you, your fellow workers, your family and your patients to be cautious.

# Facepiece Respirators

## Fitting Instructions for 3M Filtering Facepiece Respirators

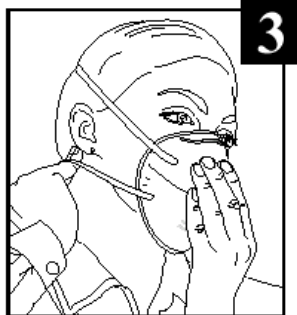
1. Place the respirator over your nose and mouth. Be sure the metal nose clip is on top. With models 8210 or 07048, prestretch the straps before wearing.



2. Pull the top strap over your head until it rests on the crown of your head above your ears.



3. Pull the bottom strap over your head until it rests just below your ears.



4. Using both hands, starting at the top, mold the metal nose clip around your nose to achieve a secure seal.



### **Check the Seal**

Check the seal of your filtering facepiece respirator each time you don the respirator.

#### ***Positive Pressure User Seal Check***

For non-valved respirators, place both hands completely over the respirator and *exhale*. The respirator should bulge slightly. If air leaks between the face and facesel of the respirator, reposition it and readjust the nose clip for a more secure seal. If you cannot achieve a proper seal, *do not* enter the contaminated area. See your supervisor.



#### ***Negative Pressure User Seal Check***

For valved respirators, place both hands over the respirator and *inhale* sharply. The respirator should collapse slightly. If air leaks between the face and facesel of the respirator, reposition it and readjust the nose clip for a more secure seal. If you cannot achieve a proper seal, *do not* enter the contaminated area. See your supervisor.



## Fitting Instructions for 3M Adjustable Strap Valved Filtering Facepiece Respirators

1. Place the respirator over your nose and mouth. Be sure the metal nose clip is on top.



2. Pull the bottom strap over your head until it rests below the ears at the back of your neck.



3. Pull the top strap over your head until it rests on the crown of your head above your ears.



4. Without removing the respirator, adjust the straps until the respirator is secure. To tighten the respirator, gently pull the ends of both straps. To loosen the respirator, press on the back side of the buckle.



5. Using both hands starting at the top, mold the metal nose clip around your nose to achieve a secure seal.



### ***Check the Seal***

Check the seal of your adjustable strap valved filtering facepiece respirator each time you don the respirator.

Place both hands over the respirator and *inhale* sharply. The respirator should collapse slightly. If air leaks between the face and facepiece of the respirator, reposition it and adjust the nose clip for a more secure seal. If you cannot achieve a proper seal, *do not* enter the contaminated area. See your supervisor.



## KJMC Infection Control Department Infectious Waste Disposal Guidelines

Item	Place in Sharp Container	Place in Red Bag	Place in Clear Bag
Needles	X		
Lancets	X		
Sutures	X		
Scalps	X		
Scissors	X		
Specimen tube used/unused	X		
Broken glass	X		
IV catheters	X		
Drainage receptacle		X	
Dressings/bandage saturated with blood		X	
Foley catheter/bags with blood		X	
Blood bags		X	
Hemodialysis tubing		X	
IV lines & bags with visible blood		X	
Ventilator tubing saturated with secretions		X	
Diapers saturated with body fluids or blood		X	
PPE used for respiratory isolation			X
PPE			X
Packaging and boxes			X
Plates, cups, utensils			X
Tissues and paper towels			X
Disposable food trays			X

## Sharps

This waste includes but is not limited to discarded unused sharps and sharps used in animal or human patient care, medical research or clinical or pharmaceutical laboratories, hypodermic, intravenous or other medical needles, hypodermic or intravenous syringes to which a needle or other sharp is still attached, Pasteur pipettes, scalpel blades or blood vials. This category also includes any other type of broken or unbroken glass in contact with infectious agents.

The single most important aspect to sharps which gives rise to fear and apprehension is their inherent ability to cause puncture wounds and/or lacerations which may create a portal of entry for infectious agents. Although syringes with attached needles are the classic example of sharps, other items used in the delivery of healthcare or in research and which have come in contact with infectious agents, *e.g.*, glass or rigid plastic culture tubes, flasks, beakers, etc., must also be considered as sharps and be disposed of accordingly.

One point needs to be clarified. No attempt should ever be made to remove the needle from the barrel of the syringe. To do so would only increase the opportunity for needle stick injury. The total unit should be placed in a sharps container and disposed of as regulated medical waste. In those instances, however, where only the barrel of the unit is utilized, the barrel can be disposed of as solid waste, provided it did not come into contact with infectious agents.

# Recognition and Management of Terrorism

## Ten Critical Steps for Handling Possible Bioterrorist Events

### 1 Maintain an index of suspicion.

In an otherwise healthy population, some associations are very suggestive, especially when seen in clusters, high numbers, or unusual presentations.

**Hemoptysis** Plague  
**Flaccid Paralysis** Botulism  
**Purpura** Viral Hemorrhagic Fevers (VHF)  
**Wide mediastinum** Anthrax  
**Centripetal\* rash** Smallpox  
 \*Rash more abundant on face and extremities

### 2 Protect yourself and your patients.

Use appropriate personal protection equipment (PPE). For **smallpox**, triage and evaluate patient in an isolation room; wear an appropriate respirator (N-95 or higher).

### 3 Adequately assess the patient.

Review and assess the patient's history. Also, ask:

- Are others ill?
- Were there any unusual events?
- Was there a possible contaminated food item?
- Was there vector exposure?
- Has the patient been traveling?
- What is the patient's immunization record?
- What is the patient's occupation?

Perform a physical examination with special attention to the respiratory system, nervous system, skin condition, and hematologic and vascular status.

### 4 Decontaminate as appropriate.

**Do not** use bleach on exposed people. Soap, water and shampoo are perfectly adequate for all biological and most chemical agents. Chemically contaminated clothes should be removed and discarded safely. Biologically contaminated clothes can be laundered with soap, water and, perhaps, bleach.

### 5 Establish a diagnosis.

Think clinically and epidemiologically; always send specimens for culture.

<b>Symptom (individuals)</b>	<b>Possible Diagnosis</b>
Pulmonary	Anthrax, tularemia, plague, staph enterotoxin B (SEB)
Neuromuscular	Botulism, Venezuelan equine encephalitis (VEE)
Bleeding/purpura	VHF, ricin, plague (late)
Rash (various types)	VHF, T2 mycotoxin, smallpox, plague
Flu-like symptoms	Varies
<b>Immediate Symptoms (large numbers)</b>	<b>Possible Diagnosis</b>
Pulmonary	SEB, mustard, Lewisite, phosgene, cyanide
Neurologic	Nerve gases, cyanide
<b>Delayed Symptoms (large numbers)</b>	<b>Possible Diagnosis</b>
Pulmonary	Biologic agents, mustard, phosgene
Neurologic	Botulism, VEE, other encephalitis

### 6 Render prompt treatment.

Doxycycline can be used to treat virtually everything (**except virals or toxins**) while awaiting lab results.

Inhalational anthrax should be treated with two or more antibiotics, including doxycycline or ciprofloxacin plus one or more other antibiotics. Observe pediatric precautions as appropriate. Prophylaxis (antibiotics and/or vaccines) should be administered according to public health recommendations.

### 7 Provide good infection control.

Recommended isolation precautions (in addition to standard precautions) for biologic agents include:

<b>Anthrax:</b>	Contact precautions for cutaneous anthrax
<b>Pneumonic Plague:</b>	Droplet precautions; contact precautions if draining buboes present
<b>Smallpox:</b>	Airborne and contact precautions
<b>Tularemia:</b>	Contact precautions if lesions present
<b>Viral Hemorrhagic Fevers:</b>	Contact precautions; airborne precautions especially in late stages

### 8 Alert the proper authorities.

Agency	Telephone Number
FBI	518-465-7551 (Albany) 212-384-1000 (New York City) 716-856-7800 (Buffalo)
Municipal Police/County Sheriff	_____
New York State Police	_____
County Health Department	_____
New York State Health Department	518-473-4436 (days) 518-465-9720 (after hours)
Local Emergency Medical Services Unit	_____
Local Hospitals	_____
Centers for Disease Control and Prevention	770-488-7100
Wadsworth Laboratory	518-474-2821 (days) 518-465-9720 (after hours)

### 9 Assist in the epidemiologic investigations so as to determine who may be at risk.

Steps in an epidemiologic investigation:	Count cases;
	Relate to the at-risk population;
	Make comparisons;
	Develop hypotheses;
	Test hypotheses;
	Make inferences;
	Conduct studies;
	Interpret and evaluate.

### 10 Know and spread this information.

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4/02

Adapted with kind permission from a lecture by Dr. Ted Cieslak, Colonel, US Army

New York State Department of Health  
Bureau of Communicable Disease Control





More information on how to recognize and manage a patient exposed to terrorism can be obtained from a *Self-Learning Package* distributed by the *Nursing Education Department, Leviton 201* or from a video that can be borrowed from the KJMC Medical Library.

The Self-Learning Package is recommended for all department heads, managers, supervisors and coordinators as well as all nurses.

## KJMC Infection Control Department: Isolation/Precaution Guidelines for Bioterrorism Agents

	Standard Precaution	Airborne Precaution	Droplet Precaution	Contact Precaution
<b>Mode of Transmission</b>	Contact with patient blood/body fluids	Airborne	Droplet	Direct patient contact/contact with patient environment
<b>Bioterrorism Agent</b>	Anthrax (pulmonary) Botulism Tularemia Viral Encephalitis	Smallpox Ebola Virus (VHF)	Pneumonic Plague	Anthrax (Cutaneous) Smallpox (Also see Airborne) Cholera Ebola (VHF) (Also see Airborne)
<b>Private Room/MD Order</b>	No	Yes Mandatory Place in negative pressure room if available. If not available, provide room with HEPA filter. <u>Keep door closed</u>	Yes if available. If no private room available cohort with patient infected with same organism. <u>Door may be kept open</u>	Yes if available If not, cohort with patient infected with same organism.
<b>Linen</b>	No special precaution	Place linen in red bag and decontaminate by autoclaving	Place linen in red bag and decontaminate by autoclaving	Decontaminate for Smallpox and Ebola. No special precautions needed for Anthrax and Cholera
<b>Dietary Service</b>	No special precaution	Disposable dishes and utensils	No special precaution	No special precaution except for Smallpox and Ebola. For Smallpox and Ebola (VHF) see Airborne requirements.
<b>Special Air Flow</b>	No	Yes Negative pressure room with 8-12 air exchanges per hr.	No	No
<b>Glove</b>	If handling body fluids, mucous membrane or non-intact skin	If handling body fluids mucous membrane or non-Intact skin	If handling body fluids. mucous membrane or non-intact skin	If handling body fluids, mucous membrane or non-intact skin
<b>Mask</b>	If splashing or aerosolization likely	Yes. Particulate Filter Respirator (N-100 Mask). Face fit testing is required before use. Contact supervisor for fit testing.	Yes. Mask for use within a 3 foot radius of patient	If splashing or aerosolization likely
<b>Goggles, Face Shields</b>	If splashing likely	If splashing likely	If splashing likely	If splashing likely
<b>Gown</b>	If clothing likely to be soiled	Protective gown	if clothing likely be soiled or if clothing will have substantial contact with the patient or the environment	if clothing likely be soiled or if clothing will have substantial contact with the patient or the environment

	<b>Standard Precaution</b>	<b>Airborne Precaution</b>	<b>Droplet Precaution</b>	<b>Contact Precaution</b>
<b>Hand Washing</b>	Before and after patient contact, after removing gloves and handling potentially contaminated articles.	Before and after patient contact, after removing gloves and handling potentially contaminated articles	Before and after patient contact, after removing gloves and after handling potentially contaminated articles	Before and after patient contact, after removing gloves and after handling potentially contaminated articles,
<b>Needles/Syringes and Other Sharps</b>	Used needle should not be recapped or bent. Place in sharp disposal container at the point of use	Used needle should not be recapped or bent. Place in sharp disposal container at the point of use	Used needle should not be recapped or bent. Place in sharp disposal container at the point of use	Used needle should not be recapped or bent. Place in sharp disposal container at the point of use
<b>Transporting Patients</b>	No special precaution	LIMIT TRANSPORT UNLESS ABSOLUTELY NECESSARY. Clean gown and mask on patient during transport	Clean gown and mask patient during transport	No special precautions EXCEPT FOR SMALLPOX AND EBOLA (See Airborne)
<b>Specimen Transport</b>	Specimen to be placed in clear plastic biohazard labeled bags at the point of collection for transport to lab.	Specimen to be placed in clear plastic biohazard labeled bags at the point of collection for transport to lab.	Specimen to be placed in clear plastic biohazard labeled bags at the point of collection for transport to lab.	Specimen to be placed in clear plastic biohazard labeled bags at the point of collection for transport to lab.
<b>Housekeeping</b>	Routine cleaning procedure	Routine cleaning procedure	Routine cleaning procedure	Routine cleaning procedure
<b>Sign at Door</b>	No sign	Stop sign	Stop sign	Stop sign

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# Competency Exam: Chapter 3

## Infection Control/Terrorism Management

Questions	Select the correct response:
1. The single most important way to prevent the spread of infection is to:	Wash your hands Wear gloves Wear a mask All of the above
2. For how long is it recommended that you wash your hands?	a. 10-15 seconds (the time it takes to say a children's nursery rhyme) b. 3 minutes c. 5 minutes d. None of the above
3. Which of the following must you do if you are injured by a contaminated needle?	a. Wash the area with soap and water b. Report the incident to your supervisor c. Seek an evaluation as soon as possible at Employee Health Services (EHS) d. All of the above
4. Standard/Universal Precautions must be used when caring for:	a. A patient with cancer b. A patient with TB c. All patients d. Patients that are HIV positive
5. When a patient is on Contact Precaution:	a. Gloves should be worn if handling body fluids b. Upon entering the room, a gown should be worn if you anticipate that clothing will have substantial contact with the patient or patient environment c. The N-95 Mask should be worn before entering the room d. A and B
6. When a patient is on Airborne Precautions:	a. Patients must be private rooms with the door closed b. You must wear the hospital-mandated mask N95 c. Special dietary tray precautions d. A and B
7. When a patient is on Droplet Precautions you should do all except:	a. Wear a surgical mask when working within eight feet of the patient b. Use a surgical mask on the patient during transport c. Patient may be in a private room d. Patients may be cohorted with another patient with the same organism at the same site.
8. Hepatitis B can be transmitted through a blood splash to the eye.	a. True b. False
9. More information regarding how to recognize and handle patients exposed to terrorism can be obtained from a Self Learning Nursing Package distributed by the Nursing Education Department L201.	a. True b. False
10. When transferring a patient on precautions off your unit, it is your responsibility to notify the receiving unit.	a. True b. False
11. Which of the following items belong in the red bag garbage:	a. IV tubing with IV bag that has no blood b. IV tubing from a blood transfusion c. Needle and syringe d. Dry used dressings
12. Scalpels, pipettes and blood vials are disposed of in red bag waste.	a. True b. False

# Chapter 4:

# Patient/Resident Rights

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## Purpose

This module was designed to review KJMC's policies as they relate to patient and resident rights.

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## Objectives

At the completion of this module, the learner will be able to:

1. Define Patient/Resident Rights
2. Relate KJMC's Mission Statement
3. Identify and understand the three types of advance directives
4. Complete the competency exam

## KJMC/RNH Mission Statement

### History

Kingsbrook Jewish Medical Center, founded in 1925 on Judaic tradition and rooted in the ethics of healing and devoted service, is dedicated to caring for all people regardless of religion, race, national origin or the ability to pay. A not-for-profit multi-specialty teaching hospital, it provides the most advanced medical treatment and excellence in both acute and long-term patient care.

### Vision

To be distinguished as a premier hospital and trusted partner that advances the well-being of the individuals, families and communities we serve.

### Mission

To partner with our culturally diverse communities to provide a continuum of outstanding health care services to individuals and families through a caring and trustworthy staff.

### Values

Compassion  
Respect  
Ethics  
Excellence  
Dedication

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## Patients' Bill of Rights<sup>1</sup>

As a patient in a hospital in New York State, you have the right, consistent with law, to:

1. Understand and use these rights. If for any reason you do not understand or you need help, the hospital MUST provide assistance, including an interpreter.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation or source of payment.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
4. Receive emergency care if you need it.
5. Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
6. Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
7. A no smoking room.
8. Receive complete information about your diagnosis, treatment and prognosis.
9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.

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<sup>1</sup> Public Health Law (PHL) 2803(1)(g) Patients' Rights, 10NYCRR, 405.7, 405.7(a)(1), 405.7(a)(2)

10. Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Do Not Resuscitate Orders -- A Guide for Patients and Families."
11. Refuse treatment and be told what effect this may have on your health.
12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
13. Privacy while in the hospital and confidentiality of all information and records regarding your care.
14. Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
15. Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
16. Receive an itemized bill and explanation of all charges.
17. Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the Health Department telephone number.
18. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
19. Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

## Your Rights as a Nursing Facility Resident

**These Rights are Required by State and Federal Law**

### ***Privacy and Respect***

It is your right to:

- Receive a copy of your rights and facility regulations prior to or at the time of admission to the facility;
- Be informed of your rights, and the rules and regulations of the facility;
- Be informed both orally and in writing of your rights in a language that you can understand;
- Exercise your rights as a citizen of your state and the United States;
- Exercise civil and religious liberties;
- Talk to or write to anyone in or outside of the facility;
- Be treated as a person with respect, dignity and consideration;
- Receive services considering your special needs;
  - Receive prompt response to all reasonable requests;
  - Keep your personal and medical records private, and refuse to allow anyone to see these records without your written permission;
  - Get an advance notice about a change in room or roommate and to be told why such a change is needed.

***Activities***

It is your right to:

- Plan your daily activities;
- Take part in various activities at the facility.

***Medical Care and Treatment***

It is your right to:

- Receive adequate, appropriate health care and appropriate protective and supportive services;
- Be present and participate in your care plan;
- Formulate an advance directive which must be complied with by the facility;
- Be told in a language you understand about your medical problems and total health condition;
- Choose your own physician;
- Give yourself certain medications under certain conditions;
- Be told in advance about any change in treatment or care;
- Refuse treatment offered to you by your physician;
- Refuse to participate in experimental research.

***Work***

It is your right to:

- Not perform work;
- Receive a wage if you desire for any work you do.

***Personal Possessions***

It is your right to:

- Have your own clothing and possessions.

***Freedom from Abuse and Restraints***

It is your right to:

- Be free from discrimination, punishment or denial of privileges and any physical, mental or sexual abuse;
- Be free from abuse, scolding or punishment within the facility;
- Not to be tied in any chair or bed, or held by a tray unless a physician states in writing that you need to be for your own safety or in an emergency;
- Be free of mental, physical or psychosocial abuse, and of restraints not ordered by your physician and not documented as medically necessary;
- Be free of drugs and physical restraints for the purpose of discipline or convenience of the facility.

***Freedom of Association and Communication in Privacy***

It is your right to:

- If married, share the room with your spouse if both of you agree to it, and to visit privately with your spouse;



- Visit privately outside the facility with anyone of your choice;
- Have visitors at the facility in a timely manner at reasonable hours;
- Make phone calls to anybody as long as you pay for them;
- Send and receive mail unopened;
- Meet with and belong to any church or social group;
- Meet with other residents and resident groups within the facility;
- See the findings of State and Federal inspections;
- Talk to State inspectors and Ombudsmen in private.

### ***Financial Affairs***

It is your right to:

- Be told of all services available and all costs, including those charges covered or not covered under Medicare or Medicaid, the basic per diem rate, and items or services you request, which are not covered by Medicare or Medicaid;
- Manage your personal affairs, or of this is delegated in writing, to receive a written quarterly statement upon request;
- Be told if you are entitled to Medicare or Medicaid;
- Not charge your personal funds for any item or service paid by Medicare or Medicaid or not requested by you;

### ***Admission, Transfer and Discharge***

It is your right to:

- Be treated without discrimination regardless of source of payment to the facility;
- Not be required to give up your rights to Medicare or Medicaid;
- Be informed of the bed hold policy for temporary absences from the facility;
- Be transferred or discharged only after reasonable notice is given and only for medical reasons, the welfare of other residents, or for nonpayment. You may not be transferred or discharged from a Title XIX (Medicaid) certified facility because the source of payment for care is changed;
- Refuse to transfer to another room under certain conditions.

### ***Grievances and Complaints***

It is your right to:

- Make complaints or suggestions without fear of punishment or coercion of any sort;
- Appeal to the State or Federal survey agency if your problems or complaints are not solved to your satisfaction.

Resident's Name	Date
Resident's Signature	Date
Legal Rep's Name	Date
Legal Rep's Signature	Date

**If you feel that you have been abused, neglected or denied care and treatment in violation of the Resident's Bill of Rights, for confidential assistance contact:**

**DOH HOTLINE: (800) 425-0316**

## KJMC/RNH Advance Directive Policy

Kingsbrook Jewish Medical Center (KJMC) and Rutland Nursing Home (RNH) remain committed to the service of patients and residents and their health care needs and wishes. The institution's policy respects the right of each patient and resident to make voluntary and informed decisions to accept, reject or choose alternative courses of medical and/or surgical treatment, including decisions regarding life sustaining treatment.

In recognition of the right to make healthcare decisions, KJMC and RNH provide information and literature about Advance Directives to permit patients and residents to understand their rights to formulate and the methods for creating an Advance Directive.

Be assured, as caregivers, your comfort and well-being will remain your concern.

Should you choose not to receive life-sustaining treatments, we will comply with your wishes in accordance with the prevailing law and the policy of the institution

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## Planning in Advance for Your Medical Treatment

### Your Right to Decide About Treatment

Adults in New York State have the right to accept or refuse medical treatment, including life-sustaining treatment. Our Constitution and state laws protect this right. This means that you have the right to request or consent to treatment, to refuse treatment before it has started and to have treatment stopped once it has begun.

### Planning In Advance

Sometimes because of illness or injury people are unable to talk to a doctor and decide about treatment for themselves. You may wish to plan in advance to make sure that your wishes about treatment will be followed if you become unable to decide for yourself for a short or long time period. If you don't plan ahead, family members or other people close to you may not be allowed to make decisions for you and follow your wishes.

In New York State, appointing someone you can trust to decide about treatment if you become unable to decide for yourself is the best way to protect your treatment wishes and concerns. You have the right to appoint someone by filling out a form called a Health Care Proxy. A copy of the form and information about the Health Care Proxy are available from your health care provider.

If you have no one you can appoint to decide for you, or do not want to appoint someone, you can also give specific instructions about treatment in advance. Those instructions can be written, and are often referred to as a Living Will.

You should understand that general instructions about refusing treatment, even if written down, may not be effective. Your instructions must clearly cover the treatment decisions that must be made. For example, if you just write down that you do not want "heroic measures," the instructions may not be specific enough. You should say the kind of treatment that you do not want, such as a respirator or chemotherapy, and describe the medical condition when you would refuse the treatment, such as when you are terminally ill or permanently unconscious

with no hope of recovering. You can also give instructions orally by discussing your treatment wishes with your doctor, family members or others close to you.

Putting things in writing is safer than simply speaking to people, but neither method is as effective as appointing someone to decide for you. It is often hard for people to know in advance what will happen to them or what their medical needs will be in the future. If you choose someone to make decisions for you, that person can talk to your doctor and make decisions that they believe you would have wanted or that are best for you, when needed.

If you appoint someone and also leave instructions about treatment in a Living Will, in the space provided on the Health Care Proxy form itself, or in some other manner, the person you select could use these instructions as guidance to make the right decision for you.

## **Deciding About Cardiopulmonary Resuscitation**

Your right to decide about treatment also includes the right to decide about cardiopulmonary resuscitation (CPR). CPR is emergency treatment to restart the heart and lungs when your breathing or circulation stops.

Sometimes doctors and patients decide in advance that CPR should not be provided, and the doctor gives the medical staff an order not to resuscitate (DNR) order. If your physical or mental condition prevents you from deciding about CPR, someone you appoint, your family members or surrogate can decide for you.

Patients are provided with the description of state law prepared by the State Health Department entitled "Planning in Advance For Your Medical Treatment"; the publication, "Appointing Your Health Care Agent New York State's Proxy Law," which contains a sample (usable) health care proxy form; and a summary of the hospital's policy regarding the implementation of these rights. 10NYCRR, 400.21 (d) (1) (i, ii, iii)

## **Deciding about CPR: Do-Not-Resuscitate (DNR) Orders: A Guide for Patients and Families**

### *What do CPR and DNR orders mean?*

CPR cardiopulmonary resuscitation refers to the medical procedures used to restart a patient's heart and breathing when the patient suffers heart failure. CPR may involve simple efforts such as mouth-to-mouth resuscitation and external chest compression. Advanced CPR may involve electric shock, insertion of a tube to open the patient's airway, injection of medication into the heart and in extreme cases, open chest heart massage.

A do-not-resuscitate (DNR) order tells medical professionals not to perform CPR. This means that doctors, nurses and emergency medical personnel will not attempt emergency CPR if the patient's breathing or heartbeat stops.

DNR orders may be written for patients in a hospital or nursing home, or for patients at home. Hospital DNR orders tell the medical staff not to resuscitate the patient if cardiac arrest occurs. If the patient is in a nursing home or at home, a DNR order tells the staff and emergency medical personnel not to perform emergency resuscitation and not to transfer the patient to a hospital for CPR.

### *Why are DNR orders issued?*

CPR, when successful, restores heartbeat and breathing and allows a patient to resume his/her previous lifestyle. The success of CPR depends on the patient's overall medical condition. Age alone does not determine whether CPR will be successful, although illnesses and frailties that go along with age often make CPR less successful.

When patients are seriously ill or terminally ill, CPR may not work or may only partially work, leaving the patient brain-damaged or in a worse medical state than before the heart stopped. In these cases, some patients prefer to be cared for without aggressive efforts at resuscitation.

*Can I request a DNR order?*

Yes. All adult patients can request a DNR order. If you are sick and unable to tell your doctor that you want a DNR order written, a family member or surrogate can decide for you.

*Is my right to request or receive other treatment affected by a DNR order?*

No. A DNR order is only a decision about CPR and does not relate to any other treatment.

*Are DNR orders ethically acceptable?*

It is widely recognized by health care professionals, clergy, lawyers and others that DNR orders are medically and ethically appropriate under certain circumstances. For some patients, CPR offers more burdens than benefits, and may be against the patient's wishes.

*Is my consent required for a DNR order?*

Your doctor must speak to you before entering a DNR order if you are able to decide, unless your doctor believes that discussing CPR with you would cause you severe harm. In an emergency, it is assumed that all patients would consent to CPR. However, if a doctor decides that CPR will not work, it is not provided.

*How can I make my wishes about DNR known?*

During hospitalization, an adult patient may consent to a DNR order orally or in writing, if two adult witnesses are present. When consent is given orally, one of the witnesses must be a physician affiliated with the hospital. Prior to hospitalization, consent must be in writing in the presence of two adult witnesses. In addition, the Health Care Proxy Law allows you to appoint someone you trust to make decisions about CPR and other treatments if you become unable to decide for yourself.

Before deciding about CPR, you should speak with your doctor about your overall health and the benefits and burdens CPR would provide for you. A full and early discussion between you and your doctor will assure that your wishes will be known.

*If I request a DNR order, must my doctor honor my wishes?*

If you don't want CPR and you request a DNR order, your doctor must follow your wishes or:

- transfer your care to another doctor who will follow your wishes; or
- begin a process to settle the dispute if you are in a hospital or nursing home.

If the dispute is not resolved within 72 hours, your doctor must enter the order or transfer you to the care of another doctor.

*If I am not able to decide about CPR for myself, who will decide?*

First, two doctors must determine that you are unable to decide about CPR. You will be told of this determination and have the right to object.

If you become unable to decide about CPR, and you did not tell your doctor or others about your wishes in advance, a DNR order can be written with the consent of the person highest on the following list:

- your health care agent the person chosen by you to make health care decisions under New York's Health Care Proxy Law (if you have appointed one);
- a court appointed guardian (if there is one);
- your closest relative (spouse, child, parent, sibling);
- a close friend.

*How can I select someone to decide for me?*

The Health Care Proxy Law allows adults to select someone they trust to make health care decisions for them when they are no longer able to do so themselves, including decisions about CPR. You can name someone by filling out a [health care proxy form](#).

*Under what circumstances can a family member or close friend decide that a DNR order should be written?*

A family member or close friend can consent to a DNR order only when you are unable to decide for yourself and you have not appointed a health care agent to decide for you. Your family member or friend/surrogate can consent to a DNR order when:

- you are terminally ill; or
- you are permanently unconscious; or
- CPR will not work (would be medically futile); or
- CPR would impose an extraordinary burden on you given your medical condition and the expected outcome of CPR.

Anyone deciding for you must base the decision on your wishes, including your religious and moral beliefs, or if your wishes are not known, on your best interests.

*What if members of my family disagree?*

In a hospital or nursing home, your family can ask that the disagreement be mediated. Your doctor can request mediation if he or she is aware of any disagreement among your family members.

*What if I lose the ability to make decisions about CPR and do not have anyone who can decide for me?*

A DNR order can be written if two doctors decide that CPR would not work or if a court approves of the DNR order. It would be best if you discussed your wishes about CPR with your doctor in advance.

*Who can consent to a DNR order for children?*

A DNR order can be entered for a child with the consent of the child's parent or guardian. If the child is old enough to understand and decide about CPR, the child's consent is also required for a DNR order.

*What happens if I change my mind after a DNR order has been written?*

You or anyone who consents to a DNR order for you can revoke consent for the order by telling your doctor, nurses or others of the decision.

*What happens to a DNR order if I am transferred from a nursing home to a hospital or vice versa?*

The DNR order will continue until a doctor examines you and decides whether the order should remain or be canceled. If the doctor decides to cancel the DNR order, you or anyone who decided for you will be told and can ask that the DNR order be entered again.

*If I am at home with a nonhospital DNR order, what happens if a family member or friend panics and calls an ambulance to resuscitate me?*

If you have a nonhospital DNR order and family members show it to emergency personnel, they will not try to resuscitate you or take you to a hospital emergency room for CPR.

*What happens to my DNR order if I am transferred from a hospital or nursing home to home care?*

The order issued for you in a hospital or nursing home will not apply at home. You, your health care agent or family member must specifically consent to a nonhospital DNR order. If you leave a hospital or nursing home without a nonhospital DNR order, a DNR order can be issued by a doctor for you at home.

Patients are provided with information developed by the State Health Department that describes the Do-Not-Resuscitate law. It must also be furnished to each member of the hospital's staff involved in the provision of medical care, and it must be posted in a public place in each hospital.

[Patient Self-Determination Act in OBRA '90 amending 1902 (a) (58) of Social Security Act, Public Health Law 2979.]

## Appointing your Health Care Agent New York State's Proxy Law

A law called the New York Health Care Proxy Law allows you to appoint someone you trust - for example, a family member or close friend - to decide about treatment if you lose the ability to decide for yourself. You can do this by using a Health Care Proxy form like the one inside, to appoint your "health care agent."

This law gives you the power to make sure that health care professionals follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agent's decisions as if they were your own.

You can give the person you select, your health care agent, as little or as much authority as you want. You can allow your agent to decide about all health care or only certain treatments. You may also give your agent instructions that he or she has to follow.

### *Why should I choose a health care agent?*

If you become too sick to make health care decisions, someone else must decide for you. Health care professionals often look to family members for guidance. But family members are not allowed to decide to stop treatment, even when they believe that is what you would choose or what is best for you under the circumstances. Appointing an agent lets you control your medical treatment by:

- allowing your agent to stop treatment when he or she decides that is what you would want or what is best for you under the circumstances;
- choosing one family member to decide about treatment because you think that person would make the best decisions or because you want to avoid conflict or confusion about who should decide; and
- choosing someone outside your family to decide about treatment because no one in your family is available or because you prefer that someone other than a family member decide about your health care.

### *How can I appoint a health care agent?*

All competent adults can appoint a health care agent by signing a form called a Health Care Proxy. You don't need a lawyer, just two adult witnesses. You can use the form printed here, but you don't have to.

### *When would my health care agent begin to make treatment decisions for me?*

Your health care agent would begin to make treatment decisions after doctors decide that you are not able to make health care decisions. As long as you are able to make treatment decisions for yourself, you will have the right to do so.

### *What decisions can my health care agent make?*

Unless you limit your health care agent's authority, your agent will be able to make any treatment decision that you could have made if you were able to decide for yourself. Your agent can agree that you should receive treatment, choose among different treatments and decide that treatments should not be provided, in accord with your wishes and interests.

### *How will my health care agent make decisions?*

You can write instructions on the proxy form. Your agent must follow your oral and written instructions, as well as your moral and religious beliefs. If your agent does not know your wishes or beliefs, your agent is legally required to act in your best interests.

*Who will pay attention to my agent?*

All hospitals, doctors and other health care facilities are legally required to honor the decisions by your agent. If a hospital objects to some treatment options (such as removing certain treatment) they must tell you or your agent IN ADVANCE.

*What if my health care agent is not available when decisions must be made?*

You can appoint an alternate agent to decide for you if your health care agent is not available or able to act when decisions must be made. Otherwise, health care providers will make treatment decisions for you that follow instructions you gave while you were still able to do so. Any instructions that you write on your Health Care Proxy form will guide health care providers under these circumstances.

*What if I change my mind?*

It is easy to cancel the proxy, to change the person you have chosen as your health care agent or to change any treatment instructions you have written on your Health Care Proxy form. Just fill out a new form. In addition, you can require that the Health Care Proxy expire on a specified date or if certain events occur. Otherwise, the Health Care Proxy will be valid indefinitely. If you have named your spouse as your health care agent and you later become divorced or legally separated, your former spouse can no longer be your agent by law, unless you state otherwise. If you would like your former spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse.

*Can my health care agent be legally liable for decisions made on my behalf?*

No. Your health care agent will not be liable for treatment decisions made in good faith on your behalf. Also, he or she cannot be held liable for costs of your care, just because he or she is your agent.

*Is a health care proxy the same as a living will?*

No. A living will is a document that provides specific instructions about health care treatment. It is generally used to declare wishes to refuse life-sustaining treatment under certain circumstances.

In contrast, the health care proxy allows you to choose someone you trust to make treatment decisions on your behalf. Unlike a living will, a health care proxy does not require that you know in advance all the decisions that may arise. Instead, your health care agent can interpret your wishes as medical circumstances change and can make decisions you could not have known would have to be made. The health care proxy is just as useful for decisions to receive treatment as it is for decisions to stop treatment. If you complete a Health Care Proxy form, but also have a living will, the living will provides instructions for your health care agent, and will guide his or her decisions.

*Where should I keep the proxy form after it is signed?*

Give a copy to your agent, your doctor and any other family members or close friends you want. You can also keep a copy in your wallet or purse or with other important papers.

**Appointing a health care agent is a serious decision. Make sure you talk about it with your family, close friends and your doctor.**

**Do it in advance, not just when you are planning to enter the hospital.**

**Filling out a health care proxy is voluntary. No one can require you to do so.**

The Health Care Proxy Law took effect January 1991; forms signed before that date are valid.

Each patient is provided with a Health Care Proxy form and information about that form (developed by the State Health Department). Hospitals must also provide this form and information to each member of the hospital's staff. This information must also be posted in a public place in each hospital.

[New York State's Proxy Law; Public Health Law 2994 (effective January 18, 1991)]

## About the Health Care Proxy

This is an important legal form. Before signing this form, you should understand the following facts:

1. This form gives the person you choose as your agent the authority to make all health care decisions for you, except to the extent you say otherwise in this form. "Health care" means any treatment, service or procedure to diagnose or treat your physical or mental condition.
2. Unless you say otherwise, your agent will be allowed to make all health care decisions for you, including decisions to remove or provide life-sustaining treatment.
3. Unless your agent knows your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube), he or she will not be allowed to refuse or consent to those measures for you.
4. Your agent will start making decisions for you when doctors decide that you are not able to make health care decisions for yourself.

You may write on this form any information about treatment that you do not desire and/or those treatments that you want to make sure you receive. Your agent must follow your instructions (oral and written) when making decisions for you.

If you want to give your agent written instructions, do so right on the form. For example, you could say:

- *If I become terminally ill, **I do/don't** want to receive the following treatments: [insert treatments].*
- *If I am in a coma or unconscious, with no hope of recovery, then **I do/don't** want [insert options].*
- *If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, **I do/don't** want [insert options].*
- *I have discussed with my agent my wishes about \_\_\_\_\_ and I want my agent to make all decisions about these measures.*

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list of the treatments about which you may leave instructions.

- artificial respiration
- artificial nutrition and hydration (nourishment and water provided by feeding tube)
- cardiopulmonary resuscitation (CPR)
- antipsychotic medication
- electric shock therapy
- antibiotics
- psychosurgery
- dialysis
- transplantation
- blood transfusions
- abortion
- sterilization



Talk about choosing an agent with your family and/or close friends. You should discuss this form with a doctor or another health care professional, such as a nurse or social worker, before you sign it to make sure that you understand the types of decisions that may be made for you. You may also wish to give your doctor a signed copy. **YOU DO NOT NEED A LAWYER TO FILL OUT THIS FORM.**

You can choose any adult (over 18), including a family member, or close friend, to be your agent. If you select a doctor as your agent, he or she may have to choose between acting as your agent or as your attending doctor; a physician cannot do both at the same time. Also, if you are a patient or resident of a hospital, nursing home or mental hygiene facility, there are special restrictions about naming someone who works for that facility as your agent. You should ask staff at the facility to explain those restrictions.

You should tell the person you choose that he or she will be your health care agent. You should discuss your health care wishes and this form with your agent. Be sure to give him or her a signed copy. Your agent cannot be sued for health care decisions made in good faith.

Even after you have signed this form, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped if you object. You can cancel the control given to your agent by telling him or her or your health care provider orally or in writing.

## Filling Out the Proxy Form

- **Item (1):** Write your name and the name, home address and telephone number of the person you are selecting as your agent.
- **Item (2):** You may write the name, home address and telephone number of an alternate agent.
- **Item (3):** This form will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want the health care proxy to expire.
- **Item (4):** If you have special instructions for your agent, you should write them here. Also, if you wish to limit your agent's authority in any way, you should say so here. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment. You may also state your wishes about organ or tissue donation(s).
- **Item (5):** You must date and sign the proxy. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

Two witnesses at least 18 years of age must sign your proxy. The person who is appointed agent or alternate agent cannot sign as a witness.

## Health Care Proxy

(1) I, \_\_\_\_\_

hereby appoint

\_\_\_\_\_

*(name, home address and telephone number)*

\_\_\_\_\_

As my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

**(2) Optional: Alternate Agent**

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint

\_\_\_\_\_

*(name, home address and telephone number)*

\_\_\_\_\_

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

**(3)** Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. *(Optional: If you want this proxy to expire, state the date or conditions here.)* This proxy shall expire *(specify date or conditions)*:

\_\_\_\_\_

\_\_\_\_\_

**(4) Optional:** I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. *(If you want to limit your agent's authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.)* I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions *(attach additional pages as necessary)*:

\_\_\_\_\_

\_\_\_\_\_

In order for your agent to make health care decisions for you about artificial nutrition and hydration (*nourishment and water provided by feeding tube and intravenous line*), your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition

and hydration.

**(5) Your Identification (please print)**

Your Name \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Address \_\_\_\_\_

**(6) Optional: Organ and/or Tissue Donation**

I hereby make an anatomical gift, to be effective upon my death, of: (check any that apply)

☐ Any needed organs and/or tissues

☐ The following organs and/or tissues \_\_\_\_\_

☐ Limitations \_\_\_\_\_

If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**(7) Statement by Witnesses** (*Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.*)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Date \_\_\_\_\_

Date \_\_\_\_\_

Name of Witness 1

Name of Witness 2

(print) \_\_\_\_\_

(print) \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

## Health Care Proxy

Proxy is as useful for decisions to RECEIVE treatment as it is for decisions to STOP treatment.

If a Health Care Proxy form is completed and the patient also has a living will, the living will provides clear instructions for the Health Care Agent that will guide his/her decisions regarding care.

A patient's wishes regarding artificial hydration and nutrition must be specified on the proxy form. The form may indicate that the proxy knows the patient's wishes and that the proxy may make decisions regarding artificial nutrition or hydration on his/her behalf.

Filling out a Health Care Proxy is voluntary. No one can require a patient to do so.

The patient may cancel the proxy, change his/her mind about their current proxy, or change any treatment instruction by filling out a new proxy form.

The patient may require that the Health Care Proxy expire on a specific date or if certain events occur. If no stipulations are made, the proxy is valid indefinitely.

If a spouse is the Health Care Agent, and the couple becomes legally separated or divorced, the appointment is automatically canceled.

A nurse can witness the signature of a designated Health Care Agent proxy, but THE NURSE CANNOT BE A HEALTH CARE AGENT OF A PATIENT IN THE HOSPITAL.

## Surrogate Decisions

Who is the surrogate?

1. Health Care Agent or proxy
2. The "surrogate list"
  - a. Court-appointed "committee of the person"
  - b. A person chosen by others on the surrogate list
  - c. Immediate family – spouse, adult children, parents, siblings
  - d. Close friends
  - e. Family or friends who are healthcare professionals

If the patient has a proxy, the form must be placed on the patient's medical record in the appropriate section.

If the patient reports that he or she has appointed a Health Care Proxy, but the form is not available at the time of admission, the nurse must document on the Initial Assessment Form that a Health Care Proxy exists, noting the name and phone number of the proxy, if available. It is the responsibility of the nursing staff to follow up with the patient and/or family to obtain the signed Proxy Form.

## Do Not Resuscitate (DNR) Orders

It is the policy of KJMC to act affirmatively to support and sustain the life of all patients, including persons who suffer from an irreversible terminal disease and to respect the dignity of all individuals. All patients are provided equitable access to resuscitation without regard to age, category of illness or financial or social circumstances.

Before obtaining the consent (of the patient or surrogate) to a DNR order, THE ATTENDING PHYSICIAN must provide the patient/surrogate with information about the medical diagnosis, prognosis and the reasonable foreseeable risks and benefits of CPR for the patient, as well as the consequences of the DNR order.

## ***Foregoing Life-Sustaining Treatment/Issuing DNR Orders***

To forego life-sustaining treatment or issuing DNR orders, two conditions must be met:

1. The treatment will place an excessive burden on the patient
2. At least one of the following:
  - a. The patient is terminally ill (death within six months)
  - b. The patient is permanently unconscious
  - c. It is in keeping with the patient's wishes or is in the patient's best interest
  - d. It is ordered by the court

## ***Types of DNR Forms***

1. State of New York Department of Health non-hospital order for DNR (DOH-3474) – NON-HOSPITAL DNR IS VALID AND SHALL REMAIN IN EFFECT UNTIL THE ATTENDING PHYSICIAN FIRST EXAMINES THE PATIENT THEN DECIDES WHETHER TO ISSUE AN ORDER TO
  - a. Continue the DNR, or
  - b. Cancel the DNR

All forms have to be completely filled out and signed by the ATTENDING PHYSICIAN AND WITNESS and/or CONCURRING PHYSICIAN, as applicable.

The attending should enter a note on the progress notes regarding the discussion and the patient's condition.

## ***Review of DNR Orders***

1. Acute – level care patients – Reviewed by the ATTENDING PHYSICIAN EVERY 7 DAYS (or more often if there is a change in the patient's condition; the MD must document the review in the patient's chart).
2. Long-term care – Each time the patient is required to be seen by the physician but at least every 30 days.

It is the policy of KJMC to honor decisions made by patients receiving medical care, including decisions to accept or refuse medical or surgical treatments and to honor the advance directives of patients, including living wills, health care proxies and oral statements, to the full extent permitted by law. Copies of KJMC's Health Care Proxy Policy, DNR Policy and the Policy on Oral and Written Advance Directives are available. KJMC encourages each patient or family member to discuss these issues with the patient's attending physician. When difficult treatment decisions must be made, patients, families, physicians and any member of the healthcare team may seek the advice of the Hospital Ethics Committee.

## ***Colored Identification Bands***

Colored Identification Bands and colored dots on Patient's Medical Records Binder indicate the following:

1. Yellow ID band – Patient has falls risk
2. Purple band or dot- DNR ordered
3. Blue dot-Patient has DNI ordered
4. Red ID band- Patient has allergies

## ***Policy***

The obligation to participate in the management of pain and relieve a patient's suffering is an integral part of the role of the physician and nurse. The importance of pain management is

further increased when benefits for the patient are realized such as mobilization and shortened hospital stay, as well as patient satisfaction.

## Responsibility

The nurse is to assess a patient's level of pain, as outlined in the following procedure and work actively with the members of the departments of Medicine, Surgery and Anesthesiology to devise an appropriate plan of care. The nurse participates in carrying out that plan of care and evaluating its effectiveness.

Recognize that pain assessment is considered the fifth vital sign that the patient report of pain will be believed and that effective pain management will be given.

Once an intervention is done for pain relief, reevaluation is done to judge the effectiveness of the intervention.

## Process

### Step 1

Recognize the existence of pain

### Step 2

Explore the subjective component of pain

#### *Rationale*

Pain is a highly complex, individualized and subjective human experience. This step is perhaps the most important step of the process.

#### *Process:*

1. Detect the level and location of pain. Pain is either deep or superficial and always has a location. However, chronic pain patients may have difficulty localizing the pain.
2. Question the character of pain or sensation. "What does your pain feel like?" *i.e.*, dull, sharp, piercing, boring, achy, shooting, burning.
3. Question the character of pain (mild, severe). This is best accomplished by a pain rating scale. Use patient/resident's words, *e.g.*, stabbing, aching, burning, sharp. Several pain rating scales are helpful. The Faces Pain Rating Scales are helpful with pediatrics/elderly non-verbal patients. Some examples follow this section.
4. Explore what makes the pain better, what makes it worse and does it radiate.
5. How often does it occur? When does it occur and what is the duration?
6. What causes or what relieves it?
7. Does it interfere with sleep? Appetite? Walking? Mood?
8. If the patient/resident cannot talk, observe for signs of pain, *e.g.*, grimaces, moans, agitation, yelling when touched or dressing.

### Step 3

Observe the objective parameters

*Remember, with chronic pain objective parameters are often unreliable indications because the body learns to adapt to the painful stimuli. Patient, therefore, may need a pain consultation to help alleviate or learn to adjust to living in pain.*

**Step 4**

Determine the meaning of pain for the individual.

Things to consider:

1. For what reason does the patient feel he/she is experiencing pain?
2. What is the individual's understanding of pain?

**Step 5**

Explore the influencing factors. Consider:

1. Physical status
2. Environment
3. Age, sex, socio-cultural group
4. Personality type
5. Psychological status

**Step 6**

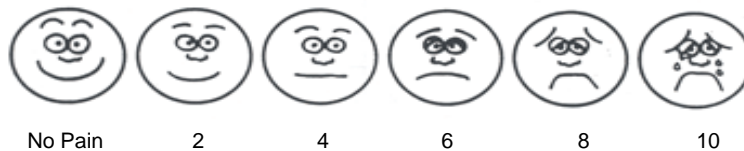
Alert the physician when the medication has not helped the patient's pain.

Source: Excerpts from "*Pain Assessment Guidelines*," Nursing Policy and Procedure Manual

**Sample Pain Rating Scales**

<b>Numerical Pain Scale</b>										
0	1	2	3	4	5	6	7	8	9	10
No Pain									Worst Pain Imaginable	

Faces/Numeral Pain Measurement Tool – Faces Measurement Tool for Pts.: ♦ 3 to 10 years ♦ elderly or ♦ with a language barrier. Use the Numeric Measurement Tool for patients > 10 years



•FLACC Behavioral Pain Scale – (F) Faces, (L) Legs, (A) Activity, (C) Cry, (C) Consolability – is for patients who are:

♦ non-verbal ♦ under 3 years old ♦ mentally challenged or ♦ have a decreased LOC. Measure each of the five FLACC Scale categories scoring from 0 – 2, by circling the FLACC score that correlates with the patient's demonstrated behavior and add the total score (which ranges from 0 – 10).

Categories	Score 0		Score 1		Score 2	
FACE	No particular expression or smile	0	Occasional grimace or frown, withdrawn, disinterested	1	Frequent to constant frown, quivering chin, clenched jaw	2
LEGS	Normal position or relaxed	0	Uneasy, restless, tense	1	Kicking or legs drawn up	2
ACTIVITY	Lying quietly, normal position, moves easily	0	Squirming, shifting back and forth tense	1	Arched, rigid or jerking	2
CRY	No cry (awake or asleep)	0	Moans or whimpers; occasional complaint	1	Crying steadily, screams or sobs, frequent complaints	2
CONSOLABILITY	Content, relaxed	0	Reassured by occasional touching, hugging or being talked to distractible	1	Difficult to console or comfort	2

## Facts About Latex Allergies

Latex is a natural elastic product that can cause an allergic reaction ranging from a mild reaction to a life-threatening emergency

Mild reactions:

- Rash
- Hives
- Cold symptoms
- Itchiness

Life-threatening reactions:

- Wheeze
- Lump in throat
- Difficulty breathing
- Change in vital signs

All reactions are to be reported, evaluated and treated immediately



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## Customer Services

We recognize that a patient's recovery is aided by sympathetic surroundings and that admissions and outpatient visits to our medical center are affected by interpersonal relationships and by the image we project.

It is the responsibility of all employees, physicians, agency personnel and students to ensure that his or her behavior, attitude and actions are at all times consistent with the standards as described in the HOSPITALity House Rules.

### HOSPITALity House Rules

**APPRECIATE:** Say a genuine thanks. Enjoy your coworkers and being part of the team. Keep focused on what is positive about each member.

**LISTEN:** When someone speaks up, complains or confronts, listen and don't be defensive.

**SHOW RESPECT:** Treat coworkers with dignity, empathy and professionalism, no matter what their job. None of us is better than anyone else.

**PITCH IN:** Accept and do with energy even if it's not your job. Help each other and you help your customers.

**BE PRODUCTIVE:** Concentrate on your work and produce results. Enable coworkers to do the same.

**RECOGNIZE EVERY INDIVIDUAL:** There's always a person behind the position. Break the ice. Be warm and friendly. Make eye contact. Express words of concern.

**FOLLOW THROUGH:** Meet deadlines and keep promises. Everything you do affects someone else. Earn people's trust and confidence.

**ACT AND LOOK PROFESSIONAL:** You shape our image.

**ATTEND TO DETAILS:** Quality and accuracy in your work reflects on all of us.

**TAKE RESPONSIBILITY FOR MAKING OUR MEDICAL CENTER WORK BETTER:** Initiate improvements, make suggestions, identify problems and implement solutions. Remember that good enough never is.

**STRETCH TO SERVE THE CUSTOMERS:** Internal or external, go the extra mile. Without customers we have no medical center.

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## Fall Prevention

*The following can be incorporated into patient/resident education.*

**FALLS ARE THE NUMBER ONE REASON FOR UNNECESSARILY PROLONGED STAYS!**

Most of you will require assistance at some point to get out of bed and to walk, especially to and from the bathroom. This environment is different than your home. These are some tips to make your stay a safe one. We encourage you to ask us for help.

- ❖ Be sure you know how to use the *call switch*. When you call, someone will respond as soon as possible, but it may not be immediate in non-emergency situations. Try not to wait until the last minute to ask for help in going to the bathroom.
- ❖ You are not bothering us by using the *call switch*, we are happy to help. When someone responds to your call over the intercom, please *let them know what you need*.

- ❖ You must call for help to get up at any time that you feel weak, dizzy or lightheaded. Do not try to get up by yourself.
- ❖ If the family has released restraints during a visit, the family is asked to tell a nurse before they leave the unit.
- ❖ Be sure to wear slippers, shoes or sneakers with non-skid soles at any time that you get out of bed, even for short distances.
- ❖ Take your time when standing from the bed or chair. Plant your feet firmly, push up with your arms and rise slowly.
- ❖ Do not lean on bedside tables, IV poles or other rolling objects.
- ❖ Secure loose clothing and medical equipment when walking.
- ❖ Use the call switch in the bathroom if you become weak or need assistance back to the bed or chair. After pulling the emergency switch in the bathroom, stay in the sitting position until help arrives.
- ❖ Ask to have objects such as your bedside table, telephone and call switch within your easy reach.
- ❖ Please have your family bring your glasses, contact lenses, hearing aids, braces or other assistive devices into the hospital. Please wear all assistive devices that you wore before admission.

**YOUR COOPERATION IS ESSENTIAL. YOUR SAFETY IS OUR FIRST CONCERN!**



# Competency Exam: Chapter 4

## Patient/Resident Rights

Question	Select the correct response:
1. There are three types of Advance Directives: living will, health care proxy and DNR.	a. True b. False
2. Patient's requests regarding hydration and nutrition must be specified on the proxy form.	a. True b. False
3. A nurse can witness the signature of a designated health care agent.	a. True b. False
4. The patient and the resident have a right to refuse right to privacy and to know the names, position and function of hospital staff.	a. True b. False
5. Which statement about Advance Directives is true?	a. An Advance Directive is written or oral instructions to the MD and other healthcare professionals outlining the type of medical care desired by the patient in the event the patient is incapable of making their own healthcare decisions. b. Advance Directives are documents which need to be drawn up by a lawyer prior to admission. c. Do Not Resuscitate orders are reordered daily. d. All of the above.
6. KJMC's mission is to promote quality healthcare in a caring environment to a diverse population in a cost-effective manner.	a. True b. False
7. Which of the following are considered part of the HOSPITALity House Rules?	a. Prompt mail delivery to all departments. b. Lifting heavy objects without hurting your back. c. Hand washing d. Serving all customers with a smile, keeping promises, listening, showing respect and keeping patients informed.
8. Patients with latex allergy may have symptoms of mild rash, hives, wheezing and difficulty breathing.	a. True b. False
9. The patient and the resident have a right to a smoke-free environment at KJMC and at RNH.	a. True b. False
10. The patient and the resident have a right to complain without fear of reprisal.	a. True b. False

# Chapter 5: Risk Management

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## Purpose

This module was designed to review the laws that impact on the Department of Patient Care Services and the key elements of the Risk Management Program.

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## Objectives

At the completion of this module, the learner will be able to:

1. Define an Occurrence/Incident
2. Explain the process for filling out an Incident Report
3. Define Professional Misconduct
4. Document accurately in the patient's medical record
5. Identify elements of the Risk Management Program
6. Understand confidentiality
7. Complete the competency exam

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## Part 5A: Incidence/Occurrence Reporting

Definition: An Incident/Occurrence is an unexpected event that resulted in or could have resulted in an injury or other loss to patient, visitor or volunteer.

Reasons for Completing Incident Reports:

1. Provides documentation of incident
2. To refresh memory
3. Regulatory requirement of TJC and the New York State Department of Health
4. Insurance/claims management
5. Continuous Quality Improvement (CQI)

Complete an Occurrence Report for all:

1. Patients
2. Visitors
3. Attending Physicians
4. Volunteers

Occurrence Reports:

1. Are not punitive in nature
2. Are not kept in employees' personnel files
3. Are quality control monitors which identify problems, thus assisting the risk manager and the nursing staff to promote quality patient care in a safe environment

Medical Safety Device Act of 1991:

1. All medical facilities are required to report and document any medical device-related incident/event to the FDA and device manufacturer.
2. The Risk Management Department is to be notified as soon as possible so that all appropriate documentation can be completed.

General rules for completing an Incident Report:

1. Be objective
2. Be concise
3. Write legibly
4. Do not complain about staffing problems or personal conflict
5. Fill in completely
6. Notify ADN, Clinical Nurse Managers or Nursing Coordinators
7. Never make a copy
8. Never write "Incident Report filled out" in the medical record; document everything that occurred in the medical record
9. Never place the Incident Report on the patient's medical record
10. Never write words like "error," "inadvertent," "wrong," "careless," "mistake," etc. in relation to an occurrence
11. DO NOT use the Occurrence Report to explain away error. Document exactly what happened.

## Part 5B: Risk Management

Definition of Risk Management:

1. A scientific approach to the problem of dealing with the risks faced by individuals and businesses
2. A systematic approach to the prevention of malpractice claims

Goals of Risk Management:

1. Preventing injuries
2. Protecting human and other resources
3. Protecting financial assets
4. Loss prevention through risk identification and risk analysis
5. Loss reduction by claims management
6. Monitoring and evaluation through risk identification and risk analysis

Role of the risk manager:

1. Risk identification: Troubleshoot problems and assist in development of patient care programs, e.g., volunteer feeder, early ambulation
2. Risk analysis and control: Follows up on occurrences (e.g., equipment failure protocol), ensures safety of patient and staff (e.g., fall prevention program), tracks occurrences
3. Consultation for medical/legal issues which arise during day-to-day activities (e.g., discharge planning, Advance Directives, consent issues)

## Part 5C: Documentation

The medical record is a legal record that provides a medical history which then becomes a guide for treatment and a document used for insurance reimbursement.

### General Tips for Good Documentation

DO:

1. Take credit for all that you do. Remember if it is not documented, it is not done (even if you did it)
2. Keep your documentation simple and concise
3. Use the correct terminology – be professional
4. Make sure your spelling, grammar and punctuation is correct
5. Write legibly
6. Use hospital-approved abbreviations. Do not make up your own, e.g., MOD is NOT an acceptable abbreviation
7. Date, time and sign all documentation
8. Cross out all blank spaces in your documentation
9. Be objective; provide just the facts – don't give your opinion
10. Make your documentation relevant. Show appropriate care given. If the patient is admitted with pneumonia, writing that he has a crooked little toe is irrelevant except if it is bleeding or if something is wrong with it. Be sure to document sputum, cough, breath sounds, shortness of breath, etc.

11. When consultations are requested, address all recommendations in your record  
*DON'T:*
  1. Be ambiguous – write exactly what you mean
  2. Be redundant – you need write it only once. Remember, the graphics check-off is sufficient. Documentation does not have to be in narrative form
  3. Libel – be careful what you write. It may come back to haunt you. Example: never write, “Pt. is a drug addict.” You may, however, write, “Pt. states, “I am a drug addict.”
  4. Document “attending aware.” Instead, write “Dr. Green notified (or “informed”) at 5:00 p.m.”
  5. Cross out or use white out when you have made an error. Place one single line through the error, date and initial.
  6. Write “Paged Dr. Green” three times but he didn’t answer. He does this all the time.” Instead, write, “Attending paged at 3:00 p.m., 3:15 p.m. and 3:20 p.m., without a reply. Senior Surgical Resident paged at 3:22 p.m., also without a reply. Mr. Kent, DON, notified of situation at 3:30 p.m.” Use your chain of command to follow up on the incident.

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## Part 5D: Professional Misconduct

Licensed professionals must meet certain standards of conduct established by the Legislature and Regents.

The Office of Professional Discipline is responsible for enforcement of these rules and regulations.

Professional misconduct goes beyond acts committed during the practice of the profession to certain acts committed in the practitioner’s personal life.

Examples of Professional Misconduct are as follows:

1. Gross incompetence, gross negligence on a particular occasion or on more than one occasion
2. Abandonment, abuse, neglect or harassment of patient
3. Practice by unlicensed person or practicing the profession while license is suspended
4. Permitting, aiding and abetting an unlicensed person to perform activities requiring a license
5. Practice beyond authorized scope of profession
6. Refusal to provide professional service on the basis of a client’s racial, religious, national or cultural background
7. Practice of profession while the ability to practice is impaired by alcohol, drugs or physical or mental disability
8. Criminal conviction
9. Failure to follow Infection Guidelines – Standard Precautions
10. Fraudulent or deceitful practice by licensed professional



## Part 5E: HIV Confidentiality

### Confidentiality

On February 1, 1989 a law was passed in New York State to provide rules for handling AIDS-related information and to encourage people who are at risk to be tested for HIV (Human Immunodeficiency Virus), the virus that causes AIDS.

The basic elements of the law are as follows:

1. Patients must sign a special consent form before they can be tested for HIV
2. Counseling must be provided to patients before and after being tested for HIV
3. This counseling should include, among other things, information regarding anti-discrimination laws and information on ways to prevent the spread of HIV
4. Patients must be offered the option to test anonymously for HIV
5. Insurance companies must inform individuals if they are planning to base any part of their coverage on a test for HIV
6. Insurance companies must obtain written consent before they can request that someone be tested for HIV

### Confidentiality and Disclosure

1. In order to provide appropriate care and treatment, healthcare providers must record HIV/AIDS-related information in the patient's medical record
2. Healthcare providers must have policies and procedures in place to guarantee that all HIV/AIDS-related information remains confidential
3. A physician may request that a patient who has tested positive for HIV inform his or her contacts. If the patient is unwilling, the physician has the authority to advise those contacts that they may be at risk. However, the identify of the patient must remain confidential

**The New York Civil Practice Laws and rules state that a person authorized to practice registered professional nursing and licensed practical nursing (among others) shall not be allowed to disclose any information which was acquired while in a professional capacity with a patient and which was necessary to that professional relationship, unless the patient waives the privilege.**

**A breach of the HIV confidentiality law carries with it a criminal penalty. It is considered a misdemeanor. Violation of the law may result in the imposition of a personal fine of \$10,000.**

## Part 5F: Sentinel Event Policy/Patient Safety

The Joint Commission on Accreditation of Healthcare Organizations (TJC) launched its new Sentinel Event policy on April 1, 1998. The policy applies to all accredited organizations and encourages facilities to voluntarily report any serious incident qualified as a sentinel event within five business days of its occurrence or of learning of its occurrence. THE TJC DEFINES A SENTINEL EVENT AS AN UNEXPECTED OCCURRENCE INVOLVING THE DEATH OR SERIOUS PHYSICAL OR PSYCHOLOGICAL INJURY OR THE RISK THEREOF.

The following events are deemed Sentinel Events that must be reported to the TJC:

1. Medication error which results in patient death, paralysis, coma or other major permanent loss of function

2. Falls which result in patient death or major permanent loss of function
3. Any intrapartum maternal death
4. Any perinatal death unrelated to congenital condition in an infant having a birth weight greater than 2500 grams
5. Surgery on the wrong patient or wrong body part
6. Patient suicide, including suicides following treatment
7. Patient elopement resulting in a temporally-related death (suicide or homicide) or major permanent loss of function
8. Hemolytic transfusion reaction
9. Infant abduction
10. Infant discharged to the wrong family
11. Rape (by another patient or staff member)

Every Sentinel Event undergoes the process of Root Cause Analysis. This is a process for identifying the most basic causal factors that underlie the variation in performance that contributed to the Sentinel Event.

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## **Part 5G: New York State Patient Occurrence Reporting and Tracking System (NYSPORTS)**

As an Article 28 facility, as defined by the New York Public Health Law, we are required to track and report to the Department of Health all “occurrences.” An occurrence is an unintended and undesirable development in an individual patient’s condition which occurs in a hospital. The purpose of identifying these occurrences is to identify any trends which may be developing so that corrective actions may be put into place, thus allowing us to improve patient care and reduce the risk of harm to patients.

Some occurrences are serious enough to require individual case review. Because they are rare occurrences, they are “tracked at the region or state level with the expectation that when viewed in conjunction with similar issues from other hospitals, opportunities for improvement can be developed.”

<b>2011 NYPORTS Reportable Codes Requiring a Root Cause Analysis (LEVEL 1)</b>	
<b>Category/Code</b>	<b>Description</b>
108	Medication error associated with a serious injury Use detail code 915 with subcode: RX
109	Medication error associated with a near-death event Use detail code 915 with subcode: RX
110	Medication error associated with a patient death Use detail code 915 with subcode: RX
701	Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting
902	Specific patient transfers from D&TC's to a hospital ( D&TC's code only)
911	Surgery or other invasive procedure performed on the wrong site Add appropriate subcode: DIG: Wrong digit LEV: Wrong level SID: Wrong side SIT: Wrong site  Surgery or other invasive procedure performed on the wrong patient PAT: Wrong patient  Wrong surgical or other invasive procedure performed on a patient OTH: Wrong procedure
913	Unintended retention of a foreign object in a patient after surgery or other invasive procedure
915	Patient death and/or serious injury: Add appropriate subcode: Patient death or serious injury associated with a fall while being cared for in a healthcare setting FAL: Fall related death or serious injury  Maternal death or serious injury associated with labor or delivery while being cared for in a healthcare setting MAT: Maternal death or serious injury  Death or serious injury of a neonate associated with labor and delivery NEO: Neonatal or stillborn death or serious injury  Patient death or serious injury associated with a medication error. Rx: Death or serious injury associated with a medication error  Intra-operative or immediately post-operative/post-procedure death in a ASA class 1 or ASA class 1E patient SUR: surgical death
921	Death or serious injury of a patient or staff member resulting from physical assault (i.e. battery) that occurs within or on the grounds of a healthcare setting.
922	Patient suicide, attempted suicide or self-harm that results in serious injury while being cared for in a healthcare setting
923	Patient death or serious injury associated with patient elopement (disappearance)
938	Patient death or serious injury associated with the use or function of a device in patient care in which the device is used or functions other than as intended

961	Abduction of a patient of any age
962	Discharge or release of a patient of any age, who is unable to make decisions, to other than an authorized person
963	Sexual abuse/sexual assault on a patient or staff member within or on the grounds of a healthcare facility
<b>2011 NYPORTS Reportable Codes Not Requiring a Root Cause Analysis (LEVEL 2)</b>	
<b>Category/Code</b>	<b>Description</b>
914	Misadministration of radiation or radioactive material including the misadministration of contrast media
931	Strike by hospital staff
932	External disaster outside the control of the hospital which effects facility operation
933	Termination of any services vital to the continued safe operation of the hospital or to the health and safety of its patients and personnel
934	Poisoning occurring within the hospital
935	Hospital fire or other internal disaster disrupting patient care or causing harm to patients or staff
937	Malfunction of equipment during treatment or diagnosis or a defective product which has the potential for adversely affecting patients or hospital personnel

Effective July 2011

## Part 5H: Bioethics Committee

### Purpose

The purpose of the Ethics Committee is to address any ethical issues by promoting and facilitating communication and sharing of information so mutual understanding between healthcare providers and receivers is achieved.

### Consultation

Consultation is available to deal with biomedical ethical issues on behalf of patient, family and healthcare providers. The consultation team provides a forum through which:

1. Disputes involving Advance Directives including DNR orders, Health Care Proxies, living wills, etc. will be mediated by the Committee or designee thereof.
2. Assessments will be made of written and oral Advance Directives, other than DNR and Health Care Proxies, to ascertain whether the “clear and convincing evidence” standards are met.
3. The rights of patients, family and health team members are clarified.
4. Issues are discussed, clarified and mediated
5. Support is offered to involved decision makers

The request for a consultation can be made by the patient/family or healthcare provider by calling Risk Management, ext. 5229, or Patient Relations, ext. 5333. On evenings, nights, weekends and holidays, a consultation request is made by contacting the Administrator on duty, beeper 232 or calling the operator to be connected to the Administrator on duty.

If an ethical issue/dilemma arises which must be handled immediately, the Ethics Committee has a subcommittee that can be contacted on a 24-hour basis. The team consists of:

1. Director, Pastoral Care
2. Director, Risk Management

3. Director, Nursing Services
4. Director, Patient Relations
5. Medical Director
6. Director, Social Services

Three team members can provide consultation, when necessary, to patient/family and/or a healthcare provider.

Consultation forms are completed by Patient Relations or Risk Management and are maintained in the Department of Patient Relations. Reference to the cases presented is made in the Committee minutes.

## Education

The Committee will provide education to patients, families, healthcare professionals and the community by sponsoring lectures and distributing written educational material.

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## Part 5I: Organ Donation

### The Health Care Professional's Role in Donation

While the list of those awaiting life-saving organs grows daily, the number of donors has not changed significantly over the past several years. We are asking for the health care professional's vital assistance in helping close this gap and increase donation.

#### ***You Can Help By:***

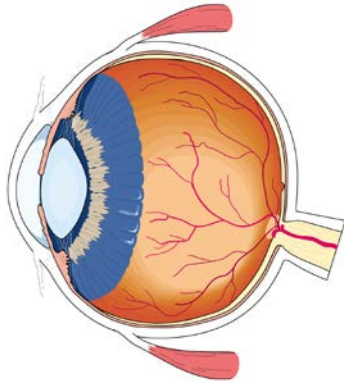
- Understanding that organ donors are not only young trauma victims, but increasingly come from a pool of older patients (50 plus) who suffer brain death from anoxic injury or cerebral vascular events. There is no significant difference in kidney function in transplanted kidneys over the age of sixty as compared to younger kidneys. **Chronological age does not rule out a donor.**
- Knowing that many of the conditions that had previously contraindicated donation, such as hypertension or diabetes, are no longer considered automatic rule-outs, rather they are evaluated on a case by case basis. **The only absolute contraindications to donation are HIV disease, metastatic cancer or active hepatitis.**
- Recognizing that families who are kept well informed of the patient's condition, who have a clear understanding of brain death before they are approached about donation, and who are approached in a sensitive manner are statistically more likely to donate. **Approaching a family in a sensitive, timely manner can increase the chance that a family will consent to donation.**

**Please do not approach families about donation without the presence of a Family Counselor from *New York Organ Donor Network*.**

- Understanding that donation can be as meaningful for a donor family as for the transplant recipients. By referring a potential donor, you ensure the family's right to make a decision about donation. **It is the family's legal and moral right to make the decision about donation.**
- Referring every potential case to *New York Organ Donor Network* as early as possible in the brain death protocol. This allows time for us to evaluate for suitability, support the staff, and assist with family approach. Call *New York Organ Donor Network* at 1-800-GIFT-NY (1-800-443-8469).

Ensuring that all potential donors are recognized and referred to the *New York Organ Donor Network* is a crucial role for the health care professional. *Many lives can be saved by your intervention.*

## Eyes: The Transplant Almost Anyone Can Donate



The Eye-Bank for Sight Restoration, Inc.  
120 Wall Street  
New York, NY 10005-3902

(212) 742-9000; Fax (212) 269-3139

- Donated eyes are used primarily for cornea transplants that restore sight to people who suffer from corneal blindness. The cornea is the clear, dime sized tissue which covers the front of the eye. If the cornea becomes clouded through disease or injury, vision is impaired and sometimes lost entirely.
- The only substitute for a human cornea is another human cornea donated at death by someone who thus leaves a living legacy.
- The cornea was the first successful human transplant, with several cases reported as far back as the early 1900s. With the establishment of The Eye Bank for Sight Restoration in 1944 and widespread publicity about cornea transplants, donor eye tissue procedures were performed. Recipients can go from being legally blind to seeing well – sometimes without the need for corrective lenses. The procedure has a 50 to 90 percent success rate, depending on the injury or disease involved.
- More than 40,000 cornea transplants are performed annually in the United States, with about 1,500 of them taking place in the metropolitan New York area.
- Polls show that 84 percent of Americans approve of organ transplantation and 73 percent would want to donate their eyes at death. Yet a shortage still exists because pledged donors forget to tell their families of their wishes and hospitals often fail to bring up the subject. Unlike vascular organs, the eyes can be donated up to 12 hours following death, long after solid organ donations are no longer possible.
- Almost anyone can donate his or her eyes. Donors can be from ages one through 75 for transplantation. After age 75, the eyes may still be donated for medical education and research. People who have poor vision and wear glasses, or who have had previous eye diseases or surgery can still donate, since these conditions may not affect the cornea. Even cancer patients can be eye donors. There is never a charge to the donor family. Eye donations are approved by every major religion and generally such a donation does not rule out an open casket nor delay funeral arrangements. Eyes donated to The Eye Bank that are not medically suitable for transplant are used for medical research and education.
- Anyone wishing to be an eye donor can do so by signing a uniform donor card, checking off the form on the back of the New York State driver's license or signing an eye donor pledge card from The Eye Bank for Sight Restoration, 120 Wall Street, New York, NY 10005-3902, 212-742-9000. Next of kin can donate a deceased family member's eyes by signing a consent form.

**Important: If you wish to be an eye donor, tell your family**



# Competency Test: Chapter 5

## Risk Management

Question	Select the correct response:
1. An Occurrence/Incident is defined as the following.	a. Unexpected event which results or could have resulted in an injury or other loss b. Employee accident c. Hospital holiday d. Snow day
2. You complete an Incident Report for the following persons: patients, visitors, attending physicians, volunteers	a. True b. False
3. Examples of Occurrence/Incidents are medication errors and falls sustained in the hospital	a. True b. False
4. Some of the goals of Risk Management are preventing injuries, protecting human and other resources, identifying and investigating risks.	a. True b. False
5. Examples of Professional Misconduct are:	a. Violating a patient's confidentiality b. Non-compliance with accepted infection control practices c. Non-compliance with the healthcare facility's policies and procedures d. All of the above
6. The following should be documented:	a. Signs and symptoms b. Treatment/response to treatment c. Education d. All of the above
7. Civil and criminal penalties may be brought against anyone who violates the AIDS Confidentiality Law	a. True b. False





# Chapter 6: Corporate Compliance

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## Purpose

This module was designed to review the corporate compliance program.

\*Compliance computer based training is required by all employees\*

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## Objectives

At the completion of this module, the learner will be able to:

1. Define corporate compliance
2. Describe the compliance process
3. Identify actions to take for suspected fraud and abuse
4. Recall the basic procedures for assistance under EMTALA
5. Complete the competency exam.

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## Corporate Compliance

Kingsbrook Jewish Medical Center and Rutland Nursing Home (referred to collectively as “KJMC”), are proud of their long tradition of ethical and responsible conduct. KJMC is committed to conducting its business lawfully and ethically. Each member of the Board of Trustees, each officer, Medical-Dental staff member, each employee and affiliate of KJMC is expected to adhere to this high standard whenever he or she acts on behalf of KJMC, whether dealing with other employees, with patients and their families, with vendors, with regulators, or with the general public. Violations of legal or ethical requirements jeopardize the welfare of KJMC, its employees and patients, and the community it serves.

Accordingly, the Board of Trustees has reviewed and approved a Corporate Compliance Program. A key component of the Program is the Code of Conduct (Code), which is intended as a guide for the conduct of all people affiliated with KJMC. This Code provides guidance on how to resolve questions regarding legal and ethical issues, and establishes a mechanism for reporting possible violations of law or ethical principles within KJMC.

Success of the Compliance Program depends on the continuous support of all people affiliated with KJMC. KJMC is committed to providing quality cost effective care to a culturally diverse community. We must work together in upholding the Code to ensure that we continue to be a vibrant provider of healthcare to our community.

The Code of Conduct establishes the general standards, policies and procedures with which all must comply. Each employee, medical/dental staff member, officer and trustee is required to read, understand and fully comply with the standards established by the Code of Conduct. Copies of the full Corporate Compliance Program are available in the Department of Human Resources and in the office of the Corporate Compliance Officer.

It is expected that you will ensure that all of the duties you perform on behalf of KJMC will comply with applicable laws, regulations and policies. In addition, you are expected to report to your supervisor, the Compliance Officer or the Compliance Hotline suspected or known violations of the Corporate Compliance Program. It is KJMC’s policy that no adverse action or retribution will be taken against any employee reporting in good faith a suspected violation.

If you have any questions regarding the Corporate Compliance Program or the Code of Conduct, you should speak with your supervisor, a department head or the Compliance Officer.

## Quality of Care

KJMC’s mission is to provide a continuum of outstanding health care services to a culturally diverse community. It is our vision to be distinguished as a premier hospital and trusted partner that advances the well being of individuals, families and communities we serve. All members of the KJMC family, to include Trustees, employees, physicians, consultants and contractors:

- Shall comply with KJMC policies and applicable federal, state and local laws governing patient/resident care, including but not limited to patient/resident rights, patient/resident complaints, and the confidentiality of patient/resident records and information.
  - Shall comply with the Emergency Medical Treatment and Labor Act (EMTALA) in providing medical screening examinations and emergency medical treatment to all patients, regardless of the patient’s ability to pay.
  - Shall not discriminate based on a patient’s/resident’s race, age, sex, religion, national origin, physical or mental disability, sexual orientation, diagnosis or ability to pay.

- Shall ensure that all patients/residents admitted to our facilities shall receive the same quality of care regardless of insurance coverage or payer source.

## **COMPLIANCE WITH LAWS/REGULATIONS**

KJMC strives to comply with all of the rules and regulations governing the healthcare industry. All members of the KJMC family, to include Trustees, employees, physicians, consultants and contractors:

- Are required to obey all federal, state and local laws and government regulations pertaining to KJMC.
- Are expected to be familiar with the basic legal requirements that are relevant to his or her duties.
- Are expected to comply with licensure and certification requirements associated with the performance of their job or duties, in accordance with applicable federal, state and local laws.
- Shall comply with KJMC's departmental, administrative and human resources policies and procedures.
- Shall comply with KJMC policies, applicable federal, state and city law governing patient care including but not limited to patient/resident rights, patient/resident complaints, and the confidentiality of patient/ resident records and information.
- Shall refrain from offering or receiving kickbacks or improper inducements to influence KJMC's decisions regarding purchases of health care services or supplies or regarding patient referrals.
- Shall comply with the Health Insurance Portability and Accountability Act (HIPAA) in protecting against the misuse or disclosure of patients' health information.
- Any employee who violates the Code of Conduct will be subject to disciplinary action, which may include termination of employment and possibly criminal prosecution. Any Medical-Dental Staff Member who violates the Code of Conduct may be subject to loss of clinical privileges. Any Trustee who violates the Code of Conduct will be subject to expulsion from the Board of Trustees. Compliance with the Code of Conduct will be addressed in the performance evaluations of all KJMC employees.
- All employees of KJMC are expected to report any possible violation of law or ethical standards in accordance with the procedure set forth in this Corporate Compliance Program.

## **CONFLICTS OF INTEREST**

All members of the KJMC family, to include Trustees, employees, physicians, consultants and contractors, are expected to be loyal to KJMC, to avoid using his or her position for personal gain and to comply with the conflict of interest policy. Generally speaking, a conflict of interest exists when an obligation or situation resulting from an individual's personal activities or financial affairs may adversely influence his or her judgment in the performance of his or her duty to KJMC.

- It is the policy of KJMC that KJMC will not enter into business arrangements with companies in which a Trustee or employee, or a close relative of a Trustee or employee has an ownership interest or financial relationship.

- It is the policy of KJMC that a Trustee or employee may not work for or provide services to a KJMC supplier during the course of their employment with KJMC. In the event that a Trustee or employee wishes to work for or provide services to a KJMC supplier, the Trustee or employee must first disclose the nature of the proposed arrangement to the CEO and obtain the CEO's documented approval, in consultation with the CCO.
- It is KJMC's policy that no Trustee or employee may have an ownership interest in or a financial relationship with:
  - A consultant of KJMC
  - A non-publicly traded company that is a supplier of KJMC
  - A competitor of KJMC
- A Trustee or employee is never to accept anything of value from someone doing business with KJMC if the gratuity is offered or appears to be offered in exchange for any type of advantage or favorable treatment. No gift or gratuity in any form may be accepted by a Trustee or employee or any family member of a trustee or employee unless the gift is a commonly distributed item of modest value. Gifts with an estimated value of over \$100 from one individual or organization during the course of the year must be reported to the CCO.

## BILLING AND CODING INTEGRITY

KJMC and its professional staff provide a wide range of services to patients. It is crucial that billing statements to patients and third-party payors accurately reflect the services actually provided, who performed the services, and the correct charges for those services.

- No employee shall submit a bill or claim for reimbursement for a more complex service or item than the service or item provided.
- Bills or claims for reimbursement must accurately reflect the rules of third-party payors regarding bundling of certain services.
- No duplicate or separate bill shall be submitted for outpatient services provided within the DRG window for inpatient admissions.
- Claims shall only be submitted for services that are medically necessary and actually rendered.
- No employee shall ever bill Medicare as a primary payor when he or she is aware that other types of insurance are available.
- KJMC staff and KJMC's external auditors must guard against submission of inflated or inaccurate cost reports.
- Credit balances may occur when overpayments are made to KJMC. Employees shall report the existence of the balance to Medicare.

## RESPECTFUL ENVIRONMENT

Safe and competent patient care requires effective communication, collaboration and collegiality by and among all Kingsbrook Affiliates. Thus, all Kingsbrook Affiliates are expected to treat others with respect, courtesy, and dignity, and shall conduct themselves in a professional and cooperative manner, refraining from disruptive behavior and inappropriate conduct. Examples of disruptive behavior and inappropriate conduct which are not acceptable on Kingsbrook premises, include, but are not limited to:

- threatening or abusive language directed at other Kingsbrook Affiliates, or at patients, family members, or other visitors (e.g., belittling, berating,

and/or non-constructive criticism that intimidates, undermines confidence, or implies incompetence);

- degrading or demeaning comments regarding other Kingsbrook Affiliates, patients, family members, or other visitors;
- profanity or similarly offensive language while speaking with or in front of other Kingsbrook Affiliates, patients, family members, or other visitors;
- inappropriate physical contact with another individual that is threatening or intimidating;
- derogatory comments about the quality of care being provided by Kingsbrook, another Kingsbrook Affiliate, or any other individual which comments are made outside of appropriate administrative and/or Medical Staff channels;
- inappropriate medical record entries impugning the quality of care being provided by Kingsbrook, or any other Kingsbrook Affiliate;
- "sexual harassment," which includes any verbal and/or physical conduct of a sexual nature that is unwelcome and offensive to those individuals who are subjected to it or who witness and is affected by it, including, without limitation:
  - Verbal harassment through innuendoes, epithets, derogatory slurs, off-color jokes, propositions, graphic commentaries, threats, and/or suggestive or insulting sounds;
  - Visual or Non-Verbal harassment through derogatory posters, cartoons, or drawings; suggestive objects or pictures; leering; and/or obscene gestures;
  - Physical harassment through unwanted physical contact, including touching, interference with an individual's normal work movement, and/or assault; and
  - Other: making or threatening retaliation as a result of an individual's negative response to harassing conduct.

Kingsbrook promulgates policies, procedures, rules and regulations to ensure its safe, compliant and effective operation, and the quality of care it delivers. Thus refusal to abide by this Code of Conduct; administrative, departmental and other policies and procedures; and the Medical Staff Bylaws, Rules and Regulations, which relate to the Kingsbrook Affiliates' relationship with Kingsbrook (including, but not limited to, those requirements regarding emergency call issues, response times, medical record keeping, patient care responsibilities, and unwillingness to work cooperatively and harmoniously with others) constitutes unacceptable disruptive and inappropriate behavior.

## HUMAN RESOURCES

All employment at KJMC is based on individual merit, personal qualifications and the ability of the applicant to perform the job. KJMC recognizes that everyone, regardless of job classification, belongs to a knowledgeable and skilled health care team which contributes to patient care.

- KJMC does not discriminate in any employment decisions on the basis of race, creed, color, national origin, ancestry, gender, age, disability, marital status, sexual orientation, alienage or citizenship.

- KJMC provides a work environment that enables everyone to work with security and dignity, free from unwelcome, insulting, degrading or exploitive treatment or harassment.
- KJMC encourages and supports a working environment that is free of illegal drugs or alcohol.
- KJMC hires only qualified individuals with proper expertise, license and experience. Qualifications are verified before offering employment.
- KJMC shall not employ or contract with an individual or entity that has been excluded from participation in the Medicare, Medicaid, or any other federally funded healthcare program.

## **SAFEGUARDING MEDICAL CENTER ASSETS**

It is the responsibility of all members of the KJMC family to maintain the integrity of KJMC's assets, including financial records, equipment, information and data, and facilities against loss, theft and misuse.

- Employees may never participate in the misstatement of KJMC's accounts.
- Employees may not remove KJMC property from the premises unless prior approval has been obtained.
- Employees are required to safeguard access to data, systems and other proprietary assets. It is essential that all members of the KJMC family properly utilize and protect passwords, and take other necessary precautions to guard against access to information.
- Where an employee is responsible for acquiring and disposing of assets, such employee must be careful to stay within the limits of his or her authority.

## **ENVIRONMENTAL CONSIDERATIONS**

KJMC is committed to the provision of a safe, functional and effective environment in which health, safety, privacy and comfort of patients, employees and visitors are the first priority.

- Supervisors and managers, with the assistance of the Safety Officer, are responsible for developing programs to identify, eliminate or minimize any hazards to health and safety in accordance with applicable law.
- Any practice or condition thought to be unsafe must be reported to the Safety Officer immediately.
- All hazardous and infectious waste must be stored, handled and disposed of in accordance with federal, state and local regulations. Any instances of noncompliance must be reported to the Safety Officer.
- KJMC maintains a smoke-free environment. Patients and residents may smoke only in designated smoke areas.

## **EMPLOYEE ISSUES AND CONCERNS**

The success of the Compliance Program depends on maintaining open and effective channels of communication. Employees must be willing to identify and report problems and issues, especially those with regulatory implication. The management team at KJMC is prepared to address issues as they are identified. Managers are encouraged to maintain an open door policy so that employees may refer issues without fear of reprisal.

- If you become aware of an activity that you think may be problematic, or if you have questions about the Code of Conduct or Compliance Program,

please contact your supervisor immediately. If you are not comfortable doing that, contact the Compliance Officer.

- For additional guidance regarding KJMC policies and procedures, the appropriate manuals should be consulted.
- It is the obligation of all members of the KJMC family to report to the Compliance Officer conduct he or she reasonably believes to be criminal in nature or a violation of this Program.
- Retaliation against a member of the KJMC family for reporting something he or she sincerely believes may be a violation, or for participating in good faith in an investigation of misconduct, is prohibited. Acts of retaliation should be reported immediately and appropriate actions will be taken.

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## Deficit Reduction Act / “Whistleblowers”

On February 8, 2005, President Bush signed into law the Deficit Reduction Act (the "DRA"). Among the most noteworthy provisions included in the DRA is a provision that requires employee education about the False Claims Act ("FCA") and applicable laws that protect, and even reward, employees who act as whistleblowers. Kingsbrook prohibits the knowing submission of a false claim for payment from a federally or State funded health care program. Such a submission is a violation of Federal and State law and can result in significant administrative and civil penalties under the Federal False Claims Act, a Federal statute that allows private persons to help reduce fraud against the United States government. To assist Kingsbrook in meeting its legal and ethical obligations, any employee who reasonably suspects or is aware of the preparation or submission of a false claim or report or any other potential fraud, waste, or abuse related to a Federally or State funded health care program is required to report such information to his/her supervisor or Kingsbrook's compliance officer. Any employee of Kingsbrook who reports such information will have the right and opportunity to do so anonymously and will be protected against retaliation for coming forward with such information both under Kingsbrook's internal compliance policies and procedures and Federal and State law. However, Kingsbrook retains the right to take appropriate action against an employee who has participated in a violation of Federal or State law or hospital policy. As an organization, Kingsbrook commits itself to investigate any suspicions of fraud, waste, or abuse swiftly and thoroughly and requires all employees to assist in such investigations. If an employee believes that Kingsbrook is not responding to his or her report within a reasonable period of time, the employee shall bring these concerns about Kingsbrook's perceived inaction to Kingsbrook's compliance officer. Failure to report and disclose or assist in an investigation of fraud and abuse is a breach of the employee's obligations to Kingsbrook and may result in disciplinary action.

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## HIPAA (Health Insurance Portability and Accountability Act)

### ***I. What is HIPAA?***

Federal mandated legislation to protect the patient's information. It concerns itself with how health care organizations *receive, use, handle, store, share, and protect the patient's health information*.

### ***II. Examples of Protected Health Information***

- A. Patient's prescription's for medication
- B. Audiotape with detailed patient results on it
- C. Computer file with names and addresses of patients
- D. Hallway and elevator conversations among doctors and nurses



**III. Purpose of HIPAA**

- A. Insures the patient's privacy
- B. Secures and protects the patient's health information

**IV. Definitions**

- A. Protected health information that includes any information that:
  - Relates to the health of an individual
  - Can be used to identify the individual
  - Can be oral or written format of the past, present or future physical or mental health of the individual
- B. Security – technical, administrative, and procedural controls on storage and access of data
- C. Privacy – protecting the rights of the individual who is the subject of the data, i.e. the “subject individual”
- D. Notice – Inform individuals of the types of information maintained and about how it is used and disclosed
- E. Choice – Individual must agree to uses and disclosures of information that pertains to him/her
- F. Amendment – Individuals that are allowed to inspect information and to correct errors
- G. Disclosure Accounting – Individuals have a right to know about disclosures
- H. Enforcement – Complaints to be investigated and corrective action taken if information is misused
- I. Authentication – Knowing the identity of a computer system user
- J. Access Control – Managing the ability of individual users to access, i.e. read, write, delete, etc.
- K. Audit – Tracking significant system events

**V. Responsibilities of Those Exposed to Patient's Health Information**

- A. Protect the privacy rights of all individuals
- B. Safeguard information entrusted to you
- C. Understand and follow established procedures
- D. Report potential problems immediately
- E. Know when you're dealing with PHI
- F. Be aware of your surroundings when discussing PHI
- G. Make it your business to understand the wishes of the subject individual
- H. Know the identity of the person to whom you are speaking

**VI. How Do You Protect and Secure the Patient's Health Information?**

- A. Practice a “clean desk policy”
- B. Ensure that locks are locked
- C. Do not share passwords
- D. Know who is looking over your shoulder

- E. Log-off before walking away from your computer
- F. Report potential problems immediately
  - 1. Do not “look away” from unauthorized uses and disclosures of PHI
  - 2. Let your immediate supervisor, HIPAA Official, or Corporate Compliance Officer know if you suspect the someone else is using your ID or inappropriately using or disclosing PHI
  - 3. Beware of “tech support” requests received by phone or e-mail
  - 4. No one should **EVER** ask for your password. If asked for your password, notify your immediate supervisor, HIPAA Official, or Corporate Compliance Officer.

## **VII.           *Ten Ways Your Computer Password Can Be Stolen***

- 1. Lucky guess
- 2. Exhaustive search
- 3. Common password list
- 4. Crack encrypted password
- 5. “Sniff” transmitted password
- 6. “Shoulder surfing”
- 7. Find recorded password
- 8. Login screen spoof
- 9. Impersonate tech support
- 10. Snatch initial password before it is changed

## **VIII.           *Penalties for Non-Compliance***

- A. \$100.00 fine per day for each unmet standard (Up to \$25,000 per person, per year, per standard)
- B. \$50,000.00 fine + one year in prison for improper disclosure of health information
- C. \$100,000.00 fine + five years in prison for obtaining health information under false pretenses
- D. \$250,000.00 fine + ten years in prison for using health information for personal gain

## **IX.           *Additional Information***

- HIPAA Statute and Regulations:  
<http://aspe.os.dhhs.gov/admnsimp/index/htm>
- HIPAA News and Resources:  
<http://www.hipaadvisory.com/>
- Health Privacy Research:  
<http://healthprivacy.org/>
- Security Advisory Links:  
<http://timberlinetechnologies.com/advisory.html>
- Security Resource Links:  
<http://timberlinetechnologies.com/tech/html>

## EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA)

The **Emergency Medical Treatment and Active labor Act (EMTALA)** is a federal law which is commonly known as the “anti-dumping” law. EMTALA governs when and how a patient may be:

1. refused treatment; or
2. transferred from one hospital to another when he or she is in an unstable medical condition

EMTALA applies to virtually all hospitals in the United States.

EMTALA requires all patients presenting to the Emergency Room receive a **medical screening examination** to determine whether an emergency medical condition exists, and if so, to receive stabilizing treatment, and if necessary, be transferred to a more appropriate facility. The care **cannot be delayed** by questions about methods of payment or insurance coverage. Emergency Departments must also post signs that notify patients and visitors about their rights to be examined and receive treatment.

If an individual who is not a hospital patient comes elsewhere on **hospital property**, an EMTALA obligation on the part of the hospital may be triggered if:

1. the individual requests examination or treatment<sup>4</sup> for an **emergency medical condition**; or
2. if the average person would believe that the individual is suffering from an **emergency medical condition**

The term “hospital property” means the entire hospital campus including the parking lot, sidewalk and driveway or any building owned by the hospital that is within 250 yards of the hospital.

An appropriate medical screening examination is an examination that goes **beyond the initial triage**, utilizing (as appropriate) ancillary services, to determine if an emergency medical condition exists. Any physician or other qualified medical person approved by the Board of Trustees may perform a medical screening examination; however, a physician must assume responsibility for screening examination performed by non-physicians.

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity, such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing a patient’s health in jeopardy
2. Serious impairment to any bodily functions.
3. Serious dysfunction of any bodily organ or part

A pregnant woman who presents to the ED in active labor must be admitted and treated until delivery is completed, **unless a transfer is appropriate under the statute.**

If after a medical screening examination, it is determined that the patient requires transfer to another facility, the following must be performed before transfer:

1. Stabilization of the patient within the capability of the facility.
2. An accepting facility that has the necessary services needed to treat the patient
3. Obtain consent for transfer from the patient or a representative authorized to act on the patient’s behalf
4. The treating physician certifies that the medical risks of transferring the patient are outweighed by the medical benefits of the transfer
5. Transfer by qualified personnel and transportation equipment, as required
6. Copies of pertinent medical records to accompany the patient to the accepting facility.

A patient or person authorized to act on the patient’s behalf may refuse a medical screening examination, treatment or a consent for transfer after the hospital has informed them of the risks and benefits of the medical screening examination, treatment or transfer. The hospital must take all reasonable steps to obtain a written informed refusal. The medical record must contain a description of the examination and/or treatment that is being refused.

The Emergency Department is required to maintain a central log of all patients who present for a medical screening examination and treatment. The log must include whether the patient:

- Refused treatment
- Were treated and released
- Were transferred to another facility
- Were admitted to the hospital
- Discharged

A hospital which negligently violates EMTALA may be subject to a civil monetary penalty up to \$50,000 per violation.



# Competency Test: Chapter 6

## Corporate Compliance

Question	Select the correct response:
1. Corporate compliance is the responsibility of:	a. The Compliance Officer b. Administration c. Everyone affiliated with Kingsbrook d. The Board of Trustees
2. The quality of patient care is not a major compliance issue.	a. True b. False
3. It is acceptable to receive gifts from vendors and patients.	a. True b. False
4. Employees may discard equipment that is either old or obsolete.	a. True b. False
5. Employees may be terminated for making a referral to the Compliance Office.	a. True b. False
6. Employees may choose not to participate in compliance investigations.	a. True b. False
7. Whistleblowers have no protection against retaliation.	a. True b. False
8. The False Claims Act only applies if the employee received a benefit from the claim submitted	a. True b. False
9. Patients have no right to control the use of their protected health information	a. True b. False
10. A patient who presents to the ED with a medical complaint can be denied a medical screening examination if they are unable to pay or fail to show proof of insurance.	a. True b. False
11. Since Kingsbrook does not have obstetrical services, Kingsbrook does not have to examine a woman who presents in active labor.	a. True b. False
12. EMTALA does not apply to patients who are in the parking lot.	a. True b. False

# Chapter 7: Domestic Violence / Victims of Abuse

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## Purpose

This module was designed to establish organization-wide criteria for the identification and assessment of potential victims of alleged or suspected domestic violence and to ensure that healthcare is provided to victims of domestic violence with respect and understanding of the patient's need for privacy and compassion.

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## Objectives

At the completion of this module, the learner will be able to:

6. Describe characteristics of the abuser and the abusive relationship
7. Recognize the forms of abuse
8. Identify signs and symptoms of abuse in adults, children and the elderly
9. Describe the effective intervention for the abused child, adult and elder
10. Describe the legal requirements for reporting child abuse
11. Complete the competency exam.

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## Definition of Domestic/Family Violence

In this context, family violence and domestic violence are used interchangeably. Most definitions of domestic violence describe it as a pattern of behavior involving the physical, sexual and psychological abuse of one family member by another.

New York State defines the word “family” as including various intimate relationships between:

1. Legally married spouses
2. Separated and divorced couples
3. Unmarried couples
4. Same-gender couples
5. Parents
6. Children
7. Elderly persons

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## Characteristics of the Abuser and the Abusive Relationship

There are common characteristics which can help us better understand the mechanism behind an abusive relationship. As is true for the victims, the abusers have no special appearance for which to be observant. We see these people every day. Although no one can be certain why an individual would be abusive, there are some commonalities among abusive/violent personalities.

Battering has, for the most part, been found to be a learned behavior. The batterer often learns from his/her childhood experiences as a victim or onlooker that it is effective to respond to an intimate partner, a relative or a child abusively or violently when he/she is feeling emotions such as stress, anger or frustration. Caution must be exercised when trying to understand the batterer’s history of an event so that the factors do not become excuses for the behavior. **THERE IS NO EXCUSE FOR ABUSING ANOTHER HUMAN BEING.** Listed below are high-risk factors which may exacerbate a person’s tendencies to behave abusively.

1. Drug/alcohol addiction (often associated, but not causative)
2. History of abuse or neglect as a child
3. Unrealistic expectations of child development
4. Adolescent parents
5. Absence of extended family or social support
6. A “special” child, *e.g.*, sick, handicapped, behavioral difficulties
7. Environmental stress (economic difficulty, illness, unemployment, poor housing conditions, overcrowding)

In the clinical setting, there are behavioral clues which may be noted in all types of abusers. The abuser may:

1. Be overly aggressive in seeking assistance for the victim
2. Stay close to the patient and resist all efforts to be separated from the partner when anyone else is present so that the truth about the cause of battering cannot be



told. Often the patient may be nervous during the initial history taking for fear that the truth may inadvertently be told.

3. Attempt to answer questions directed to the patient in order to assure a cohesive and believable story

Societal expectations seem to have contributed to what the norm is for families as caregivers of their elderly family members. The expectation is that they administer care with little outside assistance, despite the fact that the population of individuals over 75 has been shown to be the most vulnerable to physical, mental and financial crisis. The elder abuser is characteristically a kind and caring family member who provides the majority of care to the elder, but is overwhelmed by the extent of care required. Consequently, mixed emotions and enormous stress accompany a risky abusive situation for the elderly. The denial of both the caregiver and elder plays a big part in influencing decisions about care outside the home. In many cases, the elder may not admit to being abused for reasons such as fear of losing the caregiver or of suffering an increase in the abuse.

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## Why Adult Victims Stay

In looking at why victims stay it is important to remain aware that abuse has a repetitive pattern and that over time, this pattern changes into violent acts followed by little to no apologies or retribution. The victim eventually loses hope, feels that there is nowhere to turn, and chooses to stay, but FEELS TRAPPED. Efforts are made by the victim to “manage” the relationship, limit the violence and protect oneself and, if present, the children. As a result, adult and elderly victims stay in the abusive relationship for many reasons. Some of these reasons are:

1. Fear: depression, characteristics of post-traumatic stress disorder, shock (similar to disaster victims)
2. Lack of money or resources
3. Lack of education/job skills
4. Lack of housing; limited use of telephone
5. Emotional ties to the abuser: lack of outside relationships, fear of retaliation
6. Religious/cultural: view of woman’s role in marriage
7. Tradition reinforces the abused person to stay
8. Alienation/isolation from family members: fear of disclosing, inability of family members to intervene, fear of being demeaned or blamed
9. Perception that there is no help
10. Inadequate day care
11. Family needs: especially the need of the children to have their father around
12. Fear of losing custody of the children
13. Discouragement of divorce
14. Fear of isolation or abandonment in an institution should the elder agree to leave home

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## Forms of Abuse

Power and control may be evident in many forms of abuse and is not specific to one type of victim. At the heart of every battering relationship is an imbalance of power which is used to control the relationship. Abusive behaviors reinforce the power imbalance. The abuser learns that coercion and domination are effective in controlling the relationship. In fact, control and

domination can, in themselves, be forms of abuse. Many who have suffered life-threatening injuries say that the physical violence doesn't compare to the psychological and emotional abuse endured.

## The Physical Exam

In looking at the physical indicators of abuse, you should be observant for *injuries which are inconsistent with the mechanism or cause* described in the history, as well as the developmental stage of the individual. Signs and symptoms related to physical abuse, sexual abuse and maltreatment of all types of victims are listed on the following pages and may guide you in the recognition of potential incidents of abuse and maltreatment.

### Abuse and Mistreatment Recognition Chart

#### For All Types of Victims

Physical Abuse	Maltreatment	Sexual Abuse
<p>Unexplained skin lesions, soft tissue swelling, abrasions, hematomas or bruising on various parts of the body in different stages of healing</p> <p>Lesions in different body areas reportedly from the same injury</p> <p>Lesions that have distinctive patterns, for example an injury inflicted by a belt buckle, extension cord, wire hanger, radiator form, iron, rope</p> <p>Unexplained burns, such as cigar/cigarette burns occurring on hands, feet, back or buttocks that are reportedly secondary to accidental immersion in hot water, e.g., glove or stacking pattern</p> <p>Injuries which occur on central areas of the body such as the head, face, neck, chest, abdomen and genitals</p> <p>Evidence on exam of old fractures such as spiral fractures</p> <p>Unexplained bite marks</p> <p>Verbalization of the victim that the injury was caused by a significant other or unknown party</p>	<p>Failure to thrive, dehydration, malnourishment, if not attributable to medical cause</p> <p>Obvious serious medical/physical problems for which medical care has not been sought</p> <p>Lack of supervision or lack of medical care, i.e., illness not followed</p> <p>Poor hygiene, i.e., encrusted dirt, lice, smell of urine or feces, inappropriate clothing</p> <p>Fatigue, listlessness, consistent hunger</p> <p>Ingestion/overdose</p> <p>Anti-social behavior, inappropriate behavior</p> <p>Overly fearful behavior</p> <p>Extremes of behavior</p>	<p>Sexual assault in a non-consenting adult</p> <p>Pain, itching or injuries in genital area in a child or non-consenting adult</p> <p>Bruises or bleeding in perineal area</p> <p>Difficulty sitting or walking</p> <p>Pregnancy</p> <p>Unwillingness to allow physical exam, to participate in classes or use locker rooms, etc.</p> <p>Genital discharge, stains or blood on underclothing, torn underclothes</p> <p>Fear of person or intense dislike about being left alone with someone</p> <p>Poor peer relationships</p> <p>Withdrawal from usual activities</p> <p>Presence of sexually transmitted diseases</p>

### ***Specific Signs and Symptoms for Adult, Child and Elder Abuse***

<b>Child</b>		
<b>Physical Abuse</b>	<b>Maltreatment</b>	<b>Sexual Abuse</b>
Parents give a story that is not consistent with clinical findings Reluctance of parents to give information about particular injury Child is inappropriately wary of adult contacts Child is frightened of parents Multiple visits to various hospitals and health facilities Use of hospital facilities in evening and night shifts Parents respond inappropriately to the severity of the injury	Suicide attempts or gestures Conduct disorders, i.e., fighting in school, etc. Habit disorders, i.e., rocking, sucking fingers Neurotic behaviors, speech disorders, sleep problems Psychoneurotic reactions, phobias, hysterical reactions	Sexually transmitted disease in a child

#### ***Long-Term Effects of Child Abuse/Maltreatment***

Long-term effects of this type of abuse may include post-traumatic syndrome, suicidal behavior, psychiatric illness, problems with relationships and/or sexual dysfunction and increased risk for abusing their own children. In addition, the family unit is a powerful educator and plays a critical role in the child's understanding of acceptable behaviors. Children learn that violence is an effective way to "get what you want" and that it is an acceptable part of loving. It is clear that children suffer a great deal of stress from growing up in an abusive environment. The manifestation of that stress is what we see in their behavior patterns and emotional reactions, such as grief, guilt, constant anxiety, fear or embarrassment.

<b>Adult</b>
<b>Physical or Emotional Abuse</b>
Attributes obvious abuse-type injuries as being caused by an "accident prone" state Low self-esteem Complaints of pain without tissue injury Suicidal ideation or suicide attempts Multiple, subtle, non-specific and/or vague complaints such as headaches, musculoskeletal complaints, malaise, insomnia, chest pain, hyperventilation or GI disorders

<b>Elder</b>	
<b>Maltreatment</b>	<b>Sexual Abuse</b>
Physical deterioration without underlying pathology Contractures and decubiti which seen unreasonable in light of the person's overall presentations Dehydration and malnutrition Urine burns and excoriation	Sexually-transmitted disease in an adult without mental capacity (i.e., would not have been able to consent to sexual relations)

## Intervention Strategies for the Adult Victim

The professional interventions on the following pages are appropriate for all adult victims of domestic violence. The following steps can be used as guidelines for helping an adult victim of abuse. Provide privacy and confidentiality. An individual accompanying the victim who does not appear to be supportive should be asked to wait outside until the patient is examined. Keep in mind that the act of simply addressing the violence is an acknowledgement that the violence is wrong and that there is a way out. Many victims are relieved by the opportunity to share the truth. Please share with the victim of abuse that feelings of hurt, anger and the desire from change are normal and that all information is confidential.

### Validate Your Concern

1. Identify the indicators
2. Ask open-ended questions that do not require more than a yes/no answer; use works like “how?” or “can you describe?”
3. Listen

### Suggested Questions

Questions that might be asked include:

1. Many patients tell me they have been hurt by someone close to them. Could this be happening to you?
2. I noticed that you have a number of bruises. Could you tell me how they happened?
3. Have there been times during your relationship when you have had physical fights?
4. Have you ever been in a relationship where you have been hit, punched, kicked or hurt in any way? Are you in such a relationship now?
5. Does your partner ever call you names or put you down?

### Questions to Avoid

Avoid such questions as:

1. Those which ask the victim to explain the batterer’s behavior
2. Those that begin with “why,” especially those that ask the victim to explain his/her actions or lack of action or suggest that the victim would have the power to control the rage of their abusive and angry partner. The implication is that he/she is somehow responsible for the abuse. The batterer is the only person responsible for the battering behavior.

### Empower the Survivor of Abuse

Offer resources and information such as alternatives and options. By doing this, you will have supported the patient’s independence and autonomy as a decision maker. You have helped the patient to recognize his/her own strengths and resources as a survivor.

1. The Domestic Violence Hotline – The New York City hotline number is 212-577-7777 or 800-621-4673. This may be the first and the most important step the

victim takes in initiating change. Please assist him/her in facilitating this action. The patient may make this call directly from the hospital if desired. The individuals who answer the phone – 24 hours a day – have experience providing information and emotional support to hundreds of victims. They can provide information on available community resources.

2. Brochures – There are a variety of printed materials on domestic violence that are available. You may be able to obtain some of these from the Department of Social Work or the Emergency Department.
3. Community Resources Overview – Emergency housing, counseling, legal action and photography are four areas in which victims may need assistance. Hotline counselors are able to make referrals in all of these areas.
4. Compliance with Chapter 271 of the Laws of 1997 – All maternity and prenatal patients served on an inpatient or outpatient basis by the Medical Center will receive a booklet entitled, “Know Your Rights as a Hospital Patient” which includes the Victim’s Rights Notice and the Notice for Prenatal and Maternity Patients.
5. Residents and their family are given a Resident Admission Information package.

## Emergency Housing

Emergency housing, such as shelters and safe home networks, can offer the following services:

1. Safe, temporary living space
2. Food and clothing
3. Transportation
4. Advocacy to court
5. Welfare and healthcare
6. Child care and assistance with other alternative housing options

## Counseling

Counseling is the critical focus of care and the nurse can be a strong advocate of its value. The victims’ service programs can make appropriate referrals for the victim and offer services that are available in the community.

## Legal Action

Legal action may be necessary to minimize continued harm and accelerate change. Domestic violence is one of the major reasons police are called to homes. Police in many communities are now able to make arrests based on their own discretion as to probable cause. **Understand that when the patient is an adult, involvement of the police is always the adult victim’s choice;** this allows the victim to have as much control over care received as possible.

- The notification of Protective Services for Adults (PSA) at 212-630-1853. They will send a caseworker to the house, in some cases with a psychiatrist, to evaluate the situation and speak with the suspected victim. The psychiatrist becomes involved when there is a need to declare mental competency. PSA will, in turn, make appropriate referral for community and legal services. Anyone may call PSA including neighbors and home care services.
- Protection of the individual from a physical safety standpoint through hospital admission if indicated or law enforcement involvement if this is what the competent person desires.

- New York State has a mandatory reporting law for nursing home patients, residents of adult homes or patients with home attendants if the suspected abuser is a healthcare provider. Call the New York State Department of Health at 212-613-4842.

## Guidelines for Reporting Cases of Child Abuse / Maltreatment

Guidelines for reporting child abuse/maltreatment can be found in the KJMC Administration Manual. All cases of suspected or disclosed child abuse, including sexual abuse, must be reported to the Child Abuse Coordinator who, at KJMC, is the Pediatric Social Worker.

1. Monday through Friday, the Social Workers are available on-site from 9:00 a.m. to 5:00 p.m.
2. There is a social worker available from 9:00 a.m. to 5:00 p.m. on either Saturday or Sunday.
3. At all other times, the Nursing Supervisor should be consulted (beeper # 232)

Any case requiring a CPS report to the State Central Registry (800-342-3720) will be made by the KJMC social worker. The social worker will complete a DSS 2221-A form and forward a copy to the appropriate Administration for Children's Services (ACS) field office.

In addition to the New York State Registry, you may contact the Bureau of Special Squad Office that uses a program called "Prompt Response." This program has been developed to assure, the greatest extent possible, that specially trained law enforcement staff are expeditiously notified of a case in which there is a very strong suspicion of and/or actual evidence of physical or sexual abuse trauma inflicted upon a child under 11 years of age.

Remember: As a healthcare professional in the State of New York, you are mandated by law to report suspected child abuse while operating in a professional capacity.

Any person who is required to make such a report and willfully fails to do so, is guilty of a Class A Misdemeanor and shall be civilly liable for damages caused by such failure. Any person who makes a report in good faith has immunity from any civil or criminal liability that may result.

**The parent or guardian should be informed of the intent to file a report with ACS.** When possible, a social worker should be present at this time.

**A child who is reported as a victim of suspected child abuse or maltreatment CANNOT be discharged without the approval of ACS.** The social worker will act as a liaison with ACS, making appropriate discharge plans in collaboration with the interdisciplinary team and ACS.

Domestic violence is a problem that affects not only our patients, but healthcare personnel as well. Recognizing what is safe and secure for both our patients and us is essential.

## Hotline Numbers

<b>New York State Child Abuse Hotline</b>	800-635-1522 800-342-3720
<b>Victim Services Agency Hotline</b>	212-577-7777 800-621-4673
<b>National Organization for Victim Assistance (NOVA)</b>	800-TRY NOVA
<b>Protective Services for Adults (PSA), Central Intake</b>	212-630-1853



# Competency Exam: Chapter 7

## Domestic Violence/Victims of Abuse

Question	Select the correct response:
1. Characteristics which exacerbate a person's tendencies to behave abusively could include drug/alcohol addiction, history of abuse or neglect as a child, unrealistic expectations of child development and adolescent parents.	a. True b. False
2. Abuse could be physical, sexual, psychological and emotional	a. True b. False
3. In looking at the physical indicators of abuse, you should be observant for injuries which are inconsistent with the mechanism or cause described in the history.	a. True b. False
4. Sexual abuse could be indicated by pain, itching or injuries in the genital area in a child or non-consenting adult.	a. True b. False
5. Physical abuse could be indicated by injuries which occur on central areas of the body such as the head, face, neck, chest, abdomen and genitals.	a. True b. False
6. In the State of New York, you are required by law to report suspected child abuse while operating in a professional capacity. All cases of suspected or disclosed child abuse including sexual abuse must be reported to the appropriate Social Worker for that patient care area.	a. True b. False
7. One can empower the survivor of abuse by offering resources and information such as the Domestic Violence Hotline number, brochures on domestic violence and a community resources overview.	a. True b. False
8. When the patient is an adult, involving the police is always the adult victim's choice.	a. True b. False
9. Abuse does not occur in the elderly person	a. True b. False
10. All of the following are considered acceptable methods of obtaining an accurate history EXCEPT:	a. Asking the suspected abuser to stay in the room during the interview of the victim b. Speaking to the caretaker separately from the victim c. Using a non-judgmental, non-threatening approach d. Speaking to the patient privately



# Chapter 8: Preventing and Managing Crisis in the Agitated Patient (Including Restraint/Seclusion)

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## Purpose

This module was designed to establish organization-wide criteria to minimize the use of restraint or to use the very least non-restrictive alternative whenever possible to protect the patient's and resident's rights and dignity and to allow them independent functioning to the extent possible.

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## Objectives

At the completion of this module, the learner will be able to:

1. Identify and manage potential risk factors of dangerous patient behavior as well as methods to prevent such behaviors from escalating
2. Identify, develop and promote preventive strategies for the use of less restrictive and non-restrictive alternatives to restraints
3. List safe and effective alternatives to manage different patient and resident behaviors
4. Identify the potential dangers associated with restraint use
5. List the areas of assessment during monitoring of the patient and resident in restraint
6. State the required time limits on restraint orders
7. Identify the requirements for a restraint order
8. Complete the competency exam

# Preventing and Managing Crisis in the Agitated Patient (including Restraint/Seclusion)

A crisis is an event that becomes (or is expected to become) an unstable and dangerous situation affecting an individual or group. For us, this means that there is some concern in the environment about safety of our patients, staff, visitors or others.

This chapter deals with preventing and managing crisis for the agitated patient. It includes information on restraint and seclusion. However, we note here that the best way to handle a crisis is to prevent it! Although this is not always possible, this is our first choice when we come upon an event that we perceive might become unstable or dangerous.

People become agitated when their needs are not met. This is always what we need to think about when someone is agitated. Is there something we can assist them with? Are they comfortable? Are they in pain? Frightened? Identifying and addressing unmet needs is our first step. Sometimes, this is all that is needed.

Sometimes, people come into our hospital and become agitated unrelated to unmet needs. They may have a mental illness which causes them to have different thoughts not based in reality, and/or might be under the influence of a substance. Though their agitation might also be due to unmet needs (and we should address them in these people as well), we realize different modalities might be needed for these individuals.

How do we know that a patient is becoming agitated? Many times, there are behavioral cues that may include, but are not limited to: pacing, fidgeting, yelling, cursing, name calling, posturing, and sweating (not related to physiological issue).

The remainder of this module deals with the continued management of agitated patients, including the safe use of restraint and seclusion.

## Restraints

### Assessment

The hospital staff should be alert in their assessment of the patient to identify manifestations expressed by the patient which may indicate a potential management problem.

### Patient Observation

If the patient's behavior is demonstrating agitation, restlessness, mood changes, increased anxiety, becoming argumentative or abusive, the staff must address this situation as quickly as possible to diffuse it. IT CANNOT BE IGNORED.

### Suggested Strategies

1. Give them personal space
2. If the person does not speak English, get an interpreter
3. Attempt to find out what is bothering the person; does information need clarification?
4. Try to meet their needs (*i.e.*, have the family visit, have a physician speak to patient face-to-face)
5. Attempt to assess the patient's physical and emotional status for possible causes – does the patient feel frightened or threatened? Is there a history of violence or anger? Is there a metabolic problem such as hypoglycemia, hypoxia or reaction to sleeping medications?

### Behavioral Hints for Dealing with an Agitated Patient/Resident

1. See the patient/resident first
2. Remove other patients/residents from the immediate area
3. Do not see the patient/resident alone

4. Do not get blocked in; leave an exit
5. Sit when the patient/resident sits; stand when the patient stands; never tower over the patient/resident or let him/her tower over you
6. Stand to the side of the patient/resident, not directly in front of the patient. This minimizes the amount of body surface area and is less confrontational
7. Move slowly, keep hands visible to patient
8. Be aware of your own body language, stay calm
9. Speak clearly, calmly, and use simple terms; be concise
10. Listen to the patient and look at the patient
11. Acknowledge and validate patient feelings
  - Do not argue
  - Do not respond in an angry or hostile tone
  - Do not take the situation personally; do not threaten the patient

## Definition

RESTRAINT is any physical or mechanical method used to restrict a person's freedom of movement, physical activity or normal access to his/her body. Restraint may be used to control activities and/or prevent a patient from causing serious physical harm to himself/herself and/or others. It may be applied only if alternative and/or less restrictive or non-restrictive techniques have been clinically determined to be inappropriate or insufficient to avoid such injury.

Healthcare professionals cite the following clinical indications for restraints may include but are not limited to:

1. Attempted suicide or other physical self-injurious acts
2. Physically assaultive or combative behavior
3. Extreme agitation and restlessness
4. Destruction of property with intent to harm self or others
5. Interference with or removal of medical devices/continuance of treatment
6. Intentional or uncontrolled movements and actions that place the patient at risk for falling

ALTERNATIVES – Less restrictive or non-restrictive safe and effective alternatives to the use of restraints should be explored and used first whenever possible such as, but not limited to, the following:

1. Increased staff contact
2. Verbal intervention to calm and/or support the patient and diffuse the situation
3. Change in the patient's environment/removal of patient from stimuli
4. Reality orientation – active listening, diversified activities
5. Limit setting
6. Negotiating options, *e.g.*, “shall we go over there?”
7. Family at bedside
8. Volunteer to sit at bedside as a “buddy”
9. Instituting fall prevention policy (for example, leaving the light on during the night shift; offering bedpan/urinal or assistance getting to the bathroom)

The least restrictive device should always be utilized when restraint is necessary. Restraint devices include:

1. Limb restraints
2. Vest restraint
3. Geri-chair with table
4. Mitts
5. Side rails
6. Arm boards

## Highlights of the Conditions and Guidelines for Use

1. Restraints must be ordered by a physician, except in an emergency. If an emergency situation (immediate danger to self or others) exists and a physician is not immediately available, restraint may be applied/initiated only by, or under the supervision and the direction of, the registered nurse. The physician will evaluate the patient and write an order within one hour.
2. The physician will be called immediately. A record is to be kept of the time of the call and the name of the person contacted. This information shall be documented in the patient's medical record, as well as an assessment of the patient's behavior or condition prior to initiation of restraint.
3. Pending the arrival of the physician, the patient/resident must be kept under constant supervision as warranted by the patient's/resident's physical condition and emotional state.
4. To ascertain that the use of a restraint is justified, a physician must conduct a clinical/personal assessment of the patient before writing an order authorizing the use of a restraint. The assessment must be documented in the patient's medical record.
5. Each written order for a restraint must be written on the "Physician's Orders for Restraint" form and must include the following:
  - An assessment
  - Reason for use
  - Type of restraint to be used
  - Specify the time limit of the restraint
  - Date and time limit of order
  - Physician's signature and beeper number
6. The order for restraint must be renewed at least every 24 hours
7. The plan for using a restraint must be consistent with the Patient/Resident Bill of Rights in accordance with the law in New York State
8. Patient/resident family education should include an explanation for the need for a restraint to prevent misinterpretation and to ensure cooperation. Encourage patient and the family to verbalize their fears/concerns and to provide emotional support.
9. No PRN orders for restraints may be written. Telephone or verbal orders for restraint are not permitted.
10. Upon restraint application, the registered nurse must immediately assess and monitor the patient's condition regarding, but not limited to, the following:
  - Meals – nutrition, hydration: document Q2h
  - Bathing
  - Use of toilet

- Skin integrity – monitor Q 30 minutes
- Respiratory status
- Circulatory status
- Proper fit/application of restraint – restraint release / ROM: document Q2h
- Assessment and release of restraints – Q2h
- Maintenance of proper body alignment
- Adequate exercise
- Any changes in physical or mental status
- Any teaching done or reinforced

11. A means of communication (in tap or call bell) must be available at all times.

12. While restrained the following monitoring parameters will apply:

Type	Observation: Direct Face - to - Face	Assessment / Release Time by RN Only
Vest Jacket	Every 30 minutes	Every 2 hours
1 – 2 Limb	Every 30 minutes	Every 2 hours
4 Point	Every 15 minutes	Every 2 hours
Seclusion (psychiatry only)	Every 15 minutes	Up to 2 hours
Camisole (psychiatry only)	Every 15 minutes	Up to 2 hours

13. Documentation: All monitoring will be documented on the flowsheet for monitoring/assessment of a patient in restraint. **Documentation on flowsheet begins when restraints are initiated**

# Competency Exam: Chapter 8

## Restraint/Seclusion

Question	Select the correct response:
1. Which of these are behavioral hints for dealing with an agitated patient?	a. Don't argue b. Don't respond in any angry or hostile tone c. Don't take the situation personally d. All of the above
2. Which of the following are preventive strategies for the user of the least restrictive alternative to restraints?	a) Give the person space b) Institute the Fall Prevention Protocol c) If the person does not speak English get an interpreter d) All of the above
3. Which of the following are potential dangers associated with restraint use?	a) Constipation b) Pressure ulcers c) Loss of dignity d) All of the above
4. Restraint application requires careful patient assessment in order not to violate patient rights and dignity.	a) True b) False
5. It is required to explain the purpose and necessity of the restraints to the patient and family.	a) True b) False
6. When a patient has his/her restraints released, toileting, food and fluid also need to be offered.	a) True b) False
7. PRN orders for Restraints are acceptable over the weekend.	a) True b) False
8. The nurse can take a phone order to place a patient in restraint.	a) True b) False
9. Restraint orders include the following: an assessment, reason for use, type of restraint to be used; specification of the time limit on the restraint; date and time of the order; physician's signature.	a) True b) False
10. The patient in a wrist restraint must be released every two hours.	a) True b) False

# Chapter 9: Patient/Resident and Family Education – Cultural and Religious Practices

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## Purpose

This module was designed to acquaint staff with the methods and resources available to provide patient and family education.

\*Chapter 11 provides more information on cultural competence\*.

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## Objectives

At the completion of this module, the learner will be able to:

1. Define who "family" is
  2. Define goals of patient and family teaching
  3. State the components of an educational assessment
  4. Identify four educational resources
  5. Complete the competency exam
-

## Patient/Resident Education

Patient/resident education should begin upon entry into the healthcare system and continue through the continuum of care following discharge. It is important for family members to be involved in the patient's care and receive education specific to the patient's healthcare needs.

Education is interdisciplinary and includes the patient, the resident and the family. "Family" is defined as the person(s) who plays a significant role in the patient's life. This may include an individual (s) not legally related to the patient but who has been identified as playing a significant role. This person(s) is often referred to as a surrogate decision maker if authorized to make care decisions for a patient should the patient lose decision making capacity.

Patient education is a patient's right as well as a professional responsibility. The hospital is required to assist the patient and family in gaining the knowledge and skills needed to meet the patient's ongoing healthcare needs. This must be provided in a way that is understandable to the patient and/or family. Establish an environment that encourages patients and families to ask questions, learn and participate in decision making and care.

*The learning needs assessment must include:*

1. Cultural and religious and/or spiritual practices, emotional barriers, desire and motivation to learn, physical and cognitive limitations, language barriers, age-related issues, reading, visual and hearing issues, and the financial implications of care choices.
2. Readiness to learn
3. Preferences of the learner
4. Specification of the translator if one is necessary. Barriers must be further discussed in the progress record

When patient education is multi-disciplinary, for example the physician, nurse and physical therapist, it should be interdisciplinary. That is, coordinated among the various disciplines involved. It is very important to discuss the teaching plan with the patient and family to identify their educational needs.

*The goals of patient/family education are to:*

1. Promote interactive communication between patients/residents and providers
2. Improve patient/resident understanding of their health status, options for treatment and the anticipated risks and benefits of treatment
3. Encourage patient/resident participation in decision making about care
4. Increase the likelihood that patients will follow their therapeutic plans of care
5. Maximize patient/resident ability to cope with his or her health status
6. Enhance the patient/resident's participation in continuing care
7. Promote health lifestyles
8. Inform the patient/resident about his or her financial responsibility for treatment when known

**Psychosocial, spiritual and cultural values** also affect patients' responses to care and their willingness to participate actively in their care and education. Recognizing the impact these values have we support our patients' involvement in their care and the educational process. We make every effort to ensure this education process supports ongoing interaction between patients and staff.

Specific educational instruction to patients/residents and their families regarding the patient's healthcare needs must include, if applicable:

1. The safe and effective use of medication
  2. The safe and effective use of medical equipment
-



3. Instruction on potential drug/food interactions and counseling on nutrition and modified diets
4. Instruction in rehabilitation techniques to facilitate adaptation to and/or functional independence in the environment
5. Access to available community resources
6. When and how to obtain further medical treatment if needed
7. The responsibilities of the patient and family regarding the patient's ongoing healthcare needs, giving them the knowledge and skills they need to carry out their responsibilities
8. With due regard for privacy, the hospital teaches and helps patients maintain good standards of personal hygiene and grooming including bathing, brushing teeth, caring for hair and nails and using the toilet

## **Evaluation of Patient/Resident and Family Education**

The patient/resident and family can be evaluated on their understanding of the education provided through "return demonstration and verbalizing understanding" of the subject matter. The patient/resident and family's satisfactory learning outcome as applicable to a specific item/topic is documented in the patient's medical record. The healthcare provider must number, date and sign on the Patient/Family Education Form in the applicable area upon observation of a satisfactory return demonstration or upon verbalization of understanding evidenced, for example by restatement or correct response to questioning.

## **Follow-up on Education**

In some situations further education is necessary such as re-teaching material reinforcing the material and/or repeating demonstrations of skills. Documentation of this reinforcement is necessary in the patient/resident's Medical Record.

## **Educational Resources**

Educational resources for patient/resident and family teaching include:

1. One-on-one teaching
2. Pamphlets
3. Audiotape
4. Large print
5. Health education library
6. Videotapes

## **Settings for Education**

Education will be provided in the following circumstances/settings:

1. Inpatient
  2. Ambulatory care
  3. Pre-operational
  4. Emergency Department
-

## Cultural and Religious Practices of KJMC Patient Populations

Religion	Diet	Health Practices	Death Practices	Organ Transplant Beliefs
<b>Judaism (Orthodox)</b>	Kosher Diet (No pork, shell fish or dairy products served with meat). During religious holidays, diet restrictions may include additional food products.	Sabbath observances may directly impact routine procedures, such as restricting use of the call bell and any other use of electrical equipment. <i>(For complete description, see handout entitled "Cultural and Religious Practices of the Jewish People")</i> Daily prayers and rituals should not be interfered with.	It is believed that the spirit leaves the body at the time of death. Jewish law requires that the body not be left alone. The body is to be buried as soon as possible.	Autopsy is not allowed unless required by law. All body parts must be returned for burial. Organ donation is acceptable if it will save the life of another human being.
<b>Roman Catholic</b>	Not required to adhere to specific dietary practices except during Lent (period between Ash Wednesday and Easter Sunday; some may abstain from meat every Friday).	May request priest to perform the Sacrament of the Sick when seriously ill or near death.	At the time of death, family may request the priest to pray with them.	Not permitted after death. May donate organs, e.g., kidney, while living, provided that the loss of an organ does not deprive donor of life. Clergy may be requested to authorize donation.
<b>Protestants (Lutheran, Methodist, Baptists, Presbyterians, Episcopalians)</b>	<i>Baptists:</i> No alcohol; some may not use coffee or tea. <i>Presbyterians:</i> May abstain from meat every Friday. ** No other restrictions. **	May request communion during hospitalization. <i>Lutherans:</i> Often request anointing and/or a blessing. <i>Baptists:</i> May practice healing by laying of the hands.	At the time of death, family members may request a minister to anoint, pray or perform religious rites.	All denominations usually favor organ transplant or donation, provided that the donor's life is not endangered and the recipient will improve or extend his/her life.
<b>Adventists (Seventh Day Adventists)</b>	Abstain from tea and coffee. Many groups prohibit eating of meat.	Many believe that the taking of narcotics violates the body as a temple of the Holy Spirit. May take communion. Some believe in divine healing, anoint with oil and use prayer during illness.	Believe that the dead will sleep until the return of Jesus Christ, at which time final rewards and punishments will be given.	The individual and family have the right to receive or to donate those organs that will restore any of the senses, e.g., eyes, or those that will prolong life profitability, e.g., kidney or heart.
<b>Jehovah's Witnesses</b>	Do not eat anything to which blood has been added. May eat animal flesh from which blood has been drained.	Absolutely opposed to blood transfusion, although individuals can sometimes be persuade din emergencies.	No last rites; do not recognize sacraments as such.	No definitive statement available on transplantation. Beliefs will have to be discussed and explored on an individual basis at time of death.

Religion	Diet	Health Practices	Death Practices	Organ Transplant Beliefs
<b>Islamic (Muslim/Moslem)</b>	All pork products are forbidden. Daylight fasting is practiced during Ramadan (the 9 <sup>th</sup> month of the Muhammadan year).	Faith healing is not acceptable unless the psychological condition of the patient is deteriorating. Then it is done only for the patient's morale.	Patient should confess and as for forgiveness before death. Family should be present to wash and prepare the body and turn it to face Mecca. <i>Only relatives and friends may touch the body.</i>	Unless required by law, there should be no post mortem and no body parts should be removed for transplant or another reason.
<b>Greek Orthodox (Christian)</b>	Church prescribes avoidance of meat and sometimes dairy products on Wednesdays, Fridays and during Lent. Members who are hospitalized are not required to adhere if fasting interferes with medical treatments or affects patient's medical condition.	Ordained priest or church deacon may be called to administer Holy Communion while patient is hospitalized. Some patients may also request the sacrament of Holy Unction which may be conducted by the priest in the hospital room.	Last rites are the administration of the Sacrament of Holy Communion.	Organ transplants are acceptable from one human to another. However the life of the donor is considered to be of equal importance and should never be compromised.
<b>Black Muslims</b>	Prohibit alcoholic beverages, pork and some foods traditional among American Blacks, including corn bread and collard greens.	Faith healing is not acceptable and should not be practiced during illness. Do not indulge in activities, e.g., sleeping, more than is necessary for health.	Carefully prescribed procedure for washing and shrouding the body and performing funeral rites.	General adherence to Muslim tenets described above. However, individuals and family members may be approached for organ donation at time of death.
<b>Pentecostal (Also known as Apostolic or Holiness)</b>	Some members abstain from alcohol, tobacco and may refuse to eat pork products.	No prohibition of blood transfusions or medical care. Believe in possibility of divine healing through prayer and that all illness is from the devil; doctors assists, but healing is through Jesus. Pray for divine intervention in health matters.	No last rites; anointing with oil may be practiced. May take Holy Communion.	No prohibition against organ transplant/donation. Relatives and/or friend should be approached regarding organ donation at time of death, as appropriate.
<b>Hindu</b>	Many dietary restrictions that conform to individual sect doctrine. Patient should be questioned when admitted.	Some conditions such as loss of a limb represent "sins" committed in a previous life. Accept most modern medical practices. Do not believe in artificial insemination because sterility reflects divine will.	Prescribed rites followed at time of death. Priest will pour water into mouth after death; family will wash the body. Bodies are cremated.	No specific prohibition against organ donation or transplant. Family should be approached regarding donation at time of death, as appropriate.

## Definitions

### *Ac<sup>1</sup>culturation*

The process of adopting the social traits and patterns of another culture, generally the dominant culture.

### *Assimilation*

The process of social and cultural adaptation and absorption of a minority group into the dominant culture. The forms of assimilation are as follows:

1. **Acculturation:** involves adapting or borrowing aspects of another culture such as dress or speech.
2. **Identification:** exists when members of an ethnic group share a perception of nationhood, e.g., "I am an American."
3. **Civic:** involves members of an ethnic group who no longer make special claims on the political system based on the special needs of their particular ethnic group. This usually occurs when an ethnic group achieves an important measure of political power.
4. **Marital:** exists when members of two racial or ethnic groups live together as man and wife.

### *Beliefs*

Those things that are thought to be true.

### *Bicultural*

Adjective describing a person who has adopted the values and lifestyles of two cultures.

### *Burning (Poua)*

A form of folk healing practiced among some Asian populations, particularly Mien and Cambodians. It is a treatment of last resort and is used for the treatment of pain and failure to thrive. It appears as vertical rows of asymmetrical, superficial, burns of approximately ¼ inch on the front or back of the body, including the neck. Or, a single burn may be seen in the center of the forehead. The joints will be burned when attempting to treat failure to thrive. The treatment is performed using a type of grass that has been dried, dipped in melted port lard, ignited, then applied to the area of the body requiring treatment. Poua is generally performed by a healer, but may be done by any experienced adult. Parents may not be aware that performing this treatment on children is illegal in the United States.

### *Coining/Coin Rubbing (Cao gio)*

A form of folk healing commonly practiced among some Asian populations which involves rubbing the body with a coin. The coin is sometimes heated or oiled. The rubbing produces red welts on the skin, superficial ecchymosis, and nonpainful areas with petechiae. These areas should not be mistake for signs of abuse or signs of a specific disease process. The coining procedure is usually carried out on the rib area and/or on the front and back of the body. The treatment may also be applied on the tracheal area, along both sides of the spine, and along the inner aspects of the upper arms. The belief is that rubbing the coin against the skin draws illness out of the body of the individual and that the red welts will appear only on those individuals who are ill. Coining is done to treat illnesses such as colds, vomiting, headache, pain and heat exhaustion. The practice is more common amount Vietnamese, Chinese,

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Mien, Cambodians and Laotians. Parents may not be aware that performing this treatment on children <sup>2</sup>is illegal in the United States.

### *Cultural Imposition*

The practice of imposing one's cultural beliefs upon others with the belief that they are best or superior.

### *Culture*

The learned, shared, and transmitted values, beliefs, and practices of a particular group that guide thinking, actions, behaviors, interactions with others, emotional reactions to daily living and one's world view.

### *Cupping (Ventouse)*

A form of folk healing commonly practiced among Asians, Latin Americans and some Europeans. It involves heating a glass and placing it on the ill person's body. The vacuum created under the glass causes the skin to rise, leaving red marks on the skin of approximately 2" in diameter. The marks from cupping will typically be seen along the left and right sides of the chest, abdomen, and back. Or, a single mark may be seen on the forehead. This treatment is generally performed only on adults. Cupping is done in an effort to equalize "hot" and "cold" body imbalances and to draw out evil spirits that are causing the illness.

### *Dominant Culture*

The culture of the dominant group within a society. It is not necessary that the dominant culture have the majority of the population. In the United States, people of Anglo-European ancestry – white Anglo-Saxon Protestants (WASPs) make up the dominant group. However, they comprise only approximately 1/3 of the population of the United States. The critical difference related to dominant cultures is power – not numbers.

### *Ethnic Group*

A group of people who share cultural, racial, linguistic, and social heritage.

### *Ethnocentrism*

The belief that one's own ethnic group, way of life, beliefs, values, etc., are superior to others.

### *Evil Eye (mal ojo)*

A belief of some persons from Asia, Central America, the Middle East, Mexico, Africa. The specific and associated practices may vary. However, the general concept is that one puts an evil spirit on a person by looking at the victim, causing the victim to become ill. The motive for placing the evil spirit on another person is generally envy. The concept is based on the idea that there is a limited amount of good things in the world, such as intelligence, beauty, wealth. If one person possesses one of these assets, other persons have less of the asset. Therefore, envy warrants giving the "evil eye" to the person who has the asset, to cause illness. Some cultures believe that compliments cause the evil eye and have ways of neutralizing its effects.

### *Family of Orientation*

Parents, siblings, and the individual

### *Family of Procreation*

Spouse, children, and the individual

### *Folk Medicine*

Practices within a cultural or ethnic group aimed at curing illnesses.

### *Geophagy*

The eating of clay or dirt. Seen more commonly among African Americans, Africans and Arab Americans.

### *Hot and Cold Health Concept*

A health concept based on the ancient Greek concept of the four body humors: yellow bile, black bile, phlegm and blood. A balance of these humors equates to health. The treatment of disease is accomplished through restoring the body's humoral balance through the addition or subtraction of substances that effect each of these humors. Disease conditions, foods, herbs, beverages, and medications are classified as hot or cold depending on their effect, not their physical temperature. Each cultural group defines what it believes to be hot and cold. The concept is found among Asians, Japanese, Blacks, Hispanics, Arabs, Muslim and Caribbean cultures.

### *Kosher Dietary Laws*

Kosher Dietary Laws are based on humaneness and practical reasons associated with health. The laws forbid eating pork and shellfish, and nonkosher red meat and poultry. Nonkosher meat is considered any meat obtained from an animal that was not killed with a single blow and not by strangulation. More than one blow to kill an animal is considered cruel because of the pain and suffering experience by the animal between the first and final blows. Strangulation of an animal allows time for release of hormones that can be harmful to consumers of the meat. Red meat must come from animals that chew their cud and have cloven hoofs. A fish consumed must be of the type having fins and scales. Meat and dairy products cannot be eaten during the same meal; pots, utensils, plates cannot be used for both. Foods categorized as *parve* may be eaten with milk or meat dishes and include eggs, fruit, vegetables and nuts.

### *Minority*

A group or people who are singled out from others within a society in which they live, because of cultural characteristics, for unequal or different treatment. The members of the group regard themselves as objects of collective discrimination and exclusion from full participation in society life.

### *Pica*

The craving and eating of non-food items such as Argo starch. Seen more commonly among African Americans during pregnancy. It is believed that these non-foods help to build blood or keep an unborn baby's skin clean.

### *Pinching (Bat gio)*

A form of folk healing practiced among some Asian populations, particularly H'mong, Mien, Laotian, Vietnamese and Cambodians. It consists of pinching any area of <sup>3</sup>the body, sometimes followed by pricking the area with a sharp needle. Conditions treated by pinching include localized pain, fever, coughs, poor appetite, dizziness, fainting and blurred vision. It is practiced on children over 10 years of age and on adults. Any adult may perform this treatment.

### *Race*

A group of people related by common descent of heredity who have similar physical characteristics such as skin color, facial form, eye shape, etc.

## *Racism*

The belief that race determines human capacities and that some races are superior to others.

### *Stereotype*

To label all persons of a cultural, ethnic, or racial group based on the assumption that all persons within that particular group share the same similarities, beliefs, and values.

### *Subculture*

A large group of persons with shared characteristics, who are part of a larger culture that does not share those characteristics. The group's characteristics distinguish them from the larger culture and are thought of as a subgroup of the primary culture.

### *Time Orientation*

How an individual or group of individuals behave in relation to the ordering of time: past, present and future. Only among the American middle and upper-class population, is time so highly valued. In many cultures, individuals' lives are not ordered by schedules, clocks, watches, etc. **Present-oriented** persons generally do not value strict schedules. They perceive time as flexible. Present activities are generally more important than future or past activities. May be late for scheduled appointments, place little value on preventive health care practices, and resist rigid hospital schedules because the present moment in time is what is important. **Future-oriented** persons generally "live by the clock and calendar". Many of these individuals mold their current behavior based on future goals and plans. **Past-oriented** individuals place great value on traditions and beliefs. They may be *very* hesitant to consent to new medical treatments.

### *Values*

Personal standards of what is good or useful in relationship to oneself and to others.

### *Yin/Yang Health Concept*

A Chinese concept of health. It is believed that the forces of nature are balanced to produce harmony. The yin force represents the female aspect of nature. It is believed to be the negative pole and encompasses darkness, cold, and emptiness. The yang force represents the male aspect of nature. It is believed to be the positive pole and encompasses fullness, light, and warmth. An imbalance of the yin and yang forces produces illness – and indication of disharmony. Therefore, illness is not thought of as an intrusion, but a natural part of the life cycle. Illness is thought to be inevitable; perfect health is not the goal. Yin and yang are assigned to certain diseases, health conditions, and body organs as indicated below. The inside of the body and the front of the body is yin. The surface of the body and the back of the body is yang. Yin stores the vital strength of life. Yang protects the body from outside forces.

	<b><u>Health Condition/Disease</u></b>	<b><u>Organs</u></b>
<i>Yin</i>	Cancer	Kidney
	Lactation	Liver
	Menstruation	Lungs
	Postpartum period	Spleen
	Pregnancy	Heart
	Shivering	
	Wasting	
<i>Yang</i>	Constipation	Bladder
	Hangover	Gallbladder
	Hypertension	Intestines
	Infection	Stomach
	Sore Throat	
	Toothache	
	Upset Stomach	
	Venereal Disease	



# Competency Exam: Chapter 9

## Patient/Resident Education – Cultural and Religious Practices

Question	Select the correct response:
1. An educational assessment must include the following: barriers to learning, readiness to learn, preferences of the learner	a. True b. False
2. Healthcare practices vary from one culture and religion to another.	a. True b. False
3. One goal of patient/resident and family education is to encourage patient participation in decisions regarding their care.	a. True b. False
4. Patient/resident education is a patient's right as well as a professional responsibility.	a. True b. False
5. Educational resources include one-to-one teaching, videotapes, pamphlets and the health education library.	a. True b. False

# Chapter 10: Quality Assessment/Improvement, Sentinel Events

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## Purpose

This module was designed to review the quality assessment/improvement and corporate compliance program.

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## Objectives

At the completion of this module, the learner will be able to:

1. Define "quality assessment and improvement"
2. Distinguish between Standard of Care and Standard of Practice
3. Identify reporting mechanisms and initiate actions
4. Identify who belongs to the QI team
5. Employee is aware of HIPAA regulations and requirements
6. Complete the competency exam.

# Continuous Quality Improvement

## Definition

At KJMC, Continuous quality Improvement is a systematic organization-wide approach for improvement that involves measurement and evaluation of the quality and appropriateness of patient/resident care, the identification of opportunities for improving care and the identification of problems that impact on patient/resident care and clinical performance.

The Board of Trustees, the Executive Committee of the KJMC and the KJMC Administration are committed to promoting the quality of patient/resident care and assuring that services rendered are achieved by requiring and supporting the establishment and maintenance of this program.

The Continuous Quality Improvement program will uphold KJMC's mission of commitment to service to our community by providing high quality, cost-effective and appropriate services, promoting patient satisfaction and improving health and treating diseases in an environment of excellence in a respectful, caring manner within a safe hospital environment.

## Objectives

1. To objectively, systematically and continuously measure and improve the quality and appropriateness of patient care and services
2. To assure that care provided is of a high level of quality; to measure performance in terms of efficacy, appropriateness, availability, timeliness, effectiveness and continuity of services as well as safety and efficiency of services
3. To coordinate all performance improvement activities into a well-organized, integrated plan to improve patient/resident care and service
4. To prioritize KJMC's improvement activities. The structure of the QA/CQI Committee is designed to facilitate the collection, analysis and reporting of data by prioritizing projects based in the following areas:
  - a. Quality patient care
  - b. Physician satisfaction
  - c. Patient satisfaction
  - d. Employee satisfaction
  - e. Environment of care
5. To validate CQI efforts by encouragement rather than discouragement, and
  - a. Include Measurable outcomes
  - b. Define problems in ways that are amenable to solution
  - c. Allocate resources for measurement and problem-solving which add value to the organization
6. To provide information regarding findings, conclusions and recommendations top Administration, Executive Committee and the Board of Trustees

## Approach and Methodology

Each department, service and team will accomplish the goals and objectives of the organizational performance improvement process by using the PDCA model adopted by KJMC. This model provides a framework for continuous quality improvement (CQI).

Plan the Improvement

Do the improvement to the Process

Check the Results

Act to hold the gain and continue to improve the process

## Standard

The “standard” is an agreed-upon level of excellence.

## Standard of Care

The “standard of care” addresses the quality of nursing care that patients/residents can expect to receive from the nursing staff and reflects the scope of care provided by each hospital unit. This involves assessment, diagnosis, outcome identification, planning, implementation and evaluation. For example:

1. The patient/resident will be free from infection, phlebitis or inflammation as a result of IV therapy
2. The patient/resident will correctly demonstrate his or her skill with insulin injection

## Standard of Practice

The Nursing Policies & Procedures located on every unit. For example,

1. The nurse will take vital signs every 15 minutes
2. The nurse will change the dressing BID
3. The nurse will assess the patient/resident’s comfort level to determine if he or she is experiencing pain

The Nursing Department recognizes the vital role it plays in the provision of quality patient care. In order to achieve quality patient/resident care, we also recognize that we must work collaboratively with those services in the organization that also provide patient care.

## Indicators

An integrated standard of care or practice is used to gather data for evaluation of the quality of care. For example:

1. **High-volume indicators** – refers to quantities, for example:
  - a. Number of admissions
  - b. Number of falls
  - c. Number of medication errors
2. **High-risk indicators** – describes those activities that place the patient at risk, for example:
  - a. Risk of infection

- b. Safety
- 3. **Problems prone indicators** – any issue that warrants ongoing monitoring due to the potential for clinical impact, for example:
  - a. Patient/resident falls
  - b. Pressure ulcers
- 4. **Thresholds** – for evaluation, the threshold is a pre-established level of performance applied to series of patient care activities being monitored, for example:
  - a. Medication – 100%
  - b. Documentation – 90-95% compliance

## Quality Management/Nursing Quality Initiative Locations

- 1. The hospital QM office is located in the Leviton building, 3<sup>rd</sup> floor, ext. 5789
- 2. All Nursing Quality Initiative is reported through Elaine Moses, Nursing Office, 2<sup>nd</sup> floor, ext. 5262

## Nursing Quality Initiative (NQI)

Chairperson: Elaine C. Moses, RN

Every Patient Care Unit has a NQI representative (and an alternate). They are selected by the Assistant Directors.

The NQI Committee:

- 1. Uses the principles of Continuous Quality Improvement (CQI)
- 2. Meets monthly
- 3. Collects and analyzes data (*e.g.*, medication errors or potential errors and patient outcomes)
- 4. Discusses management issues (*e.g.*, glucometer machines, fall rates, restraint issues)
- 5. Uses “Plan, Do, Check, Act” as the primary method for achieving and sustaining performance improvement

The NQI representative will share all pertinent information with the general staff members on her unit, after each committee meeting.

The NQI Committee revises the Department Quality Improvement Plan on an annual basis. The Plan is approved by the Vice President of Nursing Services.

Patient outcomes are used on a department and unit level. Data is the basis in which we can identify and evaluate performance improvement activities.

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## Sentinel Events

A Sentinel Event is an unexpected occurrence or risk of occurrence involving death or serious physical or psychological injury. This may include:

- 1. The loss of limb or permanent function
- 2. Infant abduction
- 3. Infant discharged to the wrong family

4. Rape
5. Hemolytic transfusion reactions
6. Surgery on the wrong patient or wrong body part

Every Sentinel Event needs to undergo an intensive assessment called “Root Cause Analysis,” identifying the most basic causal factors contributing to the event. By studying the process, it is important to redesign the process so as to minimize the likelihood of recurrence due to the same primary cause in the future.

Any medical inquiries concerning Sentinel Events shall be coordinated by the Department of Quality Management after communicating with the Office of Legal Affairs.

Whenever any member of KJMC’s staff becomes aware of any occurrence which may become a Sentinel Event, that person should immediately contact Risk Management. When the Department is next open, the event must be immediately reported to the Administrator on Call. He or she must notify the Medical Director the next business day.

KJMC will undergo an intensive investigation involving Risk Management, Directors and Quality Improvement Committees for all involved departments. Events requiring multidisciplinary review will be referred to the QI Committee. The process and results of the investigation will involve peer review, as necessary. All Sentinel Events, corresponding Root Cause Analyses and plans of corrective action are reported through the QI Committee to the Executive Committee. Staff involved in policy changes must be in-serviced as necessary.

# Competency Exam: Chapter 10

## Quality Assessment/Improvement

Question	Select the correct response:
1. QA/CQI is a method to assure quality care on an ongoing basis.	a. True b. False
2. Indicators can be high volume, high risk and/or problem-prone standard of care or practice.	a. True b. False
3. Interdisciplinary CQI projects are:	a. Another audit by the internal revenue service b. A customer-focused, quality-driven philosophy that relies on each member of an organization to build quality into every step of service c. A term used to solve problems that concern you only d. Another shopping mall scheduled to open in January 2010
4. All nursing staff are required to know the quality indicators that are being monitored hospital-wide as well as on their unit.	a. True b. False
5. The primary method for achieving and sustaining performance improvement at KJMC is called:	a. FORK b. HELP c. PDCA d. NBA

# Chapter 11: Human Resources Policies/Age-Specific Issues

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## Purpose

This module was designed to review KJMC's Human Resources Policies and Procedures and to identify differences of various age groups.

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## Objectives

At the completion of this module, the learner will be able to:

1. State KJMC guidelines on:
  - a. Rules of Conduct
  - b. Absenteeism and lateness
  - c. Sexual harassment
2. State how to address the needs of a 4-6 year old as well as an elderly patient



# Human Resources Policy and Procedure Manual

Kingsbrook Jewish Medical Center

## Human Resources Policy & Procedure Manual

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### Rules of Conduct

#### **POLICY:**

Common sense, good judgment, and regard for the rights and interests of both Kingsbrook Jewish Medical Center and one's co-workers will ensure the well-being of the patients entrusted to our care. In a hospital, particularly, we expect employees to adhere to high standards of personal conduct at all times.

The importance of this matter necessitates that Kingsbrook Jewish Medical Center establish rules of conduct for all employees and that Management staff take disciplinary action which may include discharge-against any employee for any act of misconduct, including but not limited to those listed below. (See Discipline Policy)

The rules of conduct outlined below are issued in coordination with our compliance program and supplement any rules promulgated as part of the compliance program.

#### **A. Rules of Conduct:**

1. Falsification of employment records or other Kingsbrook Jewish Medical Center records including time reports.
2. Unauthorized absence from post of duty during regularly scheduled tour of duty.
3. Loitering, loafing, or sleeping while on duty; loitering or returning to the work area or other enclosed areas while off duty.
4. Failure or refusal to follow the instructions of a Supervisor including refusal to accept job assignment.
5. Use of vile, intemperate or abusive language, or acting in a disrespectful manner to any employee, Manager, patient, or visitor.
6. Immoral or illegal conduct.

**Use, or unauthorized possession of intoxicating beverages or narcotics on premises, or reporting to work under the influence of intoxicants or narcotics.**

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### Rules of Conduct

7. Threatening, intimidating or coercing another employee by word or action.
8. Fighting, horseplay, or other disorderly conduct on Kingsbrook Jewish Medical Center premises.
9. Possession of a weapon on Kingsbrook Jewish Medical Center premises.
10. Gambling, or conducting games of chance, or possession of gambling devices on Kingsbrook Jewish Medical Center premises.
11. Creating or contributing to unsafe or unsanitary conditions by failure to comply with established safety or sanitation practices.
12. Smoking in unauthorized areas.
14. Unauthorized posting or removal of notices in Kingsbrook Jewish Medical Center.
15. Unauthorized possession, use copying, or reading of KJMC or disclosure of information contained in such records to unauthorized persons.
16. Theft, fraud, misappropriation, or unauthorized possession or use of property belonging to KJMC or to any employee, patient, or visitor.
17. Negligent or deliberate destruction or misuse of property belonging to Kingsbrook Jewish Medical Center, another employee, patient or visitor.
18. Excessive and/or unexcused absence or tardiness.
19. Accepting or soliciting tips or gratuities.
20. Disregard of one's appearance, uniforms, dress or personal hygiene.
- 21. Any willful act or conduct detrimental to patient care or to KJMC operations.**

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**Rules of Conduct**

- 22. Violation of any rule or regulation of the Medical Center.
- 23. Failure to render a personal service to any patient, if such service is within the normal and usual scope of the employee's duties, or is required by reason of an emergency relating to the patient.
- 24. Inducing another employee to commit any breach of the foregoing rules and regulations.
- 25. Violation of the any Medical Center policy contained in this or any other manual outlining duties, responsibilities or conduct including the "No Solicitation and Distribution Policy" and the "Nepotism Policy".

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## Sexual Harassment

### **POLICY:**

It is the policy of Kingsbrook Jewish Medical Center, in accordance with applicable law, to provide a work place free from sexual harassment. Kingsbrook Jewish Medical Center strongly disapproves of offensive or inappropriate sexual behavior at work, thus, all employees must avoid any action or conduct which could be viewed as sexual harassment. Sexual harassment can be divided into two categories:

1. "Quid pro quo" - Occurs when a supervisor or other management representative threatens the loss of employment benefits or threatens other unfavorable working conditions for refusing sexual advances, or promises rewards for responding favorably. Employment benefits would include salary, opportunities for promotion, performance evaluations, etc.
2. Hostile Environment - Occurs when inappropriate conduct unreasonably interferes with an employee's job performance or creates an intimidating or offensive working environment. Such conduct can include unwanted physical contact or offensive language, jokes and comments of a sexual nature.

### **PROCEDURE:**

Any employee who complains of sexual harassment at work may use and is encouraged to use the following grievance procedure.\*

1. Any employee who believes he or she has been the subject of sexual harassment should report the alleged act immediately to the Human Resources Department.
2. The complaint will be promptly and thoroughly investigated in a professional and confidential manner.

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### Sexual Harassment

3. Depending on the findings of the investigation, appropriate corrective action, including disciplinary measures up to and including discharge, will be taken to remedy all violations of Kingsbrook Jewish Medical Center's policy against sexual harassment.
4. In the event that either employee does not agree with the findings of the investigation, the employee may request the Administrator or his/her designee (Corporate Officer) to review the decision. The decision of the Vice President shall be final and binding.

There will be no retaliation against any employee for invoking or participating in the grievance procedure or for making a complaint of sexual harassment.

\*If for some reason the employee's more comfortable in reporting the claimed sexual harassment to some other Kingsbrook Jewish Medical Center representative, he/she should do so. Such a complaint will be treated in the same professional and confidential manner as one made in accordance with the procedure outlined below.

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### Absenteeism and Lateness

**POLICY:**

1. All employees are expected to report to work as scheduled and to work their scheduled hours and required overtime. Employees will be charged with an absence occurrence when they fail to report for their scheduled work hours.
2. All employees are expected to report to work and be ready to begin work at the scheduled start of their shift and will be considered late to work if this does not occur. Employees will be late and charged with a partial absence when they report to work more than seven minutes past their scheduled starting time, and staff nurses will be docked for lateness if they report more than fifteen minutes past the start of their shift. Non-exempt employees will be docked a portion of their pay for each lateness occurrence according to the guidelines listed below.

**PROCEDURE**

1. Absences due to sickness and/or injury shall be charged as an occurrence, regardless of whether or not sick time is paid. Absences of several days duration will be treated as one occurrence. Absences which will not result in an occurrence charge include those involving jury or military duty and authorized paid leave (excluding sick time). The hospital has the right to require employees to submit a doctor's note to verify a claim of illness and/or injury.
2. Employees must notify their manager in advance when possible, according to departmental guidelines, of their inability to report for work as scheduled. In no event should an employee notify their manager later than 30 minutes after their starting time. Managers will maintain written records of employees' absences and lateness, which will include the reasons given by employees for missing work.
3. Employees who are absent without notifying their supervisor are subject to termination for job abandonment.

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### Absenteeism and Lateness

4. Employees who display frequent lateness and/or absence will be subject to progressive discipline in accordance with hospital policy. Supervisors will provide counseling at each step of this progressive procedure, indicating what the next step will be in the event the problem is not corrected.

In dealing with attendance problems, the hospital will consider the facts and circumstances of each particular case, including the employee's overall attendance and performance records, reasons for missing work and prospects for future improvement.

5. In addition to the above, non-exempt employees who are late are subject to being docked a portion of their salary as follows:

0 - 7 minutes late - No docked pay  
8 - 22 minutes late - 15 minutes docked  
23 - 37 minutes late - 30 minutes docked  
38 - 52 minutes late - 45 minutes docked  
53 - 60 minutes late - 60 minutes docked

Staff Nurse:

0 - 15 minutes late - No docked pay  
16 - 45 minutes late - 30 minutes docked  
46 - 75 minutes late - 60 minutes docked

6. Executive, Administrative, and Professional Employees are salaried and therefore, are not to be docked for lateness or early leaves. Attendance records should be maintained for all categories of salaried employees and attendance problems are to be handled by progressive discipline. Exempt classifications of employees who receive a premium for work performed beyond their normally scheduled work week are not to be docked for late arrivals or early leaves consistent with this section.

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## Substance Abuse

### **POLICY:**

1. The unauthorized use, possession, selling or purchasing of illegal drugs, controlled substances or alcohol on the premises or any property of Kingsbrook Jewish Medical Center at any time is strictly prohibited. Reporting to work or working under the influence of alcohol, an illegal drug or controlled substance is strictly prohibited. Violators will be subject to immediate disciplinary action, up to and including termination of employment.
2. Any employee who must use a prescription drug that causes adverse side effects (e.g., drowsiness or impaired reflexes or reaction time) should inform his/her manager that he/she is taking such medication on the advice of a physician. In addition, the employee is responsible for informing his/her manager of the possible effects of the drug on performance and expected duration of use.
3. Kingsbrook Jewish Medical Center is committed to assisting employees with alcohol and substance abuse problems by referral to the appropriate rehabilitation and counseling service.

### **PROCEDURE:**

1. An employee who appears to be impaired will be interviewed by his/her manager in order to determine whether or not an alternate reason exists for the employee's performance. The Human Resources Department is to be notified immediately of the problem.
2. Managers are to notify the Human Resources Department of an employee who has a history of alcohol or substance abuse. The employee will be advised of the Employee Assistance Program and referred to the appropriate rehabilitation and counseling services.
3. If an employee notifies a supervisor of the use of a prescription drug with potential adverse side effects, the supervisor is to notify the Personnel Department who will discuss the matter with the Personnel Health Service physician, if necessary, and advise the supervisor if the employee should be temporarily reassigned, if possible, or temporarily relieved of duty.



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### Substance Abuse

4. An employee who appears to be impaired (without a satisfactory explanation) is to be immediately referred to Personnel Health Service (or the Emergency Room after hours) when the manager has "reasonable evidence" that the employee may be impaired. It will be the responsibility of the physician to perform a medical evaluation to determine if the employee is impaired and the extent of impairment. No employee will be tested or accused of alcohol or substance abuse at any time by his/her manager.
5. The manager will be notified if the physician determines that the employee is impaired and appropriate action will be taken after consultation with the Human Resources Department. In arriving at the action to be taken, the employee's past work history, length of service, performance reviews, prior disciplinary record and the success or failure of prior rehabilitative attempts will be considered.
6. A leave of absence may be granted to an employee requesting assistance for alcohol or substance abuse for the first time (in accordance with Human Resources Policies or Collective Bargaining Agreements) provided that the employee has not been given notice of termination nor been suspended, subject to termination.
7. Incidents of impairment involving certain licensed employees will be reported to the New State Department of Education, in accordance with applicable laws and regulations.

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### Drug-Free Workplace

**POLICY:**

1. Illegal drugs in the workplace are a danger to us all. They impair safety and health, promote crime, lower productivity and quality and undermine public confidence in the reputation of the Medical Center. Accordingly, all locations of the Kingsbrook Jewish Medical Center are declared to be drug-free workplaces.

All employees are absolutely prohibited from unlawfully manufacturing, distributing, dispensing, possessing, or using controlled substances in the workplace. The following is a partial list of controlled substances. A complete listing of controlled substances is available in the Personnel Department.

- Narcotics (heroin, morphine, etc.)
- Cannabis (marijuana, hashish)
- Stimulants (cocaine, crack, non-prescription diet pills, etc.)
- Depressants (tranquilizers)
- Hallucinogens (PCP, LSD, etc.)

Any employee violating the above policy is subject to discipline (up to and including termination for the first offense).

2. Employees have the right to know the dangers of drug abuse in the workplace, the Medical Center's policy about them and what help is available to combat drug abuse problems. The Medical Center will institute an education program for all employees on the dangers of drug abuse in the workplace. To assist employees in overcoming drug abuse problems, the Medical Center may offer the following rehabilitative help:
  - Medical benefits for substance abuse treatment to eligible employees;
  - Information about community resources for assessment and treatment;
  - Counseling program;
  - Employee Assistance Program.

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### Drug-Free Workplace

3. Any employee convicted of a violation of criminal drug statute in the Medical Center must inform the Human Resources Director of such conviction (including pleas of guilty and nolo contendere) within five days of the conviction occurring. Failure to so inform the Medical Center subjects the employee to disciplinary action, up to and including termination for the first offense. By law, the Medical Center will notify the federal contracting officer (if applicable) within ten (10) days of receiving such notice.
4. The Medical Center reserves the right to offer employees convicted of violating a criminal drug statute in the workplace participation in an approved rehabilitative or drug abuse assistance program as an alternative to discipline. If such a program is offered, and accepted by the employee, then the employee must satisfactorily participate in the program as a condition of continued employment.
5. All applicants for employment will be required to take a pre-employment physical examination. Applicants whose examinations and interviews, combined with general reference and background checks, indicate present drug abuse, will not be hired.

**ALL EMPLOYEES ARE ASKED TO ACKNOWLEDGE THAT THEY HAVE READ THE ABOVE POLICY AND AGREE TO ABIDE BY IT IN ALL RESPECTS. BY LAW, THIS ACKNOWLEDGEMENT AND AGREEMENT ARE REQUIRED AS A CONDITION OF CONTINUED EMPLOYMENT.**

Please refer any questions regarding this policy to the Human Resources department.

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### Misappropriation of Funds and Irregularities

**POLICY:**

Kingsbrook Jewish Medical Center is committed to the prompt and confidential investigation of suspected defalcation, misappropriations and similar irregularities. Management is responsible for being aware of exposures or symptoms of exposures in their respective areas of responsibility and, for detecting suspected wrongdoing.

**PROCEDURE:**

1. Defalcations, misappropriations and other irregularities are defined, as follows:
  - a. any dishonest or fraudulent act;
  - b. forgery or alteration of checks, time sheets, payroll, personnel documents, contracts and other similar type documents;
  - c. any misappropriation of funds, securities, supplies or any other assets;
  - d. any irregularity in the handling or reporting of money transactions;
  - e. disappearance of furniture, fixtures and equipment; and,
  - f. any other similar or related irregularity, including an act of bribery, extortion, collusion or embezzlement.
2. An employee who suspects, has knowledge of or has reason to believe that an impropriety has occurred should first notify the Kingsbrook Jewish Medical Center Assistant Vice President of Human Resources and/or the appropriate Vice President. All communication will be kept in strict confidence.

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### Misappropriation of Funds and Irregularities

3. Based on information received from the employee, the Assistant Vice President of Human Resources and/or the appropriate Vice President to the President will take such action as deemed appropriate.
4. Employees who suspect any misappropriation or wrongdoing should not; (a) contact the individual (s) suspected of impropriety; or (b) discuss the circumstances of the situation unless specifically directed by the individual(s) and/or department(s) responsible for conducting the investigation.
5. In order to avoid damaging the reputations of innocent persons initially suspected of wrongful conduct, and in order to protect the Medical Center from potential civil liability, the results of investigations will not be disclosed or discussed with anyone other than authorized representatives of law enforcement and/or regulatory agencies, and only those persons associated with Kingsbrook Jewish Medical Center who have a legitimate need to know such results in order to perform their duties and responsibilities.

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## Smoking

**POLICY:**

Kingbrook Jewish Medical Center is committed to a smoke free environment. As a health care provider it is the responsibility of the Medical Center to promote good health on behalf of our staff, patients and visitors. To the end, most facilities of the Medical Center are completely smoke free.

**PROCEDURE:**

1. Smoking is prohibited in most enclosed areas of the Medical Center. To ensure ease of ingress and egress, smokers will not be permitted to congregate for the purpose of smoking at entrances and exits to these facilities.
2. The sale of smoking materials is prohibited on Medical Center premises.
3. Discussion of the smoking policy will be included in the new employee orientation program for all employees.

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### Use of Hospital Property and Services

**POLICY:**

Employees are not allowed to appropriate or borrow hospital property for their personal use without written approval from their immediate Manager and a signed release from the Security Department. In those cases where approval is granted, the employee shall be responsible for ensuring that the property is returned promptly and in good working condition. Replacement or reimbursement for lost or damaged property shall be the responsibility of the employee. An employee who removes any hospital property without the required approvals and forms will be subject to termination of employment.

Employees are not allowed to prescribe medical treatment or tests for themselves or co-workers. All employees must go to Employee Health Service for authorization to obtain laboratory tests, x-rays, drugs, etc., or present a properly completed private physician's order for lab tests, x-rays or prescription drugs.

**PROCEDURE:**

1. An employee wishing to remove hospital property from hospital premises shall first obtain written permission from his/her immediate supervisor.
2. The employee shall then obtain a release form from the Security Department prior to removing the property from hospital premises

**Kingsbrook Jewish Medical Center  
Human Resources Policy & Procedure Manual**

Effective Date: July 2000	Revised Date: September 2014	Manual: Human Resources Section: Employee Conduct	Policy #: 3.17	Sheet: 1 of 1
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**Weapons Possession**

**POLICY:**

In an effort to provide a safe environment for our employees in which to work, it the policy of KJMC that the possession of firearms, explosives, or other weapons on company property or knowingly permitting another employee to do so is strictly prohibited.

This policy applies to all KJMC property and includes the carrying of such devices in vehicles parked on company property.

Although New York State may permit citizens to carry weapons, KJMC policy governs the conduct of its employees while at work or on company property.

**PROCEDURE:**

1. Exemptions to this policy must be submitted, in writing, to the Director of Security who shall review the request and make a recommendation to the Chief Operating Officer who has the authority to approve or deny the request.



**Kingsbrook Jewish Medical Center**  
**Human Resources Policy & Procedure Manual**

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### Staff Rights Relative to Patient Care

**POLICY:**

It is the policy of the Medical Center to consider requests by employees not to participate in an aspect of patient care when such requests are based on cultural values and/or religious beliefs. However, in no event will a patient's care be negatively affected as a result of requests of this nature.

**PROCEDURE:**

1. An employee may request not to participate in an aspect of care (including treatment) where there is a perceived conflict with the employee's cultural values or religious beliefs.
2. The employee must put the request in writing to his/her Department Head detailing the reasons for the request.
3. The Department Head will review the written request, in collaboration with Administration, Human Resources and other Kingsbrook Jewish Medical Center personnel as appropriate, and render a written decision either approving or disapproving the request.
4. If the request is approved, the delivery of patient care will not be compromised and will be provided by either supervisory or other appropriate staff as determined by the respective Department Head.
5. The following aspects of patient care which could possibly conflict with staff members, cultural values or religious beliefs include:
  - Blood Transfusions
  - Removal of a patient from life support
  - Withholding nutrients from a patient

In the event that one of the above aspects of patient care arises, the supervisor should anticipate the need and arrange for alternate methods of providing the care without interruption, in accordance with the procedure listed above.

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## Videotape Content Review

Review the material presented in the videotape by studying the next few pages.

### Introduction

As healthcare workers we offer our care and our experience to people at all stages of life, from infants to older adults. They are all individuals with their own feelings and abilities, but they grow and develop in similar ways. At each stage in life there are certain qualities and needs that are shared, and by understanding what these are, we can provide better, more appropriate care at each stage. Age specific-competencies address the different needs people have at different ages.

By incorporating age-specific considerations with each patient, you help identify and provide the care that particular patient needs at that time of life you help the patient become an active partner in health decisions.

Age-specific competencies have also become a major focus of the Joint Commission on Accreditation of Healthcare Organizations (TJC). Healthcare staff need to be trained on how the age of each patient can impact assessment, delivery of care, and health education needs for the patient. There may be special health considerations to be aware of at each stage of life, and the TJC feels all healthcare staff should understand and apply these age-specific considerations. Being able to apply age-specific care often depends on using age-appropriate communication skills to understand the patient's needs. We will address this issue first.

### Barriers to Communication

At just about any age there may be barriers to communication that you should look for. Give the person your full attention and observe closely. You may not be able to fully do away with any barriers you find, but you can be aware of them and minimize them.

You should assess the patient's primary language and whether communication might be clearer if you brought in a translator. Check for any speech or hearing impairments, and check whether any confusion or depression might be a sign of physical or mental illness. Find out if the patient is under stress or worried if healthcare decisions might affect their schooling, job or family.

With children and adults, check if there are any apparent learning disabilities and if the person appears to understand instructions at an age-appropriate level. Be aware of cultural differences and how eye contact and gestures that seem ordinary to you might be misinterpreted. Some people from Asian cultures, for example, are much less comfortable with being touched than those from other cultures. Make an effort to understand the patient's family structure and support system, and try to incorporate family caregivers into treatment suggestions. Clear communication with the patient can be the key to providing age-specific care.

### Neonates: Birth to 26 Days

Age-specific care begins at the beginning: with neonates. The first 28 days of life are a time when the neonate's body functions, such as digestion, temperature regulation and sleeping, become established. Neonates can focus on faces, smile in response to a smile and lift their heads. Neonates are in a state of total dependency. The startle or Moro reflex is one of several reflexes neonates are born with to help cope with life outside the womb.

Normal reflexes such as grasping, gagging and startling are key healthcare issues for the neonate. Other important concerns are for good APGAR scores, age-appropriate vital signs (temperature, pulse and respiration) steady weight gain, and in some cases, blood glucose levels.

### *Age-Specific Care for Neonates*

Always handle the neonate in a gentle, comforting and soothing manner. Avoid over-stimulation. Speak to the neonate in a soft, comforting voice. Help parents learn proper child care skills, including feeding, diapering and bathing. Be sure parents understand a neonate has immature heat regulation and needs to be kept warm.

With changes in the healthcare system, neonates are going home earlier these days and sometimes with potential healthcare problems that haven't been identified. New parents should be taught about issues of jaundice, breast feeding and nutrition, cord care, fevers and avoid sleeping positions associated with Sudden Infant Death Syndrome.

Help parents understand the importance of safety devices such as car seats. In most states, they are required by law. The current standard is to use a child seat in the back seat of the car and fasten it in place with both the lap and shoulder belt.

## **Infants/Toddlers: 0-3 Years**

Infants and toddlers are in a period of rapid growth and learning. They explore the world through direct sensory contact; by tasting, touching, looking, listening and smelling. And they progress in their efforts to communicate, moving from crying, through babbling to using simple words. They are very dependent, but are beginning to develop a separate self.

*Key emotional and health and safety issues* at this age are to foster good child-parent bonds, keep immunizations and checkups on schedule, and help parents ensure a safe environment for playing and sleep.

### *Age-Specific Care for Infants*

When infants and toddlers are brought in, ask the parents how feeding is progressing, ask if the infant seems to be developing motor skills normally, and if they have noticed any hearing or vision problems. Remind the parents that children develop at different speeds and if the infant seems slow to crawl or walk, remind them it may be perfectly normal.

Look for and ask the parents about any signs of colds or flu and remind the parents that these conditions are very common, especially among children who attend daycare. Handwashing as a way to prevent disease transmission should be emphasized to children, and parents should be aware of its importance for themselves and anyone providing care.

Check the toddler's teeth and help the parents understand the essentials of basic tooth care, even for one or two teeth. You will probably see the infant or toddler before any dentist does.

Encourage the child to communicate, and encourage hugging, cuddling and touch by staff and parents. All this will promote health bonds and good parenting. Be aware of the problem of "stranger anxiety" and try to limit the number of staff workers assigned to each infant. Always speak to the infant before a touch to avoid startling the infant.

Keep a safe environment, as well as helping parents learn how to care for the child safely at home.

There are many safety tips such as supporting an infant's head that may not be obvious to all parents, especially new parents.

## **Young Children: 4-6 Years**

Next we will discuss some of the common characteristics of young children from about ages 4 to 6. This is a period where growth slows a little but motor skills increase, and children learn many new skills including things like dressing and toilet-training.

Their minds begin to use symbols and they play with imagination and fears and stores. They identify with their parents but grow more independent, and begin to become sensitive to others' feelings.

*Key emotional and health and safety issues* at this age are for praise and clear rules to provide a secure set of boundaries, to keep immunizations and checkups on schedule, and learn healthy habits for nutrition and grooming. In addition parents may need help teaching about safety equipment, such as

bike helmets and elbow and knee pads for skateboarding. Match safety and pool safety can also be issues.

### *Age-Specific Care for Young Children*

The healthcare worker should work to involve both parents and children in healthcare choices. Always explain what you are going to do in a firm and direct way before you start. Don't lie to the child about whether something will hurt, but reassure them that it won't hurt for long.

Injury and disease can be very upsetting to children. Children at this age tend to weave fantasies, so a minor wound may suggest that the whole limb is about to fall off. Explain healthcare issues clearly and reassure the child. Explain grooming and hygiene issues and point out to the parents that it's not just to look good, but an important infection control technique. And try to allow the child to make some reasonable choices, too. This will foster a growing sense of independence. It is important to incorporate the child's home routines as much as possible.

Use toys and games to help teach the child and reduce fear of health issues. Use talking, singing, and distractions like colorful stickers to divert attention from frightening procedures. Encourage the child to ask questions, talk about feelings, and play with other children to encourage both growing independence and social skills.

## **Older Children: 7-12 Years**

Now we will discuss some of the common characteristics of older children from about ages 7 to 12. This is a period where growth continues slowly until there is a spurt at puberty. Children this age become mentally active, eager learners and love to share their knowledge. They learn about cause-and-effect, and they perfect their reading and writing and learn math skills.

While they are developing a greater sense of self, there is also a great need to fit in with their peers. School activities become very important and they may start negotiation with their parents for greater independence.

*Key emotional and health and safety issues* at this age are to learn to feel competent and useful, to continue immunizations and check-ups, and to begin to learn honest information about alcohol, drugs and sexuality. It is also time to begin learning playground safety habits and how to resolve conflicts peacefully.

### *Age-Specific Care for Older Children*

At this age vital signs approach the norms of adult parameters. Some questions may arise about the development of secondary sexual characteristics and should be dealt with honestly. The healthcare worker should explain procedures in straightforward terms, using correct terminology, and invite the child to make some healthcare choices. If equipment is needed, allow the child to explore the equipment ahead of time. You should allow longer training and teaching sessions. Provide privacy if necessary, and build into your teaching rewards and praise.

Do your best to guide the child toward healthy lifestyle and safety choices. Habits formed at this age may last a lifetime. It's not too soon to begin to discuss exercise and nutrition and maintaining a healthy lifestyle. And help the parents talk to the child about crucial issues of peer pressure around smoking, sexuality and all kinds of substance abuse. It can be very hard for parents to know how to initiate these discussions and an outside authority such as a healthcare worker can be a big help in getting the ball rolling.

## **Adolescents: 13-20 Years**

Now we will discuss some of the common characteristics of adolescents from about ages 13 to 20. This is a period where growth spurts upward and the body transforms into an adult, sexually mature body, and physical appearance becomes increasingly important.

At this age adolescents are able to entertain complex moral thinking, and they begin to make up their own minds and choose their own values. Adolescents need to balance developing their own identity with the need for very close relationships. Peer groups can come into conflict with family demands, and it can become a time of challenging authority.

*Key emotional and health and safety issues* at adolescence are for privacy and respect, and to find ways to foster teamwork. Checkups should continue and adolescents must learn about sexual responsibility, and ways to resist vastly increased temptations to substance abuse. Risk-taking, particularly in driving and risky sports needs to be addressed, and adolescents should be helped to learn ways to peacefully handle violent situations.

#### *Age-Specific Care for Adolescents*

At adolescence, you should begin looking for signs of common adolescent health problems such as nutritional disorders, obesity, anorexia, bulimia, acne problems, STDs, substance abuse, pregnancy and any stress-related problems. This is a stress-filled age. Reassure adolescents about the normality of the changes they are going through. When working with adolescents, remember their self-consciousness about their bodies and provide for privacy.

The healthcare worker should begin treating the adolescent as an adult and avoid authoritarian approaches. Talk directly to the adolescent, not through the parents. Always explain why something is being done. Be considerate of how any treatment may affect the adolescent's appearance and relationships, because these are very sensitive issues at this stage. Encourage questions about their fears. And respect any expressed or implied religious or cultural beliefs.

Adolescents with family histories of genetic-related diseases, such as cardiovascular disease, diabetes, or sickle cell trait, should be screened as appropriate. Adolescent girls should be taught breast self-examination. And boys should be taught testicular self-examination. Peak age for testicular cancer is 20-35.

Guide the teen-age toward positive lifestyle choices, and pay particular attention to misinformation that is common at this age and help correct it. Realize that there may be some resistance to taking advice from an adult. Encourage the teen and parents and peers to have open communication on any issues of concern. As an outside authority, you can often play a powerful role in opening up channels of communication.

## **Young Adults: 21-39 Years**

Now we will discuss some of the common characteristics of young adults from about ages 21 to 39. This is an age when young people finally reach physical and sexual maturity, and nutritional needs shift away from growth toward maintenance of a healthy body.

Young adults are still acquiring the new skills that will help them at home and at work. They are seeking closeness and partnership. And they are making decisions that may last all their lives on careers, communities and starting a family.

*Key emotional and health and safety issues* for young adults are for support and honesty and respect for their personal values. They need to have regular health checkups and updated immunizations. They should be encouraged to pursue healthy lifestyles, including good nutrition, exercise and weight control. There is a need to begin to be aware of long term health-risks for issues like attention to safety hazards at home and at work.

#### *Age-Specific Care for Young Adults*

Young adults need to be monitored for STDs. Testicular and breast self-exam should be taught and encouraged. Discuss questions of stress in their lives as this can be a time of great changes, marriage, beginning families, starting new jobs.

The healthcare worker should encourage young adults in making positive fitness and health care choices. Help the young adults recognize the new reality of their time and financial commitments to family, career and community. Explore the impact of hospitalization or illness on the patient's job or family. This is a time when most couples become parents and they need help considering the long-term commitments and challenges this brings. They may also need help with family planning and prenatal information.

Explain the specifics of a healthy physical workout, including warm-up and stretching exercises, and if necessary explain proper nutrition and diet to encourage a healthy lifestyle. Explain risk factors and signs to watch for chronic conditions such as heart disease because young adults often feel invulnerable and tend to ignore or deny early signs of disease.

## Middle Adults: 40-64 Years

Now we will discuss some of the common characteristics of middle adults from about ages 40 to 64. Adults of this age have had tremendous life experiences and continue to use them to learn and create and solve problems. They often reach a point where priorities are reevaluated and new decisions are made about their lives to stay productive and avoid feelings of being stuck in a rut in life. Many start to think of retirement and start to plan for it. Some may begin to develop chronic health problems and women experience the life changes of menopause.

*Key emotional and health and safety issues* for middle adults are to focus on strengths and keep a hopeful attitude. Checkups and preventive exams must continue to address age-related issues and monitor any risks, and immunizations should be updated. Women, for example, should be encouraged to continue having breast exams even after menopause. Some middle adults need to be made aware of age-related changes in their senses, such as reduced visual and auditory acuteness and slower reflexes and how this may affect activities such as driving.

### *Age-Specific Care for Middle Adults*

Middle adults should be screened for chronic conditions that often develop at this age, such as diabetes, prostate disorders and breast cancer. Women should be counseled about menopause issues, such as taking estrogen or methods of minimizing the risks of osteoporosis.

The healthcare worker should encourage middle adults to express freely any worries about the future, and encourage them to plan for a healthy and active retirement. Be sure to acknowledge their abilities and contributions throughout life. This can be a time of mid-life crisis when some people begin to doubt themselves and their contributions and they need encouragement. Some may need specific psychiatric interventions so be alert for signs of depression or other mental illness.

Be alert for any worries they have about their children or older parents. This is an age where many become the "sandwich generation", caring for both older and younger family members at the same time. This can also be a positive stage of life, with more time available to fulfill lifelong dreams of travel and leisure, and to pursue new interests or volunteer work that had been put off.

## Older Adults: 65-79 Years

Now we will discuss some of the common characteristics of older adults from about ages 65 to 79. An older adult continues to be an active learner and thinker and can now pass on skills and wisdom to other generations.

There is some decline in physical abilities and senses that needs attention. Often new roles will be taken on, such as grandparent or the return to single life after the death of a husband or wife. There is a tendency now to review one's life, and to find new balances between independence and dependence.

*Key emotional and health and safety issues* for older adults are to remain respected and prevent isolation. Aspects of aging need to be accepted and extra effort made to remain active. Nutritional needs are changing and there are still needs for regular checkups, breast and prostate exams, and immunizations, particularly against influenza which can be much more serious at later ages. It's important to promote physical, mental and social activities and guard against depression. Home safety needs attention, especially guarding against falls, and changes in skills may make driving risks much greater.

### *Age-Specific Care for Older Adults*

Stay alert for signs and components of the more common chronic conditions at this age, such as arthritis, hypertension, hearing impairment, and heart disease, and conduct regular screening for these conditions. Also be alert for digestive and esophageal problems such as reflux, and bladder and bowel problems, which become more common at this age. The healthcare worker should encourage the older adults to express freely their feelings about their accomplishments in life, but also their feelings of loss and grief. As they age, they will lose friends and family and grief counseling can be very important.

Often medication use, with multiple medications, can become quite complicated, and it is important to help an older adult work out a manageable schedule. Explain any procedure using appropriate terms. Provide for warmth if necessary because of the possibility of decreased heat regulation. Be alert for the development of any impairments that may inhibit mobility or activities of daily living.

And also point out ways to make the environment safer, such as removing slick throw rugs. You should also suggest practical ways of dealing with any impairments that exist, but do not assume impairments exist just because of age. Offer contacts to support services. To keep an older adult busy and engaged, you can encourage social activities with peers or volunteer activity to give something back to the community. The sense of giving back and staying active can make all the difference in a person's outlook at this age.

## **Adults 80 and Older**

Last we will discuss some of the common characteristics of adults 80 or older. There is no reason to think a person this age is in mental decline. Some great writers and artists continued to create until well past this age. While you should be alert for signs of confusion, they may just signal an illness or depression that might be treatable. Many people this age begin to accept that the end of life is approaching and begin to prepare for it.

*Key emotional and health and safety issues* for adults over 80 are to encourage expression of feelings and thoughts, encourage humor and stay positive to help prevent depression. Health should be monitored closely, and proper nutrition, exercise, and healthy rest and avoidance of stress should all be encouraged. Immunizations should be updated, particularly against influenza which can be more serious, even life-threatening, for older adults. The environment should be monitored to prevent any hazards, particularly falls which can be devastating at this age. Safety grips, ramps and similar aids may become crucial at this age, either at home or in a nursing home.

### *Age-Specific Are for Adults 80 and Over*

There is an increased risk of chronic illnesses and major health problems that need to be watched. The healthcare worker should encourage as much independent living in older adults as possible. Physical, mental and social activities should be encouraged. An active mind and a sense of humor can often support a person's spirits.

Medications for those over 80 can become even more complicated and may require you to work out very detailed plans. You may need to include helps like color-coding and timed reminders to help the person follow the schedule. Encourage healthy eating and adequate fluid intake. Be alert to the fact that changes in tastes or ability to chew may result in decreased intake. You may need to monitor bowel function daily. It is important to avoid treating an older adult like a child. Almost anyone will sense and resent being patronized.

Support any end-of-life decisions, offering access to appropriate information such as advance directives, and encourage the preparation of trusts and living wills. Offer any assistive devices that can keep the person adept at his own activities of daily living, and make sure he has access to all necessary safety ramps and other equipment. The more independence the person can maintain, the better the quality of life.

## **Conclusion**

People grow and learn and change all their lives. Each person is an individual with his or her own special needs and feelings, and thoughts and dislikes. But we all share the human condition, too, and there is so much that we share with one another at every step of the journey.

This program has been a guideline for the age-specific competencies that will help you work with patients at all stages of their life. It will help you learn what you can offer them at just that moment in their journey when they need it most.

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## **Needs of the Elderly**

As people age, the body goes through both physiological and biological changes. This process although a natural one, is often described as a series of losses and thought of in a negative light. Society regards aging as a series of negative events that we must tolerate. Also we often talk about aging and disease in the same breath. Our culture is very youth-oriented and we perceive older adults as senile, sick and unable to be independent and autonomous.

Old age has been divided into three categories:

1. Young old – ages 65-74
2. Middle old – ages 75-84
3. Old old – ages 85 and older

The fastest growing segment of the older population is over age 75. Those who require help are called the frail elderly. Of older adults aged 75-84, only about 25% need help with daily activities. Of those aged 85 and older, nearly one-half need help with daily activities.

The frail elderly have some of the following characteristics:

1. Poor mental and physical health
2. Low socio-economic status
3. Predominantly female
4. Possibly isolated living conditions
5. More and longer hospital stays
6. More money spent on drugs and healthcare
7. More visits to the doctor
8. More use of nursing home beds than hospital beds

There are gradual changes in body function that happen in the aging process:

## **Nutritional/G/I System**

1. Reduced calorie needs
2. Diminished activity and lowered energy requirements
3. Decreased renal function, susceptibility to dehydration
4. Diminished enzyme activity and gastric secretions
5. Diminished absorption of calcium and vitamins
6. Decreased salivary flow
7. Diminished sense of taste
8. Decreased appetite
9. Diminished intestinal mobility that can cause constipation
10. Brittle teeth
11. Decreased biting force
12. Diminished gag reflex
13. Decreased anal sphincter tone

## **Skin, Hair, Nails**

1. Decreased collagen and elastin (wrinkles)
2. Decreased healing time
3. Dry mucous membranes
4. Diminished sweat gland output, making body temperature more difficult to control



5. Thinning hair (facial hair may increase)
6. Brittle nails, discoloration of nails
7. Dry, harsh skin

## **Eyes and Vision**

1. Loss of visual acuity
2. Loose eyelids
3. Decrease in tears
4. Smaller pupil decreases the amount of light that reaches the retina
5. Thickness of the sclera
6. Impaired color vision
7. Predisposition to glaucoma and cataracts

## **Ears and Hearing**

1. Hearing loss (mostly in the high-pitch range)

## **Respiratory System**

1. Tracheal deviations
2. Decreased pulmonary function and lung capacity
3. Degeneration of lung tissue
4. Decreased elasticity of lungs
5. Reduction in pulmonary fluids increases risk of infection

## **Cardiovascular System**

1. Change in size of heart
2. Reduced cardiac output
3. Thickened heart valves and ventricular wall
4. Arrhythmias and bradycardias
5. Dilation of veins, decreased coronary artery blood flow
6. Decreased ability of the heart to respond to stress and exercise

## **Renal System**

1. Impaired clearance of drugs
2. Reduced bladder size
3. Decreased renal blood flow
4. Weakened bladder muscles
5. Urinary frequency
6. Fluctuations in sodium levels
7. Increase in BUN levels

## **Reproductive System**

1. Organ atrophy
2. Declining hormone levels
3. Emotional changes

## **Neurological System**

1. Degenerative changes to neurons
2. Slowed down nerve transmission causing sluggish reactions to stimuli
3. Decreased brain cells
4. Less effective body temperature regulation
5. Pain threshold increases
6. Decrease in stage III and IV sleep
7. Frequent awakenings

## **Musculoskeletal System**

1. Diminished body mass, bone mineral contents
2. Decreasing height due to spinal curvatures and narrowing of intervertebral spaces
3. Decreased bone mass and muscle mass
4. Thickening of synovial fluid in joints
5. Poor balance and gait

## **Immune System**

1. Decreased antibody response
2. More susceptible to infection

## **Endocrine System**

1. Decreased ability to tolerate stress
2. Diminished glucose tolerance
3. Hormonal changes

## **Psychological Transitions**

1. Role changes
2. Retirement
3. Multiple losses
4. Loneliness
5. Depression and suicide
6. Fear of death

# Competency Exam: Chapter 11

## Human Resources Policies/Age-Specific Issues

Question	Select the correct response:
1. A KJMC employee can refuse to accept a job assignment if he or she thinks she is working too hard.	a. True b. False
2. A KJMC employee is prohibited from manufacturing, distributing, dispensing, possessing or using controlled substances in the workplace.	a. True b. False
3. You can take all of the following steps to ensure your compliance with the Equal Opportunity Guidelines prohibiting sexual harassment on the job EXCEPT:	a. Avoid unwelcome jokes in the workplace b. Treat your coworkers with respect and dignity at all times c. Be conscious of verbal and physical contact at all times. d. Ignore sexual harassment advances
4. Always over-stimulate and speak to the neonate with a loud voice	a. True b. False
5. Signs of cold or flu are very common in infants/toddlers	a. True b. False
6. You should be firm, direct and explain what you are doing when caring for children 4-6 years old.	a. True b. False
7. Peer pressure and development of secondary sexual characteristics are important aspects for discussion for children 7-12 years old.	a. True b. False
8. When taking care of adolescents, the healthcare worker should use authoritarian approaches and talk to the adolescent's parent directly.	a. True b. False
9. It is very important for middle adults to suppress all worries about the future.	a. True b. False
10. Although there is some decline in physical abilities, older adults are active learners and thinkers.	a. True b. False
11. All persons 80 and older are in mental decline. Physical, mental and social activities should not be encouraged.	a. True b. False

# Chapter 12: Cultural Competence & Awareness

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## Purpose

This module was designed for healthcare professionals to understand diversity in the workplace and the methods for providing appropriate culturally-sensitive care.

\*This chapter expands on cultural items discussed in chapter 9\*

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## Objectives

At the completion of this module, the learner will be able to:

1. Differentiate between cultural diversity and cultural competence.
2. Understand cultural competency and awareness at KJMC.
3. Define terms related to culturally appropriate healthcare.
4. Realize the impact of globalization on healthcare & in the workplace.
5. Consider their personal cultural orientation
6. Identify ways in which culture impacts patient care.
7. Consider impacts of culture on effective communication.
8. Learn how to manage cultural variances.
9. Measure their cultural competency and awareness.
10. Review considerations for building culturally competent skills.

## Introduction:

Quality care for patients from other cultures requires that healthcare professionals become culturally competent. Although specific knowledge of each culture is an unrealistic goal for healthcare providers, being culturally competent involves knowledge of certain basic assumptions, expectations and appropriate behaviors associated with each culture.

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## Definitions:

### **Ethnicity**

Belonging to, or distinctive of a particular racial, national, cultural or language division of mankind.

### **Culture**

A “common values, beliefs, traits, traditions and/or language that are learned and shared by members of a group.” It is a predominant force that shapes behavior, values and institutions. Culture colors the internal lenses through which people view the world and how they relate to it. As a result, culture and language have a significant effect on how patients access and respond to healthcare services.

### **Cultural competence**

An experiential understanding and acceptance of the beliefs, values and ethics of others as well as the demonstrated skills necessary to work with and serve diverse individuals and groups. Becoming culturally competent is a developmental process that is born of a commitment to provide quality services to all. This involves self-awareness, awareness and respect for the beliefs, values and ethics of other cultures as well as the skills necessary for delivering services and working with diverse individuals and groups.

### **Diversity**

Diversity includes distinctions such as culture, race, religion, ethnicity, gender, language and any observed differences that are common to a group of individuals. Diversity is also reflected in the cultures that are involved in a clinical encounter

### **Generalizations/Stereotypes**

Stereotypes and generalizations are both words that involve the act of making extensive assumptions or arriving at broad conclusions from particular instances or facts. The difference is that in stereotyping, one accepts common beliefs regarding a group and makes Culturally Competent Care no attempt to learn more about an individual. Stereotyping is then an ending point. Generalization, however, indicates common trends that provide a starting point for learning about another culture.

### **Values**

Values can be characterized as "the most distinctive property or defining characteristic of an individual. Values are things we hold as important. They have also been described as needs, personality types, motivations, goals, utilities, attitudes, and interests.

# What is Cultural Competency?

## Cultural Competency at KJMC results in:

- Staff who deliver service excellence
- Satisfied and informed customers and patients
- Customers and patients more likely to follow care instructions because they know that someone understands them and cares about them
- A success marker of KJMC
- KJMC becoming **THE** organization of customer choice
- Reduction in health disparities due to enhanced customer/provider rapport
- Improved customer/patient health literacy

## The Importance of Cultural Competence

Advances in technology and travel as well as immigration policies within the United States have contributed to the presence of a wide variety of cultures and ethnic groups in America. As a result, healthcare providers are faced with the challenging task of providing quality care for a very multicultural group of patients with diverse needs and expectations.

### Population in the US

Thirty-six percent of the American population is non-Caucasians of various races or ethnic origins (US Census Bureau, 2010). The two largest segments of this non-white population are the Hispanic/Latino and African American/Black. It is estimated that there will be an increase from 268 million (1995) to 394 million nonwhite people living in the US in 2050. Approximately 90% of this increase will be a combination of Asian Americans, African Americans, and Hispanic Americans (US Census Bureau, 2000).

### Population in the Brooklyn

According to the 2010 Census, 35.7% of the population was non-Hispanic White, 31.9% non-Hispanic Black or African American, 10.4% non-Hispanic Asian, 0.4% from some other race (non-Hispanic) and 1.6% of two or more races (non-Hispanic). 19.8% of Brooklyn's population was of Hispanic, Latino, or Spanish origin (they may be of any race).

The primary service area for Kingsbrook was consolidated to reflect our most immediate communities and those areas that utilize our facility at a higher rate.

#### 11203 (Flatbush)    11213 (Crown Heights)    11236 (Prospect Heights)    11212 (Brownsville)

<b>0-17</b>	<b>18-24</b>	<b>25-44</b>	<b>45-64</b>	<b>65+</b>
26.9%	62.2%	31%	19%	9%

#### **RACE DEMOGRAPHICS**

#### **ECONOMIC PROFILE**

Black Non-Hispanic	76.6%	Over 100K	12.7%
Hispanic	10.0%	75-100K	9.9%
White Non-Hispanic	7.8%	50-75K	17.0
Asian Non-Hispanic	1.9%	25-50K	23.8%
All Others	3.7%	25K	34.1%

## Health Disparities

Tremendous economic, social, and political factors prevent many new immigrants from assimilating into the American mainstream as former generations did. As a result, culture and language often become overwhelming barriers in education, politics and particularly in healthcare. Public healthcare policies and education are focusing on finding ways to lower those barriers because there has been consistent research showing the negative impact of ethnicity on clinical outcomes.

Recognizing that culture and language are vital factors in how healthcare services are delivered and received, the Agency for Healthcare Research and Quality (AHRQ) points to the importance of addressing language barriers and improving the cultural proficiency of the healthcare system to eliminate racial and ethnic disparities in health.

## Regulatory Requirements

Laws that dictate the provision of culturally competent care have been enacted by the government. Major regulatory agencies have also established mandates regarding culturally competent care for the healthcare industry.

The Culturally and Linguistically Appropriate Services Standards (CLAS) in healthcare guidelines issued by the Office of Minority Health of the Department of Human Services (Federal Register, Dec. 22, 2000) strongly promotes:

- a. Cultural competence through language assistance services at no cost to ensure meaningful and timely access.
- b. Workforce diversity to match the populations in the service areas and training for all providers on how to work effectively with these diverse populations.

Medicaid/Medicare, The Joint Commission (TJC), and ADA support standards that requires cultural and linguistic competence to provide effective communication for each patient served, education materials, and referral processes that take into account culture and language.

In compliance with CLAS, many healthcare institutions are beginning to develop internal programs that support provision of culturally sensitive and appropriate patient care to meet the needs of the community.

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## Components of Cultural Competence

Cultural Competence includes three major areas: Awareness, Knowledge and Skill.

### Awareness

Awareness starts with self-reflection that includes the ability to learn about one's own view of things, identify one's background and perceive reasons for acting in a particular manner. It is imperative that each person defines his/her own frame of reference before attempting to relate to those of colleagues and patients/families.

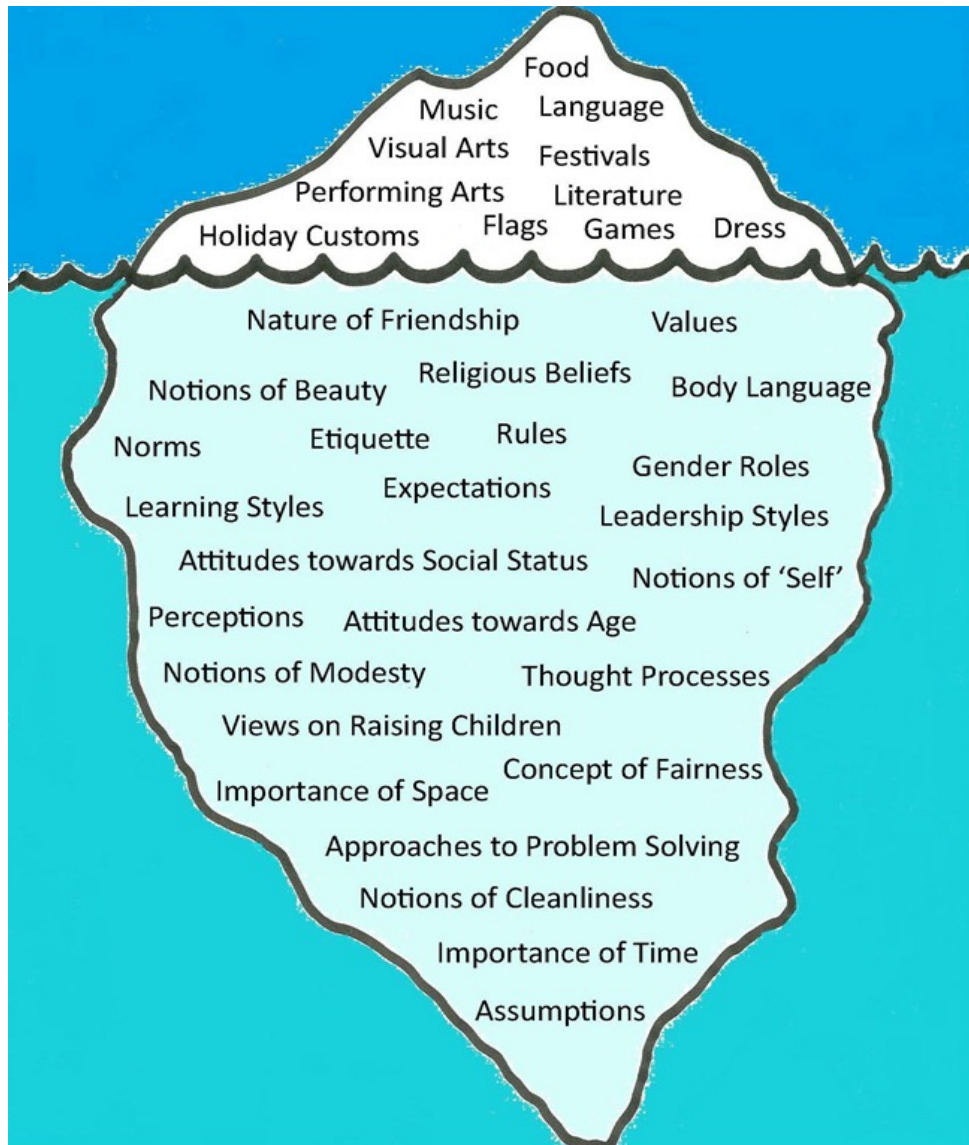
### Knowledge

Knowledge is the first step in guaranteeing improvement in patient care. In the absence of correct information about patients' backgrounds, it is less likely that the provider's jobs will be adequately performed from the customer's perspective. Healthcare providers must have a basic understanding regarding the main cultural and ethnic groups within their service area and how these groups view and relate to healthcare providers. Acquiring knowledge of the groups' dietary preferences, religious-based prohibitions and family dynamics, especially in relation to the decision making process, should be an initial step toward providing culturally sensitive care.

### Skill

Skill involves not only sensitivity but also effectiveness in accommodating differences in others. One very important skill that healthcare workers need to master is that of communication—since a significant portion of the U.S. population's native language is non-English. Kingsbrook Jewish Medical Center provides interpreter services to its patients and their families whose native language is not English. The medical center ensures that qualified on-site interpreters are competency via the Interpreter's Manual and Code of Conduct, August 2012.

## The Iceberg Theory of Culture



There are several models of culture represented as an iceberg. The iceberg depicts the areas of culture that we can see manifest in the physical sense such as "visible" elements that include things such as music, dress, dance, architecture, language, food, gestures, greetings, behaviors, etc. They are shown as cultural characteristics above the water line - the tip of the iceberg.

"Hidden culture"; the habits, assumptions, understandings, values, judgments... that we know but do not or cannot articulate, are depicted as hidden on the bottom side of the iceberg, the invisible side. When thinking about culture, the bottom of the iceberg will include things such as religious beliefs, worldviews, rules of relationships, and approaches to the family, motivations - things which cannot be seen.

## Communicating Effectively

Language barriers and miscommunication are often cited as barriers to healthcare. Not surprisingly, it has been found that a major contributing factor in healthcare litigation comes as a result of communication problems. Two aspects of communication are speech (Verbal) and body language (non-verbal). Both of which are equally important when engaged in face to face contact.



## Verbal

When faced with others with limited English, for instance, the skillful healthcare provider may speak slowly in simple sentence structures and providers who speak other languages may need to make a special effort to clearly and carefully enunciate words when addressing those who may not be familiar with certain foreign accents.

It is the law for healthcare providers to have trained interpreters available for persons with limited understanding of English. Compliance requires taking every reasonable step to provide services and information in the appropriate languages persons with limited understanding of English so that they are well informed and able to participate in their care.

## Non-verbal

Nonverbal communication, such as eye contact or lack of it, gestures, tone and volume of voice, touch, humor, or social distance from another person when speaking to him or her are equally important. It is crucial for healthcare providers to pay attention to nonverbal cues and to understand their importance, thus preventing unintended miscommunication of information to patients and other members of the healthcare team.

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## Other Considerations for Providing Culturally Competent Care

Providing culturally competent care is possible. Cultural competence implies more than awareness and sensitivity by the healthcare provider. Being culturally competent ranges from simply assisting patients to find their way around the facility to adequate communication so that patients give meaningful consent to services provided and that discharge instructions are clearly explained and understood.

### Pain Experience

A good understanding diverse cultural perspective on pain requires sensitivity, cultural awareness, knowledge and respect. Regardless of culture, one must be aware that pain is subjective. Assessment and evaluation of pain begins with the initial assessment/contact of the patient. When creating a pain management plan of care, it should ideally include the patient's own language, cultural beliefs, and attitudes. Patients must be questioned in depth, and be given a scale to use to describe their pain.

### Family Dynamics

An individual may be familiar with the way his own family “does things” but may fail to recognize that other families, especially those of other cultures, do things very differently. It is important for healthcare providers to recognize and honor how each family functions according to its culture.

### Food & Nutrition

A person's culture or religion may affect the types of food that are unacceptable or preferred during illness. In some cultures, the temperature of the food is important. Hot foods are regarded as helpful for some conditions and cold foods helpful for others.

Some persons of the Jewish faith eat only kosher foods, which require special preparation, preclude mixing certain foods together, and prohibit consumption of specific foods such as pork. Therefore, if a healthcare provider discovers that a Jewish patient was given pork chops in error, the entire meal must be removed. Merely removing the pork chops from the plate and replacing it with beef would be unacceptable to this patient.

In all cases, healthcare providers must ask patients if they have any special dietary needs and convey these needs to the Food and Nutrition/Dietary Department of the institution. Patients will then more likely be served meals that are in accordance with their prescribed dietary order and also appropriate to their culture and religion.

### Death and Dying

An individual's cultural, spiritual and/or religious beliefs can affect how he or she approaches death and the grieving process. Individuals who feel that their state of mind at the time of death is important to their spiritual wellbeing after death may approach death in a particular way. Others who believe that death is part of God's plan, or that death may be the result of “punishment” for wrong doing, may respond in a different way during their final days. Individuals from a

culture that believes that death in a specific situation is not natural may see their impending death in another light and respond in yet a different manner.

For many cultures, there are specific rituals or practices that are important when death is near or has occurred. Some of these may be related to a particular religion or to spiritual practices of the family. For instance, some Jewish families believe that the dying person should not be left alone. A person of the opposite sex must not touch the body of a deceased person of the Orthodox sect of Judaism. The family may require that someone of their faith stay with the body until burial. For persons of Orthodox Judaism, burial needs to take place within 24 hours of death, but the body is not to be moved on the Jewish Sabbath (from sundown Friday to sundown Saturday).

## Grief

Family members and friends may display many different expressions of grief when a patient dies. One must be careful not to misinterpret or be judgmental of these individuals' manner of grieving when it is different from what one is accustomed to seeing. In some cultures, grieving may be very expressive, with loud wailing or screaming, falling onto the floor, or rocking the body back and forward. Some cultures feel that the more expressive their grief is, the greater will be the respect and love given to the deceased person. Individuals of other cultures believe that only through intense acts of grieving can the grief and pain be moved out of them.

## U.S. & Cultural Health Care Values Grid

*Cultural values such as sense of self and space, communication and language, dress and appearance, etc., impact our cultural world-views. On the grid below, circle one square that contains characteristics that best describe your cultural world-view in each of the ten categories.*

<i>Aspects of Culture</i>	<i>US Healthcare Culture</i>	<i>Other Cultures</i>
<b>1. Sense of self and space</b>	<ul style="list-style-type: none"> <li>▪ Informal</li> <li>▪ Handshake</li> </ul>	<ul style="list-style-type: none"> <li>▪ Formal</li> <li>▪ Hugs, bows, handshakes</li> </ul>
<b>2. Communication and language</b>	<ul style="list-style-type: none"> <li>▪ Explicit, direct communication</li> <li>▪ Emphasis on content – meaning found in words</li> </ul>	<ul style="list-style-type: none"> <li>▪ Implicit, indirect communication</li> <li>▪ Emphasis on context – meaning found around words</li> </ul>
<b>3. Dress and appearance</b>	<ul style="list-style-type: none"> <li>▪ “Dress for success” ideal</li> <li>▪ Wide range in accepted dress</li> <li>▪ More casual</li> </ul>	<ul style="list-style-type: none"> <li>▪ Dress seen as a sign of position, wealth, and prestige</li> <li>▪ Religious rules</li> <li>▪ More formal</li> </ul>
<b>4. Food and eating habits</b>	<ul style="list-style-type: none"> <li>▪ Eating as a necessity – fast food</li> </ul>	<ul style="list-style-type: none"> <li>▪ Dining as a social experience</li> <li>▪ Religious rules</li> </ul>
<b>5. Time and time consciousness</b>	<ul style="list-style-type: none"> <li>▪ Linear; exact time consciousness</li> <li>▪ Value on promptness</li> <li>▪ Time = money</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elastic and relative time consciousness</li> <li>▪ Time spent on enjoyment of relationships</li> </ul>
<b>6. Relationships, family, and friends</b>	<ul style="list-style-type: none"> <li>▪ Focus on nuclear family</li> <li>▪ Responsibility for self</li> <li>▪ Value on youth; age seen as a handicap</li> </ul>	<ul style="list-style-type: none"> <li>▪ Focus on extended family</li> <li>▪ Loyalty and responsibility to family</li> <li>▪ Age gives status and respect</li> </ul>
<b>7. Values and norms</b>	<ul style="list-style-type: none"> <li>▪ Individual orientation</li> <li>▪ Independence</li> <li>▪ Preference for direct confrontation of conflict</li> <li>▪ Emphasis on task</li> </ul>	<ul style="list-style-type: none"> <li>▪ Group orientation</li> <li>▪ Conformity</li> <li>▪ Preference for harmony</li> <li>▪ Emphasis on relationships</li> </ul>
<b>8. Beliefs and attitudes</b>	<ul style="list-style-type: none"> <li>▪ Egalitarian</li> <li>▪ Challenges authority</li> <li>▪ Gender equity</li> <li>▪ Behavior and actions affect and determine the future</li> </ul>	<ul style="list-style-type: none"> <li>▪ Hierarchical</li> <li>▪ Respect for authority and social order</li> <li>▪ Different roles for men and women</li> <li>▪ Fate controls and predetermines the future</li> </ul>

<b>9. Mental processes and learning style</b>	<ul style="list-style-type: none"> <li>▪ Linear; logical</li> <li>▪ Problem-solving focus</li> <li>▪ Internal locus of control</li> <li>▪ Individuals control their destinies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lateral, holistic, simultaneous</li> <li>▪ Accepting of life's difficulties</li> <li>▪ External locus of control</li> <li>▪ Individuals accept their destinies</li> </ul>
<b>10. Work habits and practices</b>	<ul style="list-style-type: none"> <li>• Reward based on individual achievement</li> <li>• Work has intrinsic value</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rewards based on seniority</li> <li>▪ Work is a necessity of life</li> </ul>

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## Conclusion

Cultural competence can positively affect the quality of patient care by reducing delays in seeking medical care and improving the use of limited services. Culturally competent providers may also facilitate better communication and understanding between patients and providers. The result then would be better diagnoses, development of appropriate treatment plans and improved adherence to treatment plans by patients. Therefore, culturally competent interventions may help to promote more positive health outcomes and satisfied patients and families.

Providing culturally competent care is possible. Cultural competence implies more than awareness and sensitivity by the healthcare provider. Being culturally competent ranges from simply assisting patients to find their way around the facility to adequate communication so that patients give meaningful consent to services provided and that discharge instructions are clearly explained and understood.

# Competency Exam: Chapter 12

## Cultural Competence & Awareness

Question	Select the correct response:
1. Diversity	a. Relates only to people of different cultures b. Is defined as "observed differences that are common to a group" c. Is not a factor in healthcare and does not apply in the hospital setting d. Does not occur among people of the same culture
2. Which of the following statements regarding being culturally competent is true?	a. As long as you are a medically skilled healthcare provider, you will be culturally competent. b. Only healthcare providers who are members of a minority group can truly be culturally sensitive and are on the way to becoming culturally competent. c. Healthcare providers who are committed to providing quality services for all patients have most likely started the process for becoming culturally competent. d. Practicing Healthcare providers who complete and accredited college course in world cultures are culturally competent.
3. Regarding the provision of culturally competent care, enforcement of Title VII & the Civil Rights Act of 1964 means that hospitals and other federal funded providers must:	a. Provide healthcare for all patients with limited English proficiency at a reasonable cost. b. Employ at least one (1) interpreter/translator for every 1000 clients served/year. c. Have a certain number of beds reserved for the minority patients. d. Prohibits discrimination as it affects patients with limited English proficiency.
4. Culture may be defined "as common values, beliefs, traits, traditions and/or language that are learned and shared by members of a group"	a. True b. False
5. In caring for diverse populations, observing and celebrating differences are adequate for the provision of culturally competent care.	a. True b. False
6. Similar to individual cultures, healthcare providers and healthcare systems have distinct cultures.	a. True b. False
7. Components of culturally competent care include:	a. Language, Law, Efficiency b. Demographics, Economy, Dimensions of care c. Policies, Procedures, Education d. Awareness, knowledge, Skills
8. In providing culturally competent care, one of the most important skills that the healthcare provider needs to become proficient in is:	a. Communication b. Rapport c. Empathy d. Teaching

# Chapter 13: Information Security

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## Purpose:

This module is designed to provide written guidelines for the use of computers, email, and the creation, storage, and transmission of electronic Protected Health Information

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## Objectives:

At the end of this module the learner will be able to:

1. Explain the importance of information security, in general
2. Define confidentiality, availability, and integrity; how they relate to information security in general.
3. Briefly discuss the reasons for increased need for security policies and procedures and information security.
4. Briefly discuss the importance of physical security precautions to protect information security.
5. Identify examples of appropriate physical security practices for computers.
6. Briefly discuss some of the risks that are shared by computers connected to networks
7. Discuss the importance of protecting passwords and logon IDs
8. Briefly describe e-mail vulnerabilities and identify ways to avoid risks to network and information security.

## ***Information Security is Everyone's Responsibility!***

### **The Value of Information**

How do you put a price tag on information security? Think about the value of your family's sensitive information, such as medical records, bank balances, credit card information, and social security numbers.

Information also has tremendous value to organizations of all types. In fact, information is the lifeblood of many organizations.

Sensitive and proprietary information in all its forms needs to be protected and secured from all types of threats. Billions of dollars, reputations, and the very existence of some organizations are at stake.

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## Information Security

### **Why protect information?**

In health care, the accuracy and completeness of information is critical.

Incomplete or inaccurate health care information can lead to misdiagnoses, improper treatment, and other potentially *life-threatening situations!*

### *Forms of information*

Sensitive and proprietary information can exist in many physical forms, such as documents, books, photos, drawings, recordings, or speech.

It can also exist in electronic form, as data within information systems and networks.

Some examples of physical forms of information that need to be protected and secured are

- Any proprietary organizational information,
- Copyrighted or licensed software, or
- Any sensitive information, such as identifiable health data, financial data, trade secrets, employee data, and customer data that is on paper, disk, tape, or CD.
- Information Systems and
- Information in Electronic Form

Some examples of electronic information and information systems that need to be secured are:

- Data networks and data storage devices,
- Switched networks and voice networks,
- Web sites,
- Virtual Private Networks (VPNs), and
- All proprietary and sensitive information that travels in and out of these networks.

In order to be efficient and competitive, organizations depend on the smooth flow of information from any location at any time.

As our world becomes more dependent on e-commerce, e-health initiatives, and other types of electronic transactions, the amount of sensitive information that is stored and processed electronically grows every day. This is driving the need for information security legislation and security policies and procedures. Information security has never been more important!

## Information Security: The Goal

The goal of information security is to protect information against the loss of confidentiality, integrity, and availability.

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### **What is confidentiality?**

Confidentiality ensures that sensitive information, such as protected health information or financial data, is not made available or disclosed to any unauthorized individuals, entities, or processes.

### **What are the threats to confidentiality?**

Confidentiality is no longer guaranteed if internal organizational matters are discussed with outsiders or disclosed carelessly, if confidential documents are treated in a careless manner, or if information systems and networks lack adequate protection.

### **Tips:**

- **Do:** Make sure you remove confidential information from your desk or work area when you leave your work area for any length of time.
- **Don't:** Leave confidential information where others can read it; for example in conference rooms, lunch areas, or copy rooms.
- **Do:** Use envelopes marked Confidential when sending sensitive information.

- **Do:** Designate confidential material with the appropriate header or footer such as "Confidential," "Strictly Confidential," or "Internal Use Only."
- **Don't:** Put materials containing confidential information in regular trash receptacles.
- **Do:** Dispose of sensitive documents in appropriate receptacles or shred them.
- **Do:** Erase white boards or chalk boards containing confidential information when finished with them.

### **What is availability?**

Availability is the state of being accessible and usable upon demand by an authorized individual or entity. What are the threats to availability?

Availability of information and information systems can be impaired by technical malfunctions, computer viruses, improper system operation, misfiling, damage due to environmental factors, or the careless handling of paper documents or data media such as disks, CDs, or tapes.

### **Some ways to protect availability:**

- **Do:** Follow Kingsbrook security policies and procedures regarding virus scanning, software updates, file backup, data storage, and data disposal.
- **Do:** Handle and store paper documents, disks, CDs, and tapes carefully.
- **Don't:** Store or use paper documents, CDs, disks, tapes, laptop computers, or keyboards near liquids or where extreme temperatures or other environmental factors could be a problem.

### **What is integrity?**

Integrity is the assurance that information or data has not been altered or destroyed in an unauthorized manner.

### **What are the threats to integrity?**

Integrity of information is damaged if information is deliberately or accidentally corrupted during storage or transmission as a result of technical defects, computer viruses, carelessness of the user, or other factors.

### **Some ways to protect integrity:**

- **Do:** Follow Kingsbrook security policies and procedures regarding network access, log-off, virus scanning, software updates, file backup, data storage, and data disposal.
- **Do:** Handle and store computers, disks, CDs, and tapes carefully.

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## **Information Security**

What is security? Isn't it identical to privacy or confidentiality? Although the terms "security," "privacy," and "confidentiality" are often used interchangeably, they do actually mean different things.

- **Security-** relates to the safeguards that protect the management of the confidential information, and the means by which it is accessed
- **Privacy** – refers to individuals' right to have their confidential information secured and to understand the circumstances under which it will be shared with others
- **Confidentiality-** Through defined policies and procedures, confidentiality ties security and privacy together to ensure that whatever security measures have been established do indeed protect privacy as it has been defined

The distinctions are important. While you can secure information without making it private, you cannot protect privacy - confidentiality - without appropriate security.

### **Summary:**

- The goal of information security is to protect confidentiality, availability, and integrity. This is also the goal of the HIPAA security standards.
- The HIPAA security standards protect and secure protected health information (PHI).

- Security, privacy and confidentiality mean different things. You cannot protect privacy or confidentiality without appropriate security.
- The HIPAA security standards are designed to protect and secure protected health information while still permitting health care providers, health care clearinghouses, and health plans to access and use the information as needed.

### **Physical Security**

Information security really begins when you start your workday. Locks on doors, employee IDs, security guards, visitor badges, and other physical security measures and facility access controls help to protect us in the workplace. They also help us to protect the security of our information when they are used correctly.

Ideally, the physical security best practices presented in this course should become part of your daily workflow, as natural to you as locking your front door when you leave your home.

### **Blueprint for Physical Security**

Each workplace is unique, but all workplaces have physical and information security challenges.

Locks, ID cards, and other types of access controls can be installed to limit security risks. But these security measures are only effective if we all use them properly. Let's look at some physical security best practices that you can adopt as part of your workflow.

### **General Physical Security**

- You must wear your badge at all times while on the grounds of the hospital or its facilities.
- Wear your badge with your picture facing out.
- Protect your employee ID badge and don't let others use your badge.
- Watch out for "tailgaters" at building entrances! Tailgaters are unauthorized individuals who try to gain access to the building by following a badged employee through the entrance. If in doubt, ask to see a badge.
- Keep doors to sensitive areas locked. Protect your keys.
- If you are concerned about your safety or notice suspicious activity, call the facility's Security Department.
- All visitors must go through the main entrance of the building and register with the Security Desk.
- Visitors should be met at the reception area and escorted by an employee at all times during their visit.
- Visitors are also required to wear a "Visitor" badge and keep it visible at all times.
- Do not allow visitors in unsecured areas
- Lock workrooms, filing rooms, and operating areas - if unattended.
- Lock all desk drawers and filing cabinets that contain confidential information, and keep the keys in a safe place.
- After meetings, make sure all flipcharts, overhead transparencies, and notes are removed from the meeting room. Erase all whiteboards.
- Ensure that outsiders cannot eavesdrop on discussions of confidential information, whether in hallways or on conference calls.
- Media such as CD ROMS, diskettes, and print-based documents should be handled carefully and protected from environmental damage, as well as other types of damage, loss, and destruction.
- Make sure all media is clearly labeled and filed correctly.
- Keep media in a locked area if it contains confidential information.
- Do not give documents, CDs, or other media to outsiders unless you check with your supervisor. A signed nondisclosure agreement may be required.
- Computers that contain sensitive, confidential, or protected health information should be located away from public view.
- If you need to work with confidential information in a public area, turn the computer screen away from public view.
- Log off your computer if you will be away from your work area, or use automatic logoff features.



- Use password-protected screensavers on your computer
- Be sure to back up your work frequently. Follow Kingsbrook policies on data backup, storage, and retention.
- If you use a laptop computer at work, keep it locked down when you are away from your desk. When traveling with a laptop, keep it with you at all times.

**Summary:**

- When used correctly, physical security measures and facility access controls help us to protect the security of our information.
- All confidential and protected health information in any form must be secured against improper access, damage of all types, loss, and destruction.
- All media that contain confidential information must be stored in locked areas or cabinets and disposed of properly.
- Computers that contain confidential, sensitive, or protected health information should be located away from public access and view.

**Networks**

Computers empower us to access, create, edit, compare, and otherwise manipulate vast amounts of information for our business purposes.

When we connect our computer to a network of other computers, we gain access to much more information flowing through the network - we increase our power! But we also greatly increase our information security risk.

Each computer on the network is a potential security risk to the other computers on the network system. For instance, if an unauthorized individual gains access to one computer while it is connected to the network, that intruder could potentially steal or misuse information intended only for computers connected to the network.

And that's not the only security risk...

Risks that are shared by computers connected to a network include the:

- risk of exposure to infection by malicious software code such as viruses, worms, and Trojans;
- risk that proprietary, sensitive, or protected health information (PHI) could be exposed to unauthorized individuals; and
- risk that sensitive information could be altered, damaged, or destroyed.

**Logon IDs**

To protect and secure sensitive information, such as protected health information (PHI), on computers and computer networks, organizations often grant each employee access only to the information and applications that a specific employee needs to perform his or her job. In addition, a unique name or number (a logon or user ID) is assigned to each employee with computer or network access so the employee can be identified on the computer or computer network. If you are assigned a logon ID, protect it. Do not share it with anyone else.

**Monitoring Logon Attempts**

There are special tools available that organizations can use to monitor logon attempts. This allows organizations to keep logs or records that can help detect when intruders try to access the system.

**Logoff Procedures**

In addition to protecting your logon ID, it is important to follow Kingsbrook's logoff procedures when you end your workday. In fact, if you leave your computer and work area for any length of time without logging off, you could potentially risk your system and network security. Password protected screensavers and automatic logoff are sometimes used to provide an additional level of security.

## Encryption of Sensitive Information

Encryption makes information impossible to read without the proper tools. It is often used when storing strictly confidential, sensitive, or protected health information (PHI) on computer systems and transmitting it across networks. Follow Kingsbrook's policies on encrypting sensitive data.

### Summary:

Computer and computer network access controls such as logon IDs, authentication, firewalls, and logon monitoring are important ways to safeguard information on computers and computer networks. Logon IDs are key to network access control and should not be shared. Follow Kingsbrook's policies and procedures regarding logon IDs, logoff procedures, and encryption of sensitive information to safeguard network security.

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## Password Management

### Passwords: Keep them Strong and Silent!

Your password to the computer network is the most vulnerable break-in point for potential intruders or hackers.

**It is vitally important that you choose your password carefully and protect it at all times. This may be the single most important contribution you can make to the security of your institution's computer systems and network.**

#### Security Fact:

*Password cracking has become very sophisticated. There are hacker programs that can guess an average of 40% of all passwords on a computer network.*

### Tips to Protect your Password

- **Do:** Choose your password yourself and ensure that only you know your password.
- **Don't:** Write your password down and don't post it on your computer. (If you must have a record of your passwords, ensure that these records can only be accessed by you.)
- **Do:** Ensure that your password cannot be easily guessed by a password cracker.
- **Do:** Change your password frequently. If it is stolen, the time frame for unauthorized access would be limited.

### Tips for Creating a Strong Password

The trick is to create a password that is both difficult to guess and easy to remember. Here are some tips to help you create a strong password.

- **Do:** Make your password at least eight characters in length and use upper and lower case letters, numbers, and special characters.
  - Example: Jane's phone number is 3792. She uses a combination of the letters of her name, special characters, and her phone number. Her password is j3a\*7N&9e2. (Do not use this actual example.)
- **Don't:** Choose words that could be found in any dictionary, whether English or any other language.
- **Don't:** Simply reverse the spelling of a dictionary word.
- **Do:** Combine several short words with special characters or numbers (e.g., g0\*Fish\$), or use acronyms from phrases you will remember.

- **Don't:** Use a name or word associated with you in any way unless you scramble the letters (first, last, middle, wife's, pet's, favorite celebrity's name, occupation).
- **Don't:** Use passwords that are either all numbers or all letters.
- **Don't:** Use a password that you have read on a password protection checklist.
- **Don't:** Reuse old passwords when you need to change a password, even if it was used a long time ago.

### **Summary:**

- Passwords are the most vulnerable break-in points to your computer for potential intruders or hackers.
- It is vitally important to choose a strong password yourself, and to protect your password at all times.
- Never reveal your password to anyone.
- Remember: You want your password to be the strong, silent type!

### **Malware**

Connecting an unprotected computer to a computer network is like an unvaccinated person walking into a room full of strangers infected with the measles. Without virus protection, your computer is at risk of malicious software infection!

Unprotected computers on networks, e-mail attachments, and unapproved software can be potential sources of infection. But these are not the only ways computers can be infected. Every time you open a file from someone else on a floppy disk, you could potentially expose your system to infection!

Be Safe, Not Sorry:

Viruses, worms, and Trojans can destroy protected health information or other sensitive data, or expose it to intruders. It is vitally important to keep your virus scanning and virus protection software active and up-to-date.

Computer security experts warn that malicious software is becoming more damaging and is spreading more quickly.

### **What you can do to protect your system...**

- Ensure that your virus protection software is current and active. Apply updates and patches when directed by Information Systems.
- Do not open files or e-mail attachments from anyone you do not know and trust.
- Check all files received electronically for computer viruses.
- Check files for computer viruses before you store them on networks or mail them out.
- If your system behaves differently, and you suspect the presence of a virus, report it to the appropriate contact Information Systems.

### **E-mail**

E-mail presents some special vulnerabilities and dangers. All e-mail exists on at least three servers: the sender's server, the receiver's server, and the server that transmits the e-mail. This exposure adds more risk to the security and confidentiality of e-mail.

E-mail is also a potent source of viruses, which are often embedded in attachments.

### **E-mail Tips**

- **Do:** Be extremely wary when you receive an e-mail attachment. Even if the subject line is intriguing, or sounds official, do not open it unless you are expecting it and you are sure it is virus-free.
- **Don't:** Open any attachments that seem suspicious.
- **Do:** Adhere to Kingsbrook's policies on sending and receiving e-mail attachments. E-mail attachments can become quite large and take up space on servers.

- **Do:** Be careful when you receive e-mail alerts warning of viruses. Do not send the alerts to anyone. Check with your system administrator before taking any action.
- **Don't:** Send confidential or proprietary information in e-mail without designating it as "Confidential."
- **Do:** Encrypt all e-mail that contains protected health information (PHI).

**Don't be the Weak link**

Be skeptical. If you are not absolutely sure a request for information is valid, verify the identity of the requester. If the request is by telephone, ask for a telephone number and call the person back.

E-mail requests for information should be handled very cautiously. Always carefully examine the e-mail address of the requester to be certain that it originates from a trusted person in Kingsbrook. If you are unsure about the validity of any request, contact your supervisor.

Some types of requests should always be treated with suspicion. For instance, it is very unusual for anyone to ask you for your password or request that you make changes to your computer system. Requests like these should always be verified with your supervisor or Kingsbrook's Information Security department.

Remember: there are people who make a lot of money by stealing information. Corporate spies and identity thieves are real threats to information security! Use common sense, and take precautions.

In the Physical Security unit of this course, you learned about the importance of facility access controls. Keep your employee ID, keys, and computer systems secure. Don't lend your employee ID to anyone!

Be careful when you discuss confidential matters. Always follow Kingsbrook's policies when you access, handle, and dispose of sensitive and confidential information in all its forms.

As you learned in the Network Security unit of this course, you should keep your passwords to your computer system strong and silent! Don't allow anyone else to use your password. When you log on to your system, make sure no one sees you type your password. Watch out for shoulder surfers!

Since unapproved software and e-mail attachments can be entry points for malicious code, don't install software unless it is approved by Kingsbrook, and be wary of opening e-mail attachments. To guard against infection, keep your virus scanning software up-to-date.

Report suspicious activities to your supervisor or the appropriate department. It's better to be safe than sorry.

Never underestimate the role you play in Kingsbrook's security plan. You can be the strongest link in the information security chain!

# Competency Exam: Chapter 13

Question	Select the correct response
1. The goal of information security is to protect confidentiality, integrity, and availability.	a. True b. False
2. When you shred sensitive documents to dispose of them, you protect	a. Availability. b. Integrity. c. Confidentiality.
3. The HIPAA security standards are designed to protect and secure which of the following types of information?	a. Protected health information b. Confidential banking information c. Trade secrets
4. When a meeting has ended, you should make sure all flipcharts, overhead transparencies, and notes that contain confidential information are removed from the meeting room.	a. True b. False
5. John's workplace has a policy that he log off his computer network when he leaves his work area for any period of time. John is in a hurry and just wants to leave for a moment to get a coffee. Should he log off?	a. Yes b. No
6. Which of the following is not a desirable characteristic of a strong password?	a. It is at least eight characters long. b. It contains special characters, numbers, and letters. c. It is difficult to guess. d. It contains all numbers.
7. Computer viruses are a big nuisance, but they don't do much damage.	a. True b. False
8. If an e-mail contains protected health information (PHI), it should be encrypted.	a. True b. False

# Chapter 14: Emergency Management

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**Purpose:**

Emergency Management is the discipline of identifying hazards and risks, from both natural and man-made disasters, and the subsequent development of plans and strategies to lessen the impact of these disasters, guide response, and aid in recovery. This module is designed to ensure staff familiarity with the written guidelines for Emergency Management specifically created for Kingsbrook Jewish Medical Center (KJMC) and Rutland Nursing Home (RNH).

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**Objectives:**

At the end of this module the learner will be able to:

1. Identify emergency situations and initiate the emergency response.
2. Know how to react to emergencies and help patients, visitors, residents, and co-workers.
3. Understand the policies and procedures of Emergency Management at KJMC/RNH.

**Key Points of Emergency Management**

In the event of an emergency – whether it's external, such as severe weather conditions (blizzard, hurricane, etc) or internal (fire, active shooter, etc), it's important to:

- Remain calm.
- Ensure the safety of yourself and those around you.
- Alert the facility to the emergency.
- Follow protocol.

**Disaster Code**

If you are reporting an emergency, and after ensuring the safety of yourself and those around you, call the operator and have them announce the Disaster Code:

## 2-2-2-2

The Operator will announce the Disaster Code via overhead page, which will alert the entire Medical Center that there is an emergency that requires everyone's attention and full cooperation. Announcement of the Disaster Code activates the Emergency Operations Plan (EOP).

**Protocol**

*During a disaster response all employees shall:*

- Take immediate and appropriate action to protect life and conserve property.
- If the emergency is a fire or hazardous materials situation, follow RACE/Fire protocol.
- Stay calm and assist patients and others who may be within the event area.
- End all non-emergent phone calls.
- Avoid using telephones or elevators.
- Notify your Supervisor or the Administrator on Duty and: describe the nature, extent and source of the notification of the disaster.
- If it is an event that is external to KJMC: are we expecting patients/victims, and if so, how many?
- Wear your Hospital ID conspicuously and clearly on outermost garment.
- Continue working in your usual area until otherwise instructed by a Supervisor or Administrator.
- Follow instructions of the Department Supervisor or appropriate Administrator.
- Avoid going to disaster treatment areas unless requested to do so by Supervisor.
- Refer to this Emergency Operations Plan for additional information.

*During a disaster response Senior Administrative staff shall:*

- Take immediate and appropriate action to protect life and conserve property.
- Assume the role of Incident Commander and open the Command Center.
- Assess the situation.
- Inform the Operator as per policy.
- Read Activation of the Emergency Operations Plan.
- Assign staff to specific, necessary HICS positions.
- Follow your Job Action Sheet.

**Emergency Operations Plan (EOP)**

The Emergency Operations Plan (EOP) has been developed as a resource guide for use at KJMC/RNH in the event of an internal or external disaster affecting the environment of care. It was developed to enable response to any type of emergency and it called an All-Hazards plan. The EOP is a living document and updated annually as part of our ongoing preparedness activities.

The plan addresses the four phases of Emergency Management activities:

- Mitigation
- Preparedness
- Response
- Recovery

A copy of the EOP is kept in the Emergency Command Center (ECC), The Emergency Department (ED), the Security Department, and is available as a PDF via a link from the homepage of the hospital intranet.

**Emergency Command Center (ECC)**

The Emergency Command Center (ECC) is located in Room 318 on the third floor of the Katz Building. The ECC can be reached at extension 5455, or via e-mail [EmergencyCommand@kingsbrook.org](mailto:EmergencyCommand@kingsbrook.org). An alternative location for the ECC is the Lillian Minkin Ballroom located in the Leviton building.

**Hospital Incident Command System (HICS)**

KJMC follows has the national standard Hospital Incident Command System (HICS) chain of command. Similar to a table of organization, this command structure clearly defines roles, responsibilities, and the reporting structure for the incident response. The HICS structure is led by the Incident Commander (IC), and is a scalable and flexible system.

Note that although the average staff member is not on the HICS table of organization, though all staff are expected to be familiar with the HICS system. Individual staff report separately to their respective departmental supervisors, managers, directors, or chiefs.

KJMC recognizes four Activation Levels of HICS. The level of response is decided by the IC.

- Level 1 is an Alert/Notify response.
- Level 2 is a response to an event anticipated to have minor impact on the facility.
- Level 3 is a response to an event anticipated to have moderate impact on the facility.
- Level 4 is a response to an event anticipated to have major impact on the facility.

### **National Incident Management System (NIMS)**

The National Incident Management System (NIMS) has been developed and is promulgated by the Federal Emergency Management Agency (FEMA). The purpose of the system is to enable hospitals and allied agencies to seamlessly integrate and coordinate their response to a disaster. All staff members are encouraged to learn more about NIMS and HICS by taking the self-guided Independent Study courses offered online by FEMA's Emergency Management Institute.

### **Everbridge Mass Notification System**

Everbridge is a Mass Notification ring-down system utilized by KJMC/RNH to enable communication with employee in the event of a natural disaster or emergency. Everbridge enables System Administrators to send notifications to individuals or groups using lists, locations, and visual intelligence. This comprehensive notification system keeps everyone informed during the course of the response.

All staff members are *strongly* encouraged to provide their updated contact information (including personal cell phone number and e-mail) and sign up with Everbridge Mass Notification System by following the link below:

- <https://member.everbridge.net/index/1772417038942659>

A user name and a unique password must be created.

- Once you've created a user name and password log into Everbridge using this link:
  - <https://manager.everbridge.net/login>
- During an emergency activation it is imperative to pay attention to Everbridge notifications, and respond affirmatively upon receipt of a message.

**Conclusion:** Disasters are inevitable at times and while some can not be prevented, preparedness is critical to survival. During a disaster all staff must end all non-essential calls and activities. Return to their department and report to their unit leader. Have their identification badge displayed clearly and lastly avoid use of elevators as they may needed for patient/residents transport and supplies.

Staff Members should be aware and know who their section chief and leader is, and comprehend their EOP (Emergency Operations Plan), which is located in the Policy Manager online



# Competency Exam: Chapter 14

Question	Select the correct response
1. Emergency Management is:	<ul style="list-style-type: none"> <li>A. The management of the hospital's Emergency Department (ED).</li> <li>B. The act of taking over for your Supervisor in the event they are unable to fulfill their work obligations.</li> <li>C. The discipline of identifying hazards and risks, from both natural and man-made disasters, and the subsequent development of plans and strategies to lessen the impact of these disasters, guide response, and aid in recovery.</li> <li>D. More an art than a science, and primarily involves thinking on your feet.</li> </ul>
2. The KJMC/RNH Disaster Code is:	<ul style="list-style-type: none"> <li>A. 2-2-2-2</li> <li>B. 9-9-9-9</li> <li>C. 1-2-3-4</li> <li>D. 0-0-0-0</li> </ul>
3. When responding to an emergency you should:	<ul style="list-style-type: none"> <li>A. Always take the elevators, because they're faster than the stairs.</li> <li>B. Remove your ID badge to protect against identity theft.</li> <li>C. Report immediately to the Command Center.</li> <li>D. Continue working in your usual area until otherwise instructed by a Supervisor or Administrator.</li> </ul>
4. The Emergency Operations Plan (EOP) is:	<ul style="list-style-type: none"> <li>A. A living document that is updated annually as part of our ongoing preparedness activities.</li> <li>B. A living document that is updated every three years as part of our Joint Commission preparations.</li> <li>C. Only available to Senior Administration.</li> <li>D. Developed by The Federal Emergency Management Agency, and is standard for all hospitals.</li> </ul>
5. The Elements of Emergency Management are:	<ul style="list-style-type: none"> <li>A. Identification, Reaction, Protection &amp; Rebuilding</li> <li>B. Development, Mitigation, Reaction &amp; Conservation</li> <li>C. Preparedness, Preservation, Protection &amp; Recovery</li> <li>D. Mitigation, Preparedness, Response &amp; Recovery</li> </ul>
6. The HICS system:	<ul style="list-style-type: none"> <li>A. Stands for Healthcare Involvement Coordinating Standards.</li> <li>B. Is a rigid hierarchy.</li> <li>C. Is led by the Senior Administrator (SA).</li> <li>D. Is a scalable and flexible system.</li> </ul>

7. The top of the chain of command, as defined by the HICS Structure is:	A. The Emergency Preparedness Coordinator B. The Incident Commander C. The Chairman of Emergency Medicine D. The Hospital Safety Officer
8. The Command Center is located:	A. In the Administrative Suite of the Emergency Department (ED). B. Wherever the Incident Commander is at the time. C. On the third floor of the Katz building in Room 318. D. In a hardened bunker beneath the cafeteria.
9. KJMC/RNH recognizes how many Levels of Activation?	A. Three B. Four C. Seven D. Ten
10. NIMS stands for:	A. National Incident Management System B. National Interagency Medical Structure C. Necessary Integrated Municipal Systems D. New Improved Mutual Safeguards

# Chapter 15: National Patient Safety Goals

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**Purpose:**

This module is designed to provide written guidelines for National Patient Safety Goals for Kingsbrook Jewish Medical Center and Rutland Nursing Home.

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**Objectives:**

At the end of this module the learner will be able to:

Understand the National Patient Safety Goals for Kingsbrook Jewish Medical Center and Rutland Nursing Home

The Joint Commission Program for **National Patient Safety Goals** (NPSG) began in 2002. NPSG were established to help organizations address specific areas of concern as regards patient safety. Every year safety goals are distributed nationally. Some goals are new, and some goals are goals repeated from previous years. Why are goals posted annually? It is because the Joint Commission consults with a panel of widely recognized experts on safety who advises them on emerging patient safety issues. This Patient Safety Advisory Group, comprised of nurses, physicians, pharmacists, risk managers, and other professionals, work with the Joint Commission to identify critical issues and trends of concern regarding patient safety. Sentinel events and other investigations regarding emerging safety concerns coalesce into the emergency of the annual goals.

**NATIONAL PATIENT SAFETY GOALS FOR 2016**

- **Improve the Accuracy of Patient Identification**  
*Use at least two ways to identify the patient. Commonly, we use name and date of birth for identification. This is always done to make sure each patient gets the correct medication and treatment. Of special concern is making sure patients receive the correct blood products.*
- **Improve the effectiveness of communication among caregivers**  
*Handoff is given to oncoming staff in a comprehensive way, identifying important information about the patient and updated information about care. All people involved in handoff must pay close attention as this is a critical part of patient care. Assure that all important test results are given to the right person at the right time.*
- **Improve the safety of using medications**  
*All medications must be labeled. Medications which are transferred to a syringe must have the syringe labeled with the medication. Special care should be given to medications that are blood thinners. Record and pass along correct information about patient medications. Comparing current medications to the medications patients take at home is critical to patient safety (medication reconciliation). Assure the patients know which medications they must take upon discharge and/or after their visit.*
- **Reduce the harm associated with clinical alarm systems**  
*Ensure that alarms on medical equipment are heard and responded to in a timely manner.*
- **Reduce the risk of health care associated infections**  
*Use handwashing guidelines as per hospital policy. Be vigilant with infection prevention in central lines (CLBABS) and urinary catheters (CAUTI)*

- **The hospital identifies safety risks inherent in its patient population**  
*Identify patients at high risk for suicide and intervene immediately and appropriately.*
- **University Protocol for preventing wrong site, wrong procedure, and wrong person surgery.**  
*Assure the correct surgery is done on the correct patient and at the correct place on the person's body, mark the correct place on the body where the surgery is being done, "TIME OUT" (pause!) before the surgery to review that you have the right patient, right site, and right procedure.*

# Competency Exam: Chapter 15

Question	Select the correct response
1. National Patient Safety Goals are the same every year.	a. True b. False
2. National Patient Safety Goals are written after consideration of sentinel events and other critical issues and trends regarding safety.	a. True b. False
3. National Patient Safety Goals are written by a random group of patients who are worried about safety.	a. True b. False
4. One of the national patient safety goals is to reduce the risk of health care associated infections and reduce harm associated with clinical alarm management.	a. True b. False

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