Skyline Medical Center

Skyline Madison Campus

New Employee/Student Orientation Packet

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MISSION STATEMENT

Above all else, Skyline Medical Center and Skyline Madison Campus are committed to the care and improvement of human life. We strive to deliver high quality, cost-effective healthcare in the communities we serve.

In pursuit of our mission, we believe the following value statements are essential and timeless:

- We recognize and affirm the unique and intrinsic worth of each individual.
- We treat all those we serve with compassion and kindness.
- We act with absolute honesty, integrity and fairness in the way we conduct our business and the way we live our lives.
- We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect and dignity.

Our mission cannot be achieved without a solid foundation of values, ethics and community focus. We can then attract people who provide quality results, which in turn reflects positive financial benefits and growth.
SKYLINE MEDICAL CENTER CAMPUS

• 194 Beds - All Private Rooms
• 386,000 Square Feet
• 8 Floors
• 59-acre campus
• Medical Office Plaza
  $ 200,000 Square Feet

LIVES TOUCHED

• 800+ Employees
• 450+ Medical Staff Members
• 1,200+ Referring Physicians
• Patients & Procedures Annually:
  $ 70,000 Outpatient Diagnostic Tests
  $ 45,500 Emergency Patients
  $ 9,000 Admissions
  $ 7,000 Outpatient Surgeries
SKYLINE MADISON CAMPUS

- 350+ Employees
- 110 Behavioral Beds
- Beautiful 96-acre Campus with Walking Trails

LIVES TOUCHED

- Comprehensive Outpatient Therapy Center
- Behavioral Health Services
  - Adolescent Services
  - Adult Psychiatric Services
  - Senior Life Center
- Fitness Center/Wellness/Aquatic Therapy
- Outpatient Rehab Day Program
- Alive Hospice
Human Resources policies can be found on the Skyline intranet under the Administrative Policy section. In addition, you have been given an Employee Handbook designed to provide you with concise information regarding your employment with Skyline. Questions about the contents of the policies or the handbook should be directed to your supervisor or Human Resources.

Departments may have more specific policies than those contained in the hospital-wide HR section. Those policies should be shared with you during your initial orientation.

Expectations include but are not limited to:

1. Being at work on time when scheduled
2. Adhering to the hospital and department dress code
3. Meeting our RAISE customer service values
   - Reliability & Responsiveness
   - Assurance
   - Image
   - Safety
   - Empathy
4. Contributing to the healing experience for our patients

Payroll Information:

1. Payday is every other Friday; pay stubs are available after 2:00 p.m.
2. Direct Deposit is required
3. Work week begins at 12:00am on Sunday and ends at 11:59pm the following Saturday night
4. Overtime is paid after an hourly employee works more than 40 hours in the work week
5. Differentials are paid for night shift work and in other areas of special need
6. Deductions from your paycheck include the normal tax withdrawals, mandatory and other non-mandatory withdrawals such as health and dental plans, credit union or gift shop purchases

The identification badge issued by Human Resources serves three functions. First, it is the photo security device used by the patient, visitor and other staff. Second, the bar code on the back of the I.D. serves as your time card. By “swiping,” you clock in or out. Third, it serves as your entry badge to the hospital after hours and to certain units around the clock. The badge triggers the magnet locks and allows you entry.

As an employee of Skyline, you are required to park in the employee lot located behind the hospital. A parking sticker will be issued to you and is to be placed in the lower left side of your vehicle’s front window. Vehicles parked regularly in the employee lot without a sticker are subject to towing.
CULTURAL DIVERSITY

A hospital is in many ways a microcosm of the world. People of all ages, socioeconomic levels, cultural backgrounds and ethnicities come to hospitals either as patients, family members, friends of patients, or as employees. In healthcare, it is critical that we develop a sensitivity and awareness of cultures other than our own. Ultimately, in healthcare, an awareness and understanding of cultural diversity is a contributing factor in providing quality care.

Culture is the totality of socially transmitted beliefs, ideas, values, customs and patterns of behavior. Culture can be ‘seen’ as manifested through communication, art, music, work, dress, food/nutrition habits, religious practices, healthcare practices and beliefs, interpersonal relationships and “life ways”…thus, one’s world view.

Differing worldviews can create conflicts, unintentional offenses, disrespect and/or misunderstandings. Furthermore, a misunderstanding of cultural differences could result in less optimal patient care outcomes and dissatisfied patients and families. There are a vast variety of patient situations where conflicts can potentially arise including issues related to: religious beliefs and practices, dietary preferences, health care related issues, child-rearing practices, family support/involvement issues, birth/death rites and gender of the healthcare provider. The fact is, in many situations, a miscommunication or misunderstanding can occur that may have a negative impact on the patient and/or an outcome.

People from every culture may place different value or importance or have different beliefs or ‘rules’ about how they conduct their lives and the right way to do so. In an attempt to understand other people and their culture, it may be helpful to consider the following cultural phenomena:

- Biological: Physical or genetically determined characteristics & attributes may cause a person to be predisposed to a disease, metabolize drugs differently, or experience intolerances toward certain foods.
- Social Organization: Social organization describes how people relate to one another in the family, community or society at large. Social organization also reflects the roles and responsibilities within the family and the family's religious beliefs and practices.
- Communication: Language differs, as do verbal and non-verbal forms of communication, degrees of open or closed communication and appropriateness of discussing certain topics with strangers.
- Space: Space relates to the physical space that people are comfortable with when relating to others. People tend to relate to one another, depending on the nature of their relationship or cultural background, in terms of intimate (very, very close); personal (close); and social (more distant) spacing.
- Environment: The physical environment one grew up in and lives in tends to dictate life’s ways: the rural versus city dweller, the northerner versus the southerner; the availability of and accessibility of resources necessary for life.

Cultural sensitivity can be accomplished by:

- recognizing and acknowledging differences,
- seeking to understand those differences,
- striving to accommodate those differences, as appropriate, and
- communicating and acting in a manner that is respectful of those differences.
Tuberculosis (TB)

TB is a communicable disease caused by a bacterium called Mycobacterium Tuberculosis. Tuberculosis is spread by airborne transmission - TB germs are expelled from the lungs of a person who has active TB through coughing, talking or sneezing and are breathed into the lungs of those around them. Because healthcare workers are at a higher risk for exposure to TB, Employee Health personnel screens every employee for TB by administering a TB skin test at the time of hire, annually and in some areas, every 6 months.

If a person has a positive TB skin test (conversion), a chest x-ray is done and the individual is instructed to go to the health department or to their private physician. A positive TB skin test does not mean an individual has active TB, it only indicates that the individual is infected with the germ. Individuals who test positive are usually started on TB medications to prevent the infection from progressing to active TB. If TB medications are not taken, the individual has a 10% chance of developing active TB.

If you will be in contact with a TB patient or a patient suspected of having TB, you must be fit tested for a special mask. Classes for fit testing are held during General Orientation.

Employee Injury

If you are injured on the job, report the injury to your supervisor and complete an Employee Injury Report. For minor injuries, needle sticks, and blood and body fluid exposures, you should report to Employee Health during regular working hours and to the ED after hours and on weekends. All major injuries should be treated in the Emergency Department. A medical provider in Employee Health or the Emergency Department will evaluate your injuries and provide treatment as needed. The employee health nurse will follow-up with appropriate response.

If a blood and body fluid exposure occurs, it is very important that you seek treatment immediately. If HIV prophylaxis is needed, it must be started within 1-2 hours after the exposure. It is also very important that blood be drawn from you and the source patient (if known) to assess HIV, Hepatitis B and C status. The Hepatitis B vaccine is highly recommended if you will be working in a clinical area where you may be exposed to blood and body fluids.
Needlestick and Sharps Injury Prevention

Sharps include any instrument or object capable of breaking the skin: needles, scalpels, rotating instruments, broken glass, wires etc. Every sharp should be treated as a dangerous instrument capable of transmitting a bloodborne disease. To avoid being injured by a sharp:

- Handle sharps as little as possible.
- Do not bend or break contaminated sharps.
- Always direct the sharp away from yourself.
- Be aware of others around you when you are holding sharps.
- Always use syringes and needles with safety devices. If safety devices are not available, notify your supervisor.
- Do not recap a needle; use the one handed scoop method.
- Take time to properly dispose of used sharps by immediately placing them in a sharps container, making sure that it is dropped into the container. When the sharps container is 3/4 full (reaching the fill line), remove the container and replace it with a new one.
- Be alert for sharps discarded in waste containers or linens, or sharps that are lying on the floor, beds, shelves or tables.
- Never reach inside a waste container or push a waste/trash bag down with your hands.
- Carry trash or laundry bag as if it had a needle in it.

Body Mechanics

The leading types of employee injury in the workplace are strains and sprains of the lower back. Incorrect lifting and moving patients, equipment and materials increase the potential for injury. Most back problems are attributed to chronic injury or neglect rather than acute injury. By following a few basic steps, you can reduce the potential for injury:

- Review work task.
- Inspect work areas. If you see any hazards that might cause injury, report them; and if possible, remove the hazard.
- Use mechanical lifting devices. The potential for injury increases as the weight of the object increases.
- When moving or lifting items:
  - Grasp the load firmly
  - Do not jerk the load
  - Keep the item close to your body at waist height
  - Bend your knees and hips
  - Lift with your legs and not your back
  - Maintain the 3 normal curves of your back
  - Do not twist as you lift
  - Tighten your abdominal muscles; this action helps support your back
- Make sure adequate help is available to move awkward or heavy loads. Getting assistance can eliminate the threat of a serious injury.
- Be in good physical condition by doing exercises that strengthen and stretch muscles that support the back’s three natural curves and enable you to use good body mechanics in performing your work.

Whenever possible, push rather than pull large or heavy objects. You can push twice as much as you can pull without strain.
IDs and Passwords

Examples of confidential data include patient information - clinical and financial, personnel data, pricing and cost data, information pertaining to acquisitions, divestitures, affiliations and mergers, research data, strategic plans, marketing strategies/techniques, supplier and subcontractor information, computer network configurations and User Passwords. A User ID, on its own without a password, is not confidential and is frequently included in directories and other widely available materials. Upon hire, each Skyline Medical Center employee is assigned a User ID which is sometimes used for identification, tracking, and other maintenance procedures within Information Systems (IS).

If you have access to any system or application within Information Systems, please keep in mind that your password acts as an individual key to our network, to critical patient care and to multiple business applications and it must be kept confidential. It is part of your job to learn about and practice the many ways that you can help maintain the confidentiality, integrity and availability of electronic information assets (i.e., keeping your passwords protected).

Confidential Information

The HCA Confidentiality and Security Agreement states that individuals will not disclose or discuss any confidential information other than what is necessary to perform his or her job - even after termination of their relationship with HCA. No HCA colleague, affiliated physician, or other healthcare partner has a right to any patient information other than what is necessary to perform his or her job. Although you may use confidential information to perform your function, it must not be shared with others unless the individual(s) have the need to know the information and have agreed to maintain the confidentiality of the information.

Patient or confidential information should not be sent through our intranet or the Internet until such time that its confidentiality can be assured. If it is necessary to send patient information to a business associate (i.e., someone outside HCA), arrangements, other than e-mail, must be made.
This information serves as a review of important Health Insurance Portability and Accountability Act (HIPAA) requirements. Many of these requirements are included in our Code of Conduct and our Ethics and Compliance policies and procedures.

The objectives of the HIPAA training are to:

- heighten your awareness of and commitment to HIPAA regulations.
- reinforce the role you play in creating and maintaining organizational integrity, ethics, and compliance.
- renew your working understanding of HIPAA requirements.

Mission and Values Statement

By being familiar with the Mission and Values Statement and the Stakeholder Commitments, each of us can contribute to maintaining our “Tradition of Caring.”

- We have always endeavored to deliver healthcare compassionately and to maintain our strong ideals.

- Our Mission and Values Statement is the cornerstone of our organization. It recognizes our commitment to deliver high quality, cost-effective healthcare in the communities we serve. It provides the value statements that we consider essential and timeless. The words selected from our Mission and Values Statement exemplify the type of conduct that all of us strive for.

Privacy

HIPAA and its implementing regulations set forth a number of requirements regarding ensuring the privacy of protected health information (PHI). HIPAA requires healthcare entities to appoint a facility privacy official (FPO). The FPO in our facility oversees and implements the Privacy Program and works to ensure the facility's compliance with the requirements of the HIPAA Standards for Privacy of Individually Identifiable Health Information. The FPO is also responsible for receiving complaints about matters of patient privacy.

HIPAA regulations do not prevent medical records from being maintained at the patient’s bedside or outside the patient’s room; however, they do encourage reasonable safeguards be put in place to protect the patient’s information from inappropriate uses or disclosures.

The HIPAA regulations contain a number of restrictions on the transmission of PHI; however, they do not prevent faxing or mailing health information as long as certain precautions are taken. The regulations mandate that health information may not be sold by a facility.

The Notice of Privacy Practices must be made available to all patients and posted on the facility's Internet site. Patients need to sign an acknowledgement form confirming receipt of the Notice.
Patients have the right to access any health information that has been used to make decisions about their healthcare at our facility. Patients may also access billing information. They may review the paper chart (supervised) or be provided a hard copy. Access to the Clinical Patient Care System (CPCS) is not a recommended method of providing access to PHI.

A patient may have access to all of the records in the designated record set. This record set includes any information that is maintained, collected, used or disseminated by a facility to make decisions about individuals. The paper record is the legal medical record and a copy should be provided upon request (electronic access is not appropriate with our current systems.) A patient may be denied access under certain circumstances (e.g., when a person may cause harm to him or herself or others, or when protected by peer review). For additional information on a patient’s right to access, please contact our FPO.

A patient may add an amendment to any accessible record for as long as the record is maintained by the facility. While patients have a right to amend their record, the right to amend does not mean that health information can be deleted from the record. The patient may submit an addendum correcting or offering commentary on the record, but no information may be deleted from the record. The request for amendment should be made in writing to the facility. Our FPO and the Health Information Management (HIM) department have more information on the right to amend.

In order for the HIM department to track releases of patient information, patients (including employees) should be directed to the appropriate personnel at their facility for access to any health information.

Everyone is responsible for protecting patients’ individually identifiable health information. Any piece of paper that has individually identifiable health information on it must be disposed of in appropriate receptacles. The paper must be handled and destroyed securely. The elements that make information individually identifiable include: name, zip or other geographic codes, birth date, admission date, discharge date, date of death, e-mail address, Social Security Number, medical record/account number, health plan id, license number, vehicle identification number and any other unique number or image.

Any member of the workforce with a legitimate need to know to perform their job responsibilities may access a patient’s health information. However, the amount of information accessed should be limited to the minimum amount necessary to perform their job responsibilities.

Policies prohibit employees from accessing their own records in CPCS (also known as Meditech). Employees may, however, fill out the appropriate consent in HIM and obtain a copy of their records at no charge.

The hospital directory or listing of patients used by the PBX operator, information desk or volunteers should contain only patient name, room/location and condition in general terms. Patient diagnosis or procedures may not be released. No information can be released about confidential patients or patients who have asked not to be listed in the directory.

Patient lists may be provided to clergy. The current Conditions of Admission form explains that the patient name may be released to local religious organizations. The lists should consist of the patient name, room/location, and may include the condition in general terms. This list should be restricted by religion - confidential patients and confidential information such as a patient’s social security number should not be included.
**Asking Questions and/or Reporting Concerns**

There will be no retribution for asking questions, raising concerns about the Code of Conduct, or for reporting possible improper conduct when done in good faith. However, any colleague who deliberately makes a false accusation with the purpose of harming or retaliating against another colleague will be subject to punishment.

HIPAA Privacy/Security monitoring is performed on a routine basis in all patient care areas to insure compliance. We ask that all HIPAA related concerns be addressed to the Facility Privacy Official (FPO) and/or your supervisor.

We encourage the resolution of issues at the local level whenever possible. To obtain guidance on an ethics or compliance issue or to report a potential violation, you may choose from several options:

- Consult your supervisor.
- Consult your Facility ECO or another member of management at your facility.
- Call the Ethics Line at 1-800-455-1996.

The Ethics Line is an easy and anonymous way to report possible violations or obtain guidance on an ethics or compliance issue. You are encouraged to use the Line anytime, especially when it is inappropriate or uncomfortable to use one of the other methods. In order to properly investigate reports, it is important that you provide enough information about your concern.
A secure workplace is one goal of Skyline. We employ both armed and unarmed, certified security officers who are on patrol twenty-four hours per day, seven days per week. The officers:

- Respond to all codes
- Patrol the building and grounds
- Assist staff with unruly patients or visitors
- Assist in the location of missing patients
- Escort visitors and employees
- Secure patient valuables
- Lock and unlock doors (unlocking vehicles not included)
- Investigate security incidents and concerns
- Intervene in any potential workplace violence situation
- Respond to assistance requests (lost vehicles, jump batteries, secure open vehicles)
- Enforce parking regulations
- ID checks – challenge employees and subcontractors without ID

One of the most important roles that Security plays at Skyline is maintaining a work environment where employees feel safe. Employees play a key role in helping Security fulfill their mission on campus. Any type of workplace violence, including intimidating behavior of any type, will not be tolerated. Please read the hospital policy on workplace violence.

**Policy and Procedure References:**

- EOC.SEC.001 – Security Management Plan
- EOC.SEC.002 – Security Management Program
- ADM.HRD.024 – Violence in the Workplace
Volunteers have been a part of the hospital even before it was a building. In 1962, a group of individuals formed an auxiliary to begin raising money for a new hospital—Nashville Memorial Hospital. In the three years prior to the opening of the hospital and for many years after, the Auxiliary raised millions of dollars to build, help with additions and purchase equipment. They became the first “volunteers” of the hospital and are still extremely loyal, dedicated and active at Skyline.

In 1994 when Memorial was purchased by HealthTrust, subsequently HCA, the Auxiliary became its own separate not-for-profit organization in order to continue raising funds for the special projects for patients, family members and the community. The Director of Volunteer Services supervises the Auxiliary and the Department is located near the Auditoriums on the Garden Level. There are currently 100-120 active volunteers.

Volunteers work with the hospital “team” of caregivers, including the volunteers, works together to provide the very best care to our patients and families. Volunteers are used to supplement the work of the hospital staff, not replace employees. The volunteer department consists of a director, an administrative assistant, and the adult, teen, student and chaplain volunteers.

Teen volunteers must be 15 years of age prior to the start of the summer program each June. Their orientation is completed in mid to late May. A limited number of senior high school students who are required to complete service hours for graduation are accepted from Sept-May.

Student volunteers are college students who need observation experiences for acceptance into a physical therapy program. We also have a pre-med program for students who are in their junior or senior year of a pre-med curriculum. We provide an 8-week rotation for them to observe many aspects of medicine before they commit to pursuing a medical career.

Chaplain volunteers are available to assist with meeting the spiritual needs of patients, families, and staff. They are assigned to work a one-week shift in the hospital for two hours a day, Monday through Friday, visiting newly admitted patients and assessing their spiritual needs, or making calls to the patients’ own pastors. They carry a pager and are on call for emergencies during the nights and weekends. The pager number, 923-0740, is listed on the Skyline Intranet under the Volunteer Department. A paid coordinator for this program works under the Director of Volunteer Services.

There is no upper age limitation for adult volunteers. As long as individuals are healthy, able to function independently of staff, and are able to contribute to the care of patients, families and visitors, they are welcomed. Volunteers come from a wide range of professional backgrounds; including teachers, accountants, executives, nurses, businessmen/women and housewives.

Because we are a Joint Commission accredited hospital, our volunteers are screened, orientated and evaluated using guidelines similar to those used for employees. Volunteers submit an application, provide references, have criminal background checks, are interviewed and attend both departmental and general orientation. They receive on-the-job training with an experienced volunteer or staff member and their competencies are reviewed after 90 days and again annually. As you begin working in the hospital, you may find a need for help from a volunteer. In order to receive such assistance, an employee must first check with their supervisor, fill out a “Volunteer Request” form and submit it to the Director of Volunteer Services. The Volunteer Request Forms are included in your manual or can be obtained from the Volunteer Office.
Volunteers currently serve in many areas of the two facilities. At the patient information desk, they greet patients and visitors, answer incoming calls for patient information and provide room numbers and directions. Customer Service Ambassador Volunteers are used in the lobby to provide direction and assistance. Volunteers serve as liaisons between patients, families and staff in the Critical Care, Surgical Services and ER Waiting Rooms. They deliver and forward patient mail, work as nursing assistants in the Rehab and nursing units, and deliver free toiletries, newspapers and magazines to patients. At the Madison Campus they also assist in the Comprehensive Therapy/Fitness Center and at Registration. Volunteers staff the Gift Shoppe, which is the primary source of funding for patient and community projects. The shop carries a full line of unique fits, fine and costume jewelry, toys, helium balloons, and fresh flowers among other things. The buyers purchase with the staff in mind, and hospital employees are permitted to charge purchases using payroll deduction, you must complete and application in the gift shop to use this service. The gift shop also give a 20%, one-time purchase discount to employees during their birthday month.

From the proceeds of sales in the gift shop and special fundraisers, the Auxiliary provides for a wide range of projects. These funds pay for the Volunteer Visitor Program (free toiletries for patients in need), belonging bags that are given to every newly admitted patient, and toys and play equipment for waiting rooms and for hospitalized children. Funds also pay for decorating the hospital at Christmas to raise the morale of patients and families. Funds help to support the “Trees of Light & Life” celebration. The newest program is the Accommodations Program, which provides for a free overnight stay in a hotel for patients/families from outside the seven surrounding counties when they cannot afford the costs.

The Auxiliary also provides for community support. Each year the Auxiliary grants a minimum of two-$2,000. 4-year renewable awards to graduating high school seniors pursuing studies in the medical field. They also have funded a $25,000. scholarship endowment at Volunteer State Community College and a $26,000. endowment for a nursing scholarship at Martin Methodist College. In addition, the Auxiliary provides $10-15,000. a year in monetary donations to community organizations such as Madison Station Senior Center, the Shepherd Center, Madison Christian Cooperative, etc.

We welcome suggestions for how the volunteers can better serve our hospital and patients. We also encourage you to refer family and friends to volunteer at Skyline.
CHAPLAIN SERVICES

The Pastoral Care Department at Skyline Medical Center and Skyline Madison Campus exists to serve patients, their families, and staff members in regard to their spiritual situation and/or questions and concerns. Chaplains are generally on site from 8:00AM-12:00PM and on call 24 hours each day and 7 days each week for your convenience. The following are some questions and answers to help you understand how we can be of service:

1. WHEN SHOULD I CONTACT A CHAPLAIN?
   • Patient/Family asks for a chaplain
   • You determine a need for a chaplain.

2. HOW DO I CONTACT A CHAPLAIN?
   • Obtain a hang tag with contact numbers for your name badge from the Chaplain’s office
   • Go to the intranet and look under Departments, and then Chaplains
   • Call the Chaplain’s Office at 769-7120 during the morning hours, or page the Chaplain Coordinator at 923-8636, or page the on-call Chaplain at 923-0740

3. WHAT IS THE CALLING PROCESS?
   • Call the on-call pager #923-0740
   • If no response after five minutes, call the coordinator pager #923-8636
   • If no response after five minutes, call the number on your schedule or the number on your hang tag for the chaplain on duty that week.

Chaplains are here to help make the patients’ stay easier and better, and to serve their families, and the staff. If you have any questions, please contact the Chaplain Coordinator at the above numbers.
Skyline’s Plan for Patient Safety, Performance Improvement, and Risk Management (IPC.SAF.001) can be found on the Intranet (Click Policies, then Interdisciplinary Patient Care Policies). Skyline’s Plan is an integrated organization wide program and philosophy to improve quality and safety, exceed customer expectation, and reduce errors and risk to patients. Skyline is committed to the care and improvement of human life and strives to deliver high quality, cost-effective healthcare in the communities that it serves.

**Patient Safety**

The scope of patient safety encompasses all processes impacting both inpatient and outpatient services and includes both short and long-term clinical and non-clinical services, direct and indirect care, and group and individual activities. Skyline with its many interdisciplinary committees comprised of medical and hospital staff maintains an organizational approach to patient safety. Many of the committee activities dedicated to patient safety are noted below.

**Ethics Advisory Committee**
- Serves to advise on end of life issues and policies (i.e., Advance Directives, Withhold/Withdraw, Informed Consent, Patient Surrogate, Rights, and Responsibilities)
- Intercedes with bioethical dilemmas

**Infection Control Committee**
- Conducts surveillance throughout hospital of/for specific infections
- Provides education and training on prevention and employee protection

**Health Information Management/Utilization Review Committee**
- Regulates content and completion of medical records

**Operating Room Committee**
- Monitors outcomes/adverse events
- Initiates Performance Improvement (PI) activities (i.e., time out process, wound classifications, side/site verification)

**Critical Care Committee**
- Monitors admission and discharge criteria
- Maintains and follows policies relating to Critical Care area (i.e., ventilation, cardiovascular drips)
- Monitors ethical interventions
- Monitors resuscitation outcomes

**Pharmacy/Therapeutics/Nutrition Committee**
- Monitors medical misadventures
- Monitors nutritional therapy/diets

**Peer Review Committee**
- Monitors outcomes and best practices
Cardiovascular Committee
• Monitors outcomes for Community Based Angioplasty and Acute Myocardial Infarction
• Monitors evidence-based indicators
• Monitors processes for procedures in Cath Lab, EP, Specials, and ED
• Makes policy revisions, when needed

Neurosciences Committee
• Monitors outcomes for stroke
• Recommends new technologies related to treatment and care
• Monitors evidence-based indicators

Blood & Interventional Committee
• Monitors all blood and blood components for medical necessity, consent, documentation and adverse reactions

Patient Safety/Performance Improvement Council
• Oversees hospital wide improvement activities
• Identifies systems/processes needing improvement
• Looks for ways to improve outcomes

JCAHO Patient Safety Goals
Skyline also follows the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards to improve their operational processes. The JCAHO Patient Safety Goals are updated annually and distributed to each associate as an addendum to their employee badge.

Any employee with safety concerns or quality of care concerns may report those concerns anonymously by calling Skyline’s Patient Safety Hotline @ 769-SAFE (7233) and/or they may report their concerns to the Joint Commission without fear of disciplinary action or reprisal by calling 1-800-994-6610 or via email at complaint@jacho.org.
Performance Improvement

Performance Improvement (PI) is the continuous study and adaptation of functions and processes to exceed, not meet, the customer’s needs. Skyline uses a systematic approach, FOCUS-PDCA, to monitor performance through data collection in order to assess, measure, design, execute, and evaluate opportunities for improvement. FOCUS-PDCA is outlined below:

F ind a process to improve  
O rganize a multidisciplinary team to improve the process  
C larify the current process  
U nderstand the sources of process variation and identify the process variables  
S elect the process for improvement and evaluate improvement alternatives for potential effectiveness and feasibility

P lan the improvement  
D o the improvement, measuring the impact of the change  
C heck the results: did the change lead to expected improvement?  
A ct to hold the gain, improve the process, discontinue the process, or modify the process

PI will become a part of your life here at Skyline as you, along with fellow staff members, look for ways to improve what we do everyday. Your role in Performance Improvement includes, but is not limited to:

- Participation in PI activities
- Communication of PI opportunities, when identified, to your supervisor
- Incorporation of PI principles and values into your everyday work process (i.e., smiling, assisting visitors when needed, and treating everyone with respect)

Many PI indicators are required by regulatory agencies such as JCAHO and the Centers for Medicare and Medicaid Services (CMS). Performance Improvement activities are also benchmarked by numerous agencies such as HealthGrades, Leapfrog, and “Top 100 Hospitals”.

Risk Management

Risk management is an integrated and coordinated approach to identify and control potential damage caused by risk-prone activities often, by their very nature, found in a healthcare environment. Efforts to manage “Risk” include:

- compliance with all federal, state and local laws and regulations  
- adherence to JCAHO & Occupational Safety and Health Administration (OSHA) standards  
- provision of a safe environment  
- prevention of patient, visitor and employee injuries  
- minimization of legal claims  
- enhancement of quality of care
Involvement of all staff members, patients, and their family members in risk management is encouraged. Employees can assist in:

1. preventing patient injuries
2. preventing loss of prosthetic devices (especially dentures)
3. removing malfunctioning equipment
4. completing a Variance/Occurrence/Medication Mis-Adventure Report form (electronic)
5. communicating a significant medical issue or potential concern
6. reporting a Sentinel Event*
7. participating in a Root Cause Analysis, if asked

*Sentinel Event: An event, as defined by JCAHO, which is an unexpected occurrence involving death or serious injury or psychological injury or risk thereof. Any sentinel event must be investigated and a root cause analysis must be completed within 45 days of the event.

Policy and Procedure References:

ADM.GEN.007 – Risk Management Plan
ADM.GEN.008 – Identification, Root Cause Analysis and Reporting of Sentinel Events
ADM.GEN.043 – Risk Management Notification
IPC. SAF.001 – Plan for Patient Safety, Performance Improvement, & Risk Management
PATIENT'S BILL OF RIGHTS

Upon admission to the hospital, all patients are given a pamphlet/booklet that explains their rights and responsibilities. The pamphlet/booklet includes information about their right to:

1. impartial access to treatment or accommodations that are available or medically indicated within the medical center’s capacity
2. considerate, respectful care with recognition for their personal dignity, values and culture
3. (within the law) personal and informational security, privacy, safety and confidentiality
4. be free from all forms of abuse or harassment
5. know the identity and professional status of their caregivers
6. obtain from the practitioner responsible for coordinating their care, complete and current information concerning their diagnosis (to degree known), treatment and any known prognosis
7. participate in the development and implementation of their own plan of care
8. be involved in the decision making process relating to their care
9. accept or refuse treatment to the extent permitted by law including leaving Against Medical Advice (AMA)
10. make choices about treatment or to name someone to make such choices through the use of Advance Directives (i.e., Living Wills, Durable Powers of Attorney for Healthcare)

Furthermore, Skyline is required by law to inform adult patients of (1) their right to participate in and direct their own health care decisions; (2) the right to accept or refuse medical or surgical treatment; (3) the right to prepare an advance directive, such as an Advance Care Plan (or Living Will) or Appointment of Health Care Agent (or Durable Power of Attorney for Health Care); and (4) information on Skyline Medical Center's policies that govern the utilization of these rights.

Advance Directives: Per the Patient Self-Determination Act (PSDA, 1991), all adult patients will be asked if they have an advance directive and, if not, if they would like to receive information about advance directives. This is done at admission and followed up in the initial nursing assessment. Per the Tennessee Health Care Decisions Act (7-2004), health care workers are eligible to witness the execution of an advance directive. Further questions or conflicts concerning advance directives may be addressed to the Clinical Ethicist and/or any member of the Clinical Ethics Committee.
AGE-SPECIFIC CARE

Age specific care doesn’t mean just knowing someone’s age. Age specific care means knowing how to relate to and care for persons in a manner that is respectful and understanding of their age, stage of development and related needs. Every employee who provides direct patient care must be able to demonstrate that they have the knowledge and skill to safely and appropriately relate to and care for patients of varying ages and stages of development.

Psychologist and theorist, Erik Erikson, states that people develop through a predetermined unfolding of their personalities in eight stages. The following chart is adapted from Erikson’s 1959 Identity and the Life Cycle (Psychological Issues, Vol. 1, #1) and is often used as a resource to help caregivers understand patients’ needs at various ages and stages of development.

<table>
<thead>
<tr>
<th>Stage (age)</th>
<th>Psychosocial crisis</th>
<th>Significant relations</th>
<th>Psychosocial modalities</th>
<th>Psychosocial virtues</th>
<th>Maladaptations &amp; malignancies</th>
</tr>
</thead>
<tbody>
<tr>
<td>I (0-1) infant</td>
<td>trust vs. mistrust</td>
<td>mother</td>
<td>to get; to give in return</td>
<td>hope, faith</td>
<td>sensory distortion -- withdrawal</td>
</tr>
<tr>
<td>II (2-3) toddler</td>
<td>autonomy vs. shame and doubt</td>
<td>parents</td>
<td>to hold on; to let go</td>
<td>will, determination</td>
<td>impulsivity -- compulsion</td>
</tr>
<tr>
<td>III (3-6) preschooler</td>
<td>initiative vs. guilt</td>
<td>family</td>
<td>to go after; to play</td>
<td>purpose, courage</td>
<td>ruthlessness -- inhibition</td>
</tr>
<tr>
<td>IV (7-12 or so) school-age</td>
<td>industry vs. inferiority</td>
<td>neighborhood and school</td>
<td>to complete; to make things together</td>
<td>competence</td>
<td>narrow virtuosity -- inertia</td>
</tr>
<tr>
<td>V (12-18 or so) adolescence</td>
<td>ego-identity vs. role-confusion</td>
<td>peer groups, role models</td>
<td>to be oneself; to share oneself</td>
<td>fidelity, loyalty</td>
<td>fanaticism -- repudiation</td>
</tr>
<tr>
<td>VI (the 20’s) young adult</td>
<td>intimacy vs. isolation</td>
<td>partners, friends</td>
<td>to lose and find oneself in another</td>
<td>love</td>
<td>promiscuity -- exclusivity</td>
</tr>
<tr>
<td>VII (late 20’s to 50’s) middle adult</td>
<td>generativity vs. self-absorption</td>
<td>household, workmates</td>
<td>to make be; to take care of</td>
<td>care</td>
<td>overextension -- reactivity</td>
</tr>
<tr>
<td>VIII (50’s and beyond) old adult</td>
<td>integrity vs. despair</td>
<td>mankind or “my kind”</td>
<td>to be, through having been; to face not being</td>
<td>wisdom</td>
<td>presumption</td>
</tr>
</tbody>
</table>

During the orientation process at Skyline, all nurses, nurse technicians, and unit secretaries receive an Age Specific Care Competency Checklist which is to be completed during their department orientation. All other direct patient care personnel should contact their manager/supervisor regarding any department specific Age Specific Care Competency requirements.
Definitions

Physical – hitting, slapping, pinching and kicking. Physical abuse also includes controlling behavior through corporal punishment (lack of food and medical care, overmedication, etc.)

Verbal – the use of oral, written or gestured language that willfully includes disparaging and derogatory terms

Psychological/Mental – humiliation, harassment, threats of punishment or deprivation

Misappropriation of Property – deliberate misplacement, exploitation, or wrongful temporary or permanent use of belongings or money without the patient/resident’s consent

Violation of Rights – coercion, “locking up” or forcing removal from home, or forced entry into a nursing home

Denial of Basic Needs/Neglect – failure to provide goods and services necessary to avoid physical harm, mental cruelty, or mental illness

Reporting Requirements & Intervention
All staff members are required by Tennessee law to report suspected abuse/neglect to the proper authorities; however, in the case of domestic violence/abuse, reporting to the proper authorities cannot occur without the prior consent of the patients who are over the age of 18 and independent.

Note: As of July 1, 2007, licensed healthcare professionals are required to report cases of confirmed or suspected domestic violence/abuse to the Tennessee Department of Health. Only general demographic and geographic data about the victim or suspected victim is required. According to Public Charter No. 83, House Bill No. 1183, “the report shall not disclose the name or identity of the patient, but should include the nature and extent of the patient's injuries, the substance in summary fashion of any statements made by the patient, including comments concerning past domestic abuse with the patient’s current spouse or previous partner(s), that would reasonably give rise to the suspicion of domestic abuse. The practitioner shall include any other information upon which suspicion of domestic abuse is based.
Detection & Prevention

Skyline supports and maintains an environment for patients/residents that is free of abuse by anyone, including but not limited to: staff, other patients/residents, consultants or volunteers, staff of other agencies providing services, family, friends, legal guardians and others. Skyline Medical Center provides:

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1. solicitation of identifying information on admission regarding patient/resident history of abuse, including aggressive behaviors, roaming tendencies, self-injury or communication disorders

2. staff training to increase awareness of potential abusers and associated warning signs (most often a relative, most often lives with abused person, externalizes blame, displaces anger, poor impulse control, not a voluntary caregiver, may be using drugs or alcohol)

3. staff training on signs of possible abuse (depression, passivity, bruising, unexplained accidents/injuries, altered communication between patient and family/legal guardian)

4. sufficient staff to evaluate concerns and appropriately identify patient needs

5. information to patients/residents, family and legal guardians on how they can report suspected abuse

<table>
<thead>
<tr>
<th>TENNESSEE ADULT PROTECTIVE SERVICES</th>
<th>888-APS-TENN (277-8366)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOMESTIC VIOLENCE HOTLINE</td>
<td>800-799-7233</td>
</tr>
<tr>
<td>UJIMA HOUSE SHELTER</td>
<td>615-242-9260</td>
</tr>
<tr>
<td>DAVIDSON COUNTY YWCA SHELTER</td>
<td>615-297-8833</td>
</tr>
<tr>
<td>WILLIAMSON COUNTY YWCA SHELTER</td>
<td>615-790-9686</td>
</tr>
<tr>
<td>LEGAL SERVICES</td>
<td>615-244-6610</td>
</tr>
<tr>
<td>MADISON SHELTER</td>
<td>615-860-0003</td>
</tr>
<tr>
<td>CRISIS INTERVENTION</td>
<td>615-244-7444</td>
</tr>
<tr>
<td>TENNESSEE DEPARTMENT OF CHILD SERVICES</td>
<td>877-237-0026</td>
</tr>
</tbody>
</table>

Stop and Report Suspected Abuse and Neglect!

Policy and Procedure Reference:

IPC.DIR.004
General Information

Policies, procedures and resources including The Center for Disease Control (CDC) Guidelines for Isolation Precautions in Hospitals, OSHA BBP (Blood Borne Pathogen) rulings and Exposure Control Plan and Tuberculosis (TB) Plan are interdisciplinary and are located on the Skyline Intranet. (Click on Internet Explorer, then click on Policies, then click on Master Index, then click on Administrative/Facility Wide Policies, and then click on Infection Control Policies.)

The Director of Infection Control and the Chairman of the Infection Control Committee are also available to answer questions and/or to address issues or concerns regarding infection control. In addition, the Infection Control Committee meets at least quarterly or 4 times per year. The committee reviews nosocomial infections or hospital acquired infections (HAIs): infections acquired while in the hospital and that were not incubating at the time of admission. The committee also reviews policies and procedures, employee blood and body fluid (BBF) exposures, new products and any other pertinent Infection Control issues.

What is Infection Control and why is it important?

Infection Control means doing everything possible to prevent the spread of infection among patients, families, health care workers, and other visitors. Infection control is important because patients are cared for by many healthcare workers; therefore, frequent contact is made between people who have an infection that can be spread and people who can become easily infected. Even patients or healthcare workers who are colonized with resistant organisms can spread these organisms to others. Preventing infection is important in helping everyone in a healthcare environment stay healthy.

Can we prevent all nosocomial infections or HAIs?

Studies have shown that we can prevent about 1/3 of the nosocomial infections that occur in healthcare facilities. Our goal is to focus on practices that will help us to prevent this 1/3, thus reducing patient suffering, family anxiety, hospital stays, and saving millions of dollars.

What does the CDC say is the single most important means for preventing the spread of infection?  **HAND-WASHING OR “HAND HYGIENE”!!**

The newest CDC Hand Hygiene Guidelines state that an approved alcohol foam or gel, when used appropriately, is just as effective in preventing cross infection as washing with soap and water, except when the hands are visibly soiled with blood or body fluids or OPIM (Other Potentially Infectious Materials). Hands should also be washed after toileting and before eating or drinking. At other times, hands should be decontaminated with the Skyline approved alcohol foam—Alcare or Alcare-Plus by Steris. (Alcare-Plus is available facility-wide.) The times to use alcohol foam would include the following: between patient contacts; before performing any invasive procedure (i.e., starting IV’s, inserting catheters, etc.); after handling contaminated items or equipment; after removal of PPE (personal protective equipment - i.e., gloves, gowns, goggles, etc). If unable to use the alcohol foam or gel, correct hand washing technique should be performed.
Studies have also shown that the use of the alcohol foam or gel with emollients is less drying to the hands and increases compliance with hand hygiene. However, both methods are drying when used consistently, so use a water-based lotion to prevent drying and cracking of your skin. Oil-based lotions may cause pin-holes to develop in gloves and the oil-based lotions are not compatible with CHG, an antiseptic used in hospitals.

**What is the procedure for decontamination of the hands with Steris Alcohol Foam?**

1. Pull lever at bottom of Steris Dispenser to dispense enough foam to cover center of palm of one hand (golf ball size amount)

2. Spread over both hands up to ½ inch above the wrists. Be careful to cover all areas of hands, ends of fingers, and around fingernails.

3. Rub vigorously and allow to dry.

4. Studies have shown that this technique will kill viruses and bacteria, including resistant organisms such as **MRSA** and **VRE** in 10-15 seconds when allowed to dry on your hands. (It is not effective against C. difficile spores). If a patient is infected with C. difficile, you must wash your hands with soap and water, using the technique noted below.

**What is the procedure for handwashing?**

1. Wet hands with running water.

2. Apply handwashing agent and thoroughly distribute over hands.

3. Vigorously rub hands together for at least 15 seconds, generating friction on all surfaces of the hands and fingers, being careful to clean under and around fingernails.

4. Rinse hands thoroughly under running water and dry with clean paper towel.

5. If sink does not have foot controls, use a paper towel to turn off the faucet.

**Are artificial nails allowed for staff members that provide direct patient care?**

**No.** The second part of the new CDC Hand Hygiene Guidelines relates to the wearing of artificial nails. Since artificial nails have been shown to more readily support the growth of bacteria and have been implicated in fatal infections in a Neonatal ICU, **only natural nails are allowed for staff members that provide direct patient care.** (No gel, acrylic, overlays, artificial nails, etc. If they must be soaked off, they are artificial!)

**Do Skyline physicians, nurses and other staff members in the Operating Room (OR) have a choice between a traditional scrub and a waterless/brushless scrub with Avagard by 3M?**

**Yes.** The third part of the new CDC Hand Hygiene Guidelines promotes the use of the waterless/brushless scrubs for OR personnel. At Skyline, physicians, nurses, and other staff members in OR have a choice between a traditional scrub and a waterless/brushless scrub with Avagard by 3M.
What are the two tiers (levels) of Isolation Precautions?

**Standard Precautions**

These precautions are used with ALL PATIENTS, regardless of their diagnosis or presumed infection status. Standard precautions combine Universal precautions and Body Substance Isolation (BSI) to reduce the risk of transmission of all infections, not just blood borne pathogens. Standard precautions apply to all body fluids, non-intact skin, and mucous membranes. Standard precautions are accomplished by the use of barriers called Personal Protective Equipment (PPE) in the form of gowns, gloves, goggles, masks, aprons, or face shields. PPE is worn for your protection and the protection of patients and co-workers. The use of appropriate PPE is not an option; it is also an OSHA regulation and the policy of SLMC. Employees are subject to disciplinary action when hospital policy is not followed appropriately. SLMC is also subject to OSHA fines which begin at $7,000.00 per willful violation.

**Transmission-Based Precautions**

Transmission-Based Precautions are used in addition to Standard Precautions:

- **Airborne Precautions:** This type of isolation is used for such diseases as Mycobacterium Tuberculosis (TB), Measles (Rubeola), and Chickenpox—Chickenpox requires both Airborne and Contact Precautions. These patients must be in a private room with negative pressure, vented to the outside, with at least 12 air exchanges per hour. The door to the hallway must be kept closed for Airborne Precautions to be in effect. When entering an Airborne Isolation room, an N95 particulate respirator (for which you have been or will be properly fit-tested) must be worn. Always remember the size and brand that you wear. A patient must wear a surgical mask when transported outside their negative pressure room.

- **Droplet Precautions:** Droplet precautions require that a surgical mask be worn when in close contact with the patient (an area of about 3 feet around the patient). Transmission occurs when a person with the infection coughs, sneezes, or sometimes, even when talking, deposits the large droplets into the eyes or onto the mucous membranes of the nose or mouth of another person. Examples of diseases which may be spread by droplets are Influenza, Meningococcal Disease, and German Measles (Rubella). A patient must wear a surgical mask when being transported outside their room.

- **Contact Precautions:** Contact transmission can occur by direct contact with an infected patient or by indirect contact with a contaminated object that the infected patient has touched. Contact precautions are used for persons colonized or infected with resistant organisms such as Methicillin Resistant Staph Aureus (MRSA), Vancomycin Resistant Enterococcus (VRE), or other resistant organisms. Contact precautions are also used with scabies, major wounds, C. difficile, and many other infections. Always wear gloves when entering the patient’s room and wear a gown if you think your uniform or clothes will be in significant contact with the patient or any equipment in patient’s room. Use dedicated equipment, such as stethoscopes, whenever possible. Limit transport to essential purposes only.
What is a Monitored Negative Pressure Room?

Patients with TB or other airborne disease must be placed in a private room with negative pressure, vented to the outside, with at least 12 air exchanges per hour. At SLMC, we have four monitored negative pressure rooms with an alarm on the 3rd, 4th, 5th, 6th and 7th floors, one on the 2nd floor, one in the Neuro ICU on the 2nd floor, one in the Critical Care Unit (CCU) on the 1st floor, one in the Emergency Department (ED), and one in the Post Anesthesia Care Unit (PACU) or Recovery Room. The alarms may be set for monitoring the negative pressure by taking the special key signed out to your area, turning the key to unlock, pushing “Room Select”, then “Negative Pressure”. After setting, turn the key back to lock, remove the key, and put it in the designated place for your area.

Before putting a patient in a negative pressure room, check to see if the alarm is working properly. Follow the procedure noted above, and then leave the door open for 20-30 seconds. The alarm should sound and then stop alarming when the door is closed. The readout should state negative pressure. If the alarm is not working, transfer the patient to another negative pressure room that has been checked and is working properly, then Notify Plant Operations IMMEDIATELY of the non-working alarm.

Plant Operations should be notified anytime a patient is placed on Airborne Isolation in order for the room to be double checked, using the smoke test, for negative pressure. Someone from Plant Operations will check the room weekly as long as the patient remains on Airborne Precautions. Plant Operations, as a rule, uses the smoke test to check all negative pressure rooms on a monthly basis.

What is Hepatitis B?

Hepatitis B is a viral disease that targets the liver causing liver damage and disease. In the United States, about 3-5% of adult cases and 90% of Hepatitis B Virus (HBV) infected neonates become chronic carriers. Worldwide, the incidence is higher. Hepatitis B is transmitted through blood or blood products, sexual contact, or from mother to fetus. As a result of widespread HBV immunization and behavioral changes, there was a 95% decline in Hepatitis B cases from 1983 to 1995.

What is Hepatitis C?

There are about 28,000 new cases of the Hepatitis C Virus (HCV) per year in the United States, but most go undetected. Until the 1990’s, HCV was the most common cause of post-transfusion hepatitis. Screening of blood donors for this virus has greatly reduced this risk. However, 5-10% of new HCV cases are transfusion-associated.

The difficult part of diagnosing HCV is that it is usually asymptomatic. Only 25% of patients with acute Hepatitis C develop jaundice. The real hallmark of this disease is chronic hepatitis C, which occurs in about 85% of cases: 20-50% of these cases may progress to cirrhosis and 25% may progress to liver cancer. Hepatitis C is transmitted in much the same way as Hepatitis B, although it is not as easily transmitted sexually as Hepatitis B. There is currently no vaccine to prevent Hepatitis C.
HIV/AIDS

Needleless systems and Standard Precautions are a must in the health care setting to help prevent transmission of the HIV antibody and AIDS. In one study, glove use reduced transfused blood volume by 46% to 86%, so gloves not only protect against non-intact skin exposure, but also most likely protect in the event of needlestick exposures. If you are stuck with an HIV contaminated needle, early prophylaxis can greatly reduce your chances of becoming HIV positive. Prophylaxis should ideally be given within the first 2 hours after exposure, but certainly as early as possible to be the most effective. There is a chart that outlines high, moderate, and low risk exposures, and these are the Guidelines Skyline uses to determine if prophylaxis is recommended after an exposure. Be sure to report these incidents immediately to ensure proper follow-up. Skyline’s occupational health nurse will outline this procedure for you and an infectious disease consultation will be available to you.

Isolation/Biohazard/Regulated Waste

Items contaminated with blood and other body fluids should be placed in the biohazard waste receptacles. Red bags or bags with the biohazard symbol are used at Skyline to indicate regulated, hazardous, or infectious waste. Please do not put coke cans, wrappers, and non-infectious waste into the biohazard trash. OSHA is very careful to inspect for the correct separation of waste when they visit health care facilities. It is very expensive to pay for the handling of regulated waste, so BE CONSCIOUS OF WHAT YOU ARE DISCARDING AND WHERE YOU ARE DISCARDING IT!

What are four conditions that must be present for a person to get an infection?

1. An infectious agent: bacteria, virus, fungus, or parasite
2. A place for the germ to live — in a person, an animal, a plant, food, or soil
3. A susceptible host — someone at risk (unprotected) for acquiring an infection and unable to fight it off
4. A way for the infectious agent to enter the body—through tubes, needles, or body sites (open skin, mouth, nose, etc.). An expectant mother can also pass germs to her unborn baby.
What other ways can you prevent infections?

1. Always use good personal hygiene
2. Don’t share personal care items, such as lipstick, toothbrushes, glassware or towels
3. Take an active part in your own health care
4. If you have an illness that could be dangerous to others, remove yourself from their presence while you are infectious. If you have questions about a certain situation, ask your doctor or nurse
5. Be aware of infection possibilities and early signs of infection (such as redness, swelling, fever)
6. Don’t insist that your physician give you antibiotics if you don’t need them. Remember, antibiotics have no effect on illnesses caused by viruses.
7. Keep immunizations current
8. Follow safe sex practices
9. Do not use street drugs and never share needles
10. Keep kitchen surfaces clean. When preparing food, keep utensils and containers separated between the cooked and uncooked food and separate meats from fruits/vegetables
11. Disinfect bathroom and kitchen surfaces. Separate kitchen and bathroom cleaning supplies to reduce contamination.

Thank you for helping us prevent infections by:

1. Following Infection Control guidelines
2. Taking an active role in your own health care
3. Reporting incidents as required

Policy & Procedure References:

ADM.INF.005 – Exposure Control Plan for Bloodborne Pathogens
ADM.INF.010 – TB Exposure Control Plan
ADM.INF.011 - CDC Guidelines for Isolation Precautions in Hospitals
ADM.INF.013 – Work Restrictions Based on Communicable Disease Exposures
SKYLINE EMERGENCY RESPONSE CODES

Employees of Skyline are expected to respond to a variety of situations that may occur in the medical center. For everyone’s safety, it is important for employees to understand code situations. Furthermore, it is every employee’s responsibility to check with their supervisor regarding their specific, individual responsibilities during a code situation.

Remember, for all emergencies, call 4911(Main) 5911(Madison) and ask the operator to page the appropriate code listed below.

CODE BLUE
Cardiac/Respiratory Arrest

1. Announce “Code Blue” and activate the Direct Code Blue Alarm Button when a person is identified as breathless and/or pulseless.

2. If a Code Blue Alarm Button is not in close proximity, call x4911(Main) x5911 (Madison) and notify the PBX Operator that there is a “Code Blue” and give the location of the patient. If the patient is a pediatric patient, notify the PBX Operator by stating “Code Blue Pediatrics.” PBX will announce “Code Blue” and location, or “Code Blue Pediatrics” and location, three times.

3. Begin CPR immediately with one or more persons.

4. Code Team Staff will respond with an emergency code cart and perform their appropriate tasks as identified.

CODE PINK
Infant/Pediatric Abduction

1. Call x4911(Main) x5911(Madison) and notify the PBX Operator with a description of the infant/child and location. The PBX Operator will notify Security and the House Supervisor. After evaluation of the situation, Security and/or the House Supervisor will make the decision to call a “Code Pink.”

2. Once the “Code Pink” is called, the Facility will go into “Operation Lockdown.” (You may reference the “Operation Lockdown” policy on the Skyline Intranet or on page 12 of this packet.)

3. All persons leaving Skyline with an infant/child must be escorted by a properly identified member of Skyline Staff. Proper identification is defined as a Skyline name badge with corresponding ID picture.
1. **A-R-A-C-E**
   - **A** - Announce (Tell your co-workers there is a fire in the area.)
   - **R** - Rescue anyone in immediate danger
   - **A** - Alarm-Sound by pulling fire pull station.
   - **C** - Confine the fire. Close windows and doors.
   - **E** - Extinguish fire with extinguisher if possible. When extinguishing, remember PASS.

   The proper use of a Fire Extinguisher is P-A-S-S:
   - **P** - Pull the pin.
   - **A** - Aim at the base of the fire.
   - **S** - Squeeze the trigger.
   - **S** - Sweep back and forth across the base of the fire.

2. Call x4911(Main) x5911(Madison) and notify the PBX Operator of the exact location and other specific information after activating pull station. PBX will notify the fire department (if not automatically notified) and inform the Medical Office Building (MOB) management by alpha pager and/or phone.

3. Never use any elevators or enter a smoke-filled area.

4. Report to your department and close all doors and windows when you hear a “Code Red.”

5. All departments must send one representative to the “Code Red” location. If in a patient care area, responders should report to the lobby near the visitor’s elevator to be given direction from the Charge Nurse.

6. Listen for further instructions, in case an evacuation is required. Staff should stay on duty during a “Code Red” unless given permission to leave by their manager and/or supervisor.

7. The Administrator-on-Call or firemen on scene are the only authorized personnel who may give orders to evacuate patients or individuals unless individuals are in immediate danger. Refer to “Evacuation Response” for specific procedures.
1. Skyline will enact the Tornado Plan when threatening weather conditions are apparent.

2. The PBX operator will make the appropriate announcement during the time of the severe weather conditions.
   
   **Code Gray Watch** – Conditions are favorable for severe weather.
   
   **Code Gray Warning** – Tornado activity has or will occur in the area.

3. Staff members should move patients into corridors/hallways, covering patients with a blanket for protection; close fire doors, windows, and blinds; request portable oxygen if necessary; assist visitors to inner corridors; ensure critical care equipment is plugged into **RED** electrical outlets; assure all patients are accounted for; and try to keep people calm. Nursing staff should remain with patients.

4. Staff not assisting should return to their department for further instructions while preparing for loss of electricity and a possible internal/external disaster. Staff may be assigned to work in departments other than their own to provide functions necessary to continue normal operations related to patient care.

5. Staff members working at the time of the disaster situation are required to stay on duty until further notification by the Administrator-On-Call (or designee).
1. **DO NOT USE CELLULAR PHONES, 2-WAY RADIOS, OR PAGERS DURING A CODE BLACK. IMMEDIATELY TURN ALL THESE DEVICES OFF AND ACTIVATE THE CALL TREE.**

2. Upon being informed of the receipt of a bomb threat, the Administrator-on-Call will authorize implementation of the response and assume overall control of the response. As soon as possible, HICS (Hospital Incident Command System) will be implemented and the Incident Commander will assume overall control of the response.

3. Take all bomb threats seriously and follow the steps below:
   Notify the PBX Operator at x4911(Main) x5911(Madison) if there is any indication of a bomb threat (i.e., a letter or other written type of communication, phone line notification, etc.)
   a. **LETTER NOTIFICATION:**
      - Handle the document as little as possible to preserve the document for fingerprint processing, handwriting and other data.
      - PBX will announce “Code Black” unless the location of the bomb is given or the location is outside, but the radio silence message will always be given.
   b. **PHONE LINE NOTIFICATION: DO NOT HANG UP OR DISCONNECT THE PHONE LINE**
      - Prolong the conversation.
      - Attempt to signal another Skyline employee to begin bomb threat response.
      - Call x4911(Main) x5911(Madison)
      - Attempt to obtain additional information as to who is calling, where they can be reached, where the bomb is located, what type of bomb, how destructive, what time it will explode.
      - Advise the caller that the building is occupied and the detonation of a bomb could result in death or serious injury to many innocent people.
      - Be alert for background noises and listen closely to the caller’s voice for voice quality, accent, speech impediment, and gender.
      - Note if the caller indicates knowledge of the medical center by the bomb location’s and/or description.
      - PBX will notify Administration, Security, and local police and fire departments.

4. All Directors/Managers or assigned personnel will discreetly search all hallways, closets, restrooms, storage areas, false ceiling areas, and every unique area within their department.
   - Do not approach, attempt to handle, or remove a suspected bomb.
   - Do not approach the suspected location of an alleged bomb. Block off the area.
   - Call x4911(Main) x5911(Madison) if you find a suspicious package after a department or area is searched and cleared.
   - Secure all exits and entrances to that department or area.

5. In the event of evacuation, the Incident Commander will direct the evacuation of patients and staff if needed and make sure all elevators, exits and entrances are secured.
**CODE YELLOW - Main Campus**

Combative Patient

1. Call x4911(Main) x5911(Madison) and notify the PBX Operator with the details and location when any combative events are observed. Some circumstances that fall under combative events are:
   - A person seen with a weapon
   - Someone is threatened with physical harm by another
   - Individuals are fighting or committing assault
   - Theft, hold-up, or stealing in progress
   - Stalking or domestic violence
   - Identification of a criminal or fugitive
   - Unauthorized entry of a person to a restricted area

2. PBX will announce “Code Yellow” and the location. If a crime is in progress, PBX will notify Metro Police and then inform the Security Manager, who will determine if the Administrator-on-Call (AOC) needs to be notified. If directed by the AOC, they will inform the Department Director and the MOB management staff by alpha pager and/or phone.

3. Everyone should stay clear of the area except for Security personnel, who will immediately report to the scene of the event and try to resolve the situation.

**CODE PURPLE**

Missing Patient

1. After normal search measures have been exhausted, call x4911(Main) x5911(Madison) and notify the PBX Operator with a thorough description of the missing patient (i.e., hair color, clothes, gender, etc.).

2. The PBX operator will announce a “Code Purple” and notify Security by two-way radio. At the direction of the Administrator-on-Call (AOC), the management staff of the Medical Office Building will be notified.

3. All available staff should search their area and public areas adjacent to their area for anyone fitting the description of the missing patient. All available Skyline staff should help in the search.

4. Call x4911(Main) x5911(Madison) and notify the PBX Operator if the patient is found and assist patient back to their nursing unit or patient care area.
The cause of a disaster can be any accident, event or act of nature causing mass casualty, and can be internal or external to Skyline. Causes of mass casualty may include, but are not limited to, a plane crash, bus crash, tornado, hurricane, earthquake, flood, fire, bomb explosion, terrorist act or nuclear accident.

**External Codes:**
1. Metro Davidson Nashville Office of Emergency Management has a comprehensive response for city wide disasters. When a disaster situation exists, they will contact the Security office, ER Director and House Supervisor. The Administrator-on-Call (AOC) will act as the Incident Commander, as designated by the Hospital Incident Command System (HICS). If the AOC is not on site, the House Supervisor will act as the Incident Commander until the AOC arrives. The House Supervisor will then update the AOC on the situation.

2. After the AOC or House Supervisor is notified of an impending disaster, they will make a decision to call “Code External Green.”

3. The Incident Commander will notify the PBX Operator at x4911 to announce “Code Green External” and notify all directors and managers via pagers.

**Internal Codes:**
1. When a disaster situation exists, contact the Administrator-on-Call (AOC) or House Supervisor. The AOC will act as the Incident Commander, as designated by the HEICS System. If the AOC is not on site, the House Supervisor will act as the Incident Commander until the AOC arrives. The House Supervisor will then update the AOC on the situation.

2. After the AOC or House Supervisor is notified of an impending disaster, they will make a decision to call “Code Green Internal.”


4. If necessary, each department shall activate their call tree for additional help.

5. Refer all calls to the Public Information Officer (PIO) and escort press representatives to the press room (to be determined by the Public Information Officer). Do not give out any information regarding the disaster or casualties without prior approval from the PIO.

6. The following are designated Disaster Areas:
   - Immediate (life threatening) - Main ED
   - Delayed (serious, non-life threatening) - PACU
   - Minor (walking wounded) - CDU
   - Family Information Center - ED Waiting Room
   - Personnel Pool – Human Resources
   - Control Center – Skyline Medical Center Administration
   - Morgue (pulseless, non-breathing) - Body Holding or Linen Room
**CODE WHITE**

Rapid Response Team

1. Staff, family members, or patients may call x4911(Main) x5911(Madison) and notify the PBX Operator of a “Code White” and the patient’s room number, if the patient meets criteria (acute changes in breathing, heart rate, blood pressure, or level of alertness; or if the staff is worried or concerned about the patient).

2. The Rapid Response Team (Nursing Supervisor, Respiratory Care Supervisor and a Critical Care Nurse) will respond to the patient’s room and perform the appropriate assessments, diagnostic tests and interventions; and assist with transfer, if needed.

3. Documentation of the event will be completed by the staff member(s) who initiated the “Code White”.

**CODE DECON**

Decontamination Event

1. Call x4911(Main) x5911(Madison) and notify the PBX Operator of a “Code Decon.”

2. All personnel who are designated part of the Decontamination Team will report to the Emergency Department.

3. The appropriate procedures will be followed for decontamination when a hazardous material accident has occurred.

**CODE 100 - Madison Campus**

Combative Patient

1. Call x5911 and notify the PBX Operator with the location of code and any brief details of situation. Code 100 is to be called when an individual is out of control as evidenced by presenting a physical threat to self, others, or property. When an individual’s behavior cannot be managed by trained personnel on hand, a Code 100 must be called.

2. The PBX Operator will announce “Code 100” and the location of the event.

3. All available trained staff should quickly respond to safely assist in resolving the crisis. Upon arrival at the location, responders will be given assigned roles by the Code Leader.

4. At the conclusion of the crisis, all responders will participate in code debriefing to be facilitated by the Code Leader.
1. When a hostage situation is discovered, call x4911(Main) x5911(Madison) and notify the PBX Operator with the location and number of persons involved. The PBX Operator will notify Metro Police and Security.

2. Stay in your immediate area. (All departments, facility wide.) Metro Police with Negotiating Team Members will respond.

3. Follow directions as give by the Administrator-on-Call and/or Nursing Supervisor.

**OPERATION SCRAMBLE**  
ADM.EMD.017  
Civil Disturbance

1. Call x4911(Main) x5911(Madison) and notify PBX Operator with details and location when a potential or active civil disturbance is discovered. (PBX will notify Security)

2. Security will assess the situation and consult with the Administrator-On-Call. The Security Manager will activate as much of the Security Plan as conditions indicate.

3. Security will notify PBX Operator to announce “Operation Scramble” and the location if the crowd indicates activities of “non-peaceful” display. PBX will notify Metro Police and then inform all departments and MOB management staff by alpha pager and/or phone.

4. All Department Managers should be on standby to assist and prepare departments for potential patients.

**SYSTEM FAILURES**  
Basic Staff Response

**OPERATION POWERLINE** - Electrical Power Failure

- **Contact:** Plant Operations and Respiratory Therapy
- **Responsibility:** Use flashlights, hand ventilate patients, manually regulate IV’s, do not start any new cases in surgical/procedural areas
- **Policy:** ADM.EMD.009

**OPERATION PHONELINE** - Telephone Failure

- **Contact:** Communications
- **Responsibility:** Use overhead paging, pay phones, use runners as needed
- **Policy:** ADM.EMD.008

**OPERATION PIPELINE** - Water Failure

- **Contact:** Plant Operations
- **Responsibility:** Institute Fire Watch, conserve water, use bottled water for drinking, be sure to turn off water in sinks, use RED bags in toilet
- **Policy:** ADM.EMD.010

Confusion and chaos are commonly experienced by the hospital at the onset of any medical disaster. However, these effects can be minimized if management responds quickly with structure and focused direction of activities. The Hospital Incident Command System (HICS) is an emergency management system that utilizes a logical management structure, defined responsibilities, clear channels of communication and authority, and a common language to help unify the hospital with other emergency agencies. HICS was developed in California in 1993, and has become a standard by which the medical community has found success and a common ground in the area of disaster management. HICS has already proved valuable in helping hospitals serve the community during crisis and to resume normal operations quickly after the crisis has passed. HICS is becoming the standard for health care disaster response and offers the following features:

- Predictable chain of command
- Flexible organizational chart
- Prioritized checklists for response
- Accountability for position function
- Improved documentation for accountability and cost recovery
- Common language to promote communications with other emergency agencies
- Cost effective emergency planning

The HICS system can be utilized to manage both small and large emergency and disaster situations within the hospital and for situations that occur externally requiring the involvement of the hospital.

**Incident Command**

At the core of the HICS structure is Incident Command. The definition of incident command is basically an organized approach to dealing with an unorganized situation. Incident Command is a systematic approach to approaching and managing any large or small-scale situation, disaster, or incident. In the incident command structure, personnel are trained to handle specific duties within an organizational chart.

**HICS Implementation and Structure**

The HICS system should be implemented any time the hospital's normal resources are exhausted or taxed. For example: More beds needed than are staffed or available, or the control of the situation exceeds that ability of the available staff (off shifts, weekends, and holidays).

**Identification of HICS Positions**

HICS vests are available to make identification of staff easier during a disaster situation. The HICS vests are color coordinated to correspond with the HICS chart such as black and white for Incident Command, green for Finance sector, etc. The vests are trimmed in the appropriate color and have the positions listed on them. Other methods of identification such as armbands and hats have also been utilized.
Establishing Incident Command and the Emergency Operation Center

What is the process for setting up the HICS system? First, whomever is in charge of hospital operations (Administrator-on-Call or House Supervisor) at the time the disaster or emergency occurs will be responsible for making the initial decision to activate the HICS system. That person will assume, at least on a temporary basis, the position of Incident Commander. The second step is activation of the HICS system and notification of other staff to respond to the hospital.

An Emergency Operation Center (EOC) should be established in a pre-determined location and should be equipped with communication equipment and an adequate work area with flip charts and marker boards for documentation. The location should be isolated, but accessible by the right people, and there should be a back-up location in case the disaster or emergency eliminates the first location.
EMTALA stands for Emergency Medical Treatment and Active Labor Act and is a federal law that sets healthcare as a basic right. A facility may not withhold a medical screening exam and necessary stabilization from any patient, for any reason.

The EMTALA obligations are triggered when there has been a request for medical care by an individual within a dedicated emergency department (DED) or when an individual requests emergency medical care on hospital property, other than in a DED. If an emergency medical condition is determined to exist, the hospital must provide any necessary stabilizing treatment (within the capabilities of the staff and facilities available at the hospital) or an appropriate transfer. If the patient is going to be transferred to another facility, they must be stabilized prior to transport.

Every patient is entitled to a medical screening exam and stabilization regardless of his or her ability to pay. No one is turned away or “advised” to go somewhere else. The medical screening exam may be as simple as doing a brief history and physical or it may require a more extensive work-up to reach a definitive diagnosis. The exam may require the use of ancillary services such as lab, x-ray etc. No bills, charges, co-pays, or financial arrangements can be addressed prior to the medical screening. Payment issues are discussed following screening/treatment at the time of discharge.

EMTALA obligations do not apply to individuals who have begun to receive outpatient services as part of an encounter, other than an encounter that the hospital is obligated by EMTALA to provide. EMTALA is also not applicable to inpatients. Existing Medicare Hospital Conditions of Participation and relevant state laws protect individuals who are already patients of a hospital and who experience emergency medical conditions.
A message from our CEO...
(an excerpt from the February 2006 issue of Skylines)

Inappropriate use of Emergency Departments has become a crisis for our health care system and hospitals throughout the city. The growing use of hospital emergency rooms for non-emergencies increases health care costs for everyone, and is also a primary cause for overcrowding and delays in providing care in our Emergency Department. In response to this issue, Skyline has redesigned our triage and medical screening process to ensure prompt treatment of truly urgent/emergent patients and more appropriate use of the Emergency Department.

As in the past, a triage nurse will assess the nature and extent of all patient injuries or illnesses as they present in the Emergency Department. Following triage, all patients will be medically screened by an Emergency Medicine Physician or other qualified medical personnel, Nurse Practitioner or Physician Assistant as required by EMTALA. Because of the “Qualified Medical Personnel” requirement, this process is commonly referred to as QMP.

Under Skyline’s new protocols, patients with conditions determined to be non-urgent/non-emergent will be referred to a counselor. The counselor will inform the patient of expenses related to continuing primary care services in the Emergency Department and will educate patients about alternative community resources for medical care and treatment of their condition. The goals of these new screening protocols is to appropriately focus Emergency Department resources on urgent and emergent medical conditions and to ensure we continue providing prompt, high quality services to all our Emergency Department patients.
HAZARDOUS MATERIALS

A hazardous material is any substance that can be hazardous to your health or hazardous to the environment. Examples of hazardous materials:

- Infectious substances (blood/ body fluids)
- Flammable materials (acetone, xylene)
- Carcinogenic—can cause cancer (formaldehyde)
- Cytogenic (cancer therapy drugs)
- Radioactive (nuclear medicine isotopes)
- Caustic—burn (acids)

Where do you learn about the dangers of a chemical and how to protect yourself when handling the substance?

The Material Safety Data Sheet (MSDS) lists all of the information that you will need. The data sheets will include information on flammability, reactivity, clean-up, precautions to take when handling, etc.

How do you obtain the MSDS for a hazardous substance?

By calling the MSDS HOTLINE at 866-990-2522. The hotline number is posted on all phones throughout the facility. The technicians answering your call will fax you a copy of the MSDS that you request. If you have an EMERGENCY and need “spill response” or “exposure response” information, the technicians will tell you what steps to take. You may also access this information via the Skyline Intranet by clicking on HazSoft and entering the product name.

How will you know if you are exposed?

You may experience various symptoms as a result of chemical exposure. These symptoms could include: coughing, difficulty breathing, lightheadedness, dizziness, skin irritation, a rash, burning or tearing eyes. Or, you may experience no symptoms at all so; appropriate precautions should always be taken.

How do you protect yourself from hazardous materials?

- Adequate ventilation
- Personal Protective Equipment (PPE) such as gowns, gloves, masks, etc.
- Fume Hood
- Personal monitoring badges (for some chemicals)

For more information about department specific hazardous materials, please contact your Department Supervisor.

Policy and Procedure References:

EOC.HAZ.001
EOC.HAZ.002
WEAPONS OF MASS DESTRUCTION
or B-NICE Weapons (Biological, Nuclear, Incendiary, Chemical, Explosive)

Historical Perspective

As far back as the Middle Ages, long before germ theory was well known, plague-infected bodies were catapulted over fortress walls in order to terrorize and conquer. In 1767, during the French and Indian Wars, the British gave blankets previously used to wrap smallpox victims to hostile Indian tribes. In 1945, Germany used raw sewage to poison a reservoir in Bohemia. In 1979, the accidental release of anthrax spores from a Soviet military facility caused an outbreak of pulmonary anthrax in Severdlovsk, USSR. It wasn’t until 1969 that President Nixon dismantled the United States offensive biological weapons program.

The most significant biological attack in the U.S. occurred in 1984 in Dalles, Oregon, when Salmonella was sprayed on eight salad bars by members of the Rajneeshes in an attempt to manipulate local elections by incapacitating voters. Over 750 residents were affected.

More recent acts of terrorism include but are not limited to:

- February 1993 - The World Trade Center was damaged by a vehicle bomb, killing 6 people.
- In 1995 - Sarin was used in a subway terrorist attack in Japan. 12 were killed and thousands were injured.
- April 1995 - The Alfred P. Murrah building in Oklahoma City was bombed. 168 people were killed and hundreds injured.
- April 1996 - Theodore Kaczynski was arrested as the suspected Unabomber.
- May 1996 - An explosion blew out the windows in a building housing an FBI field office in Laredo, TX.
- In 1996 and 1997 - Numerous bombing incidents occurred in the Atlanta area including at least two with confirmed secondary devices.
- On September 11, 2001, terrorists chose to hijack planes and use them as explosive devises. Also, in 2001, terrorists chose to spread anthrax bacteria.
- In the years to come, “Dirty Bombs” or smallpox could be a terrorist’s weapon of choice. There is no way to know what terrorists are planning. However, we can continue to educate ourselves to the potential hazards we may face as citizens and healthcare workers.
B - Biological Diseases/Agents

Biological agents are live organisms (or their poisons) used by terrorists to cause illness or death in humans. Several bio-organisms are suitable for weapons adaptation by terrorists. The bio-agents are divided into 3 categories/priorities.

**Category A Diseases/Agents** - High-priority agents include organisms that pose a risk to national security because they can be easily disseminated or transmitted from person to person, result in high mortality rates, and have the potential for major public health impact. They can cause public panic and social disruption, and require special action for public health preparedness.

- Anthrax (Bacillus anthracis)
- Botulism (Clostridium botulinum toxin)
- Plague (Yersinia pestis)
- Smallpox (Variola major)
- Tularemia (Francisella tularensis)
- Viral hemorrhagic fevers (Filoviruses and Arenaviruses)

**Category B Diseases/Agents** - Second highest priority agents include those that are moderately easy to disseminate, result in moderate morbidity rates and low mortality rates, and require specific enhancements of CDC’s diagnostic capacity and enhanced disease surveillance.

- Brucellosis (Brucella species)
- Glanders (Burkholderia mallei)
- Q fever (Coxiella burnetii)
- Ricin toxin from Ricinus communis (castor beans)
- Staphylococcal enterotoxin B
- Viral encephalitis (Venezuelan equine encephalitis)

**Category C Diseases/Agents** - Third highest priority agents include emerging pathogens that could be engineered for mass dissemination in the future because of availability, ease of production and dissemination, potential for high morbidity and mortality rates, and major health impact.

- Nipah
- Hantavirus
N - Nuclear and Radiological Weapons

There are two different types of radiological weapons that could be used by terrorists – nuclear explosives (bombs) or radiological dispersal devices (RDDs).

- **Nuclear bombs** use the splitting of atoms to create an explosion. When a nuclear bomb is detonated, there is a large blast of initial and thermal radiation, followed within seconds by a shockwave and radioactive fallout, which can continue for some time.

- **Radiological dispersal devices (RDD)** use a conventional explosive device to disperse radioactive material. These are commonly called “dirty bombs”. A dirty bomb or RDD is a bomb that combines conventional explosives, such as dynamite, with radioactive materials in the form of powder or pellets. The idea behind a dirty bomb is to blast radioactive material into the area around the explosion. This could possibly cause buildings and people to be exposed to radioactive material. The main purpose of a dirty bomb is to frighten people and make buildings or land unusable for a long period of time.

Because of the dangerous and difficult aspects of obtaining high-level radioactive materials from a nuclear facility, there is a greater chance that the radioactive materials used in a dirty bomb would come from low-level radioactive sources. Low-level radioactive sources are found in hospitals, on construction sites, and at food irradiation plants.

Radiation damages cells. Any organism will die if exposed to too much radiation. Exposed individuals suffer a full range of injuries from invisible blood change effects, to superficial burns and serious radiation sickness. The severity of effects depends on the amount of radiation exposure. Generally, a large acute exposure results in effects you can see, such as radiation sickness or death, shortly after exposure. Exposure can also result in effects (i.e., cancer) that show up after a number of years and genetic effects that may affect offspring.

I - Incendiary Devices

Incendiary devices are firebombs. These devices range from the simple Molotov cocktail (bottle, gasoline, rag, match), to much larger and sophisticated bombs. They may include napalm or any large container filled with flammable fluids and ignited by some sort of fuse. Incendiary devices are capable of causing loss of life and property damage from fire. These devices are also used to generate panic. Terrorists have used incendiary devices for many years. The Irish Republican Army’s (IRA) use of incendiary devices throughout Europe is one example. Healthcare workers would expect to see injuries consistent with those seen in fire and explosive injuries.
C - Chemical Agents

Chemical agents are poisonous chemical compounds that injure or kill individuals through contact, inhalation or ingestion. Chemical agents can be classified in 5 broad categories.

**Blister Agents** - Blister agents, also called vesicants, get their name due to the wounds caused by the agents, which resemble blisters or burns.

- Mustard (sulfur mustard: H, HD)
- Lewisite (L)
- Phosgene oxime (CX)

**Blood Agents** - Blood agents are toxic industrial chemicals. Pure weaponized forms of these agents are gases, but many compounds are found as solids, powders or in liquid form.

- Cyanide

**Choking/lung/pulmonary** - Choking (pulmonary) agents are toxic industrial chemicals which attack lung tissue, primarily causing pulmonary edema.

- Ammonia
- Chlorine (CL)
- Phosgene (CG)

**Nerve Agents** - Nerve agents are considered the most dangerous of the chemical warfare agents. The most common nerve agents were originally developed as pesticides by Germany in the 1930’s.

- Sarin (GB)
- Soman (GD)
- Tabun (GA)
- VX

**Riot Control/Tear** - Riot control/tear gas are commonly used in riot control and for personal protection.

- CN (Mace)
- CS
Explosives are simple to use. A terrorist does not need to make an elaborate device to cause havoc and mass destruction. The use of a pipe bomb attached to a propane storage container can be just as catastrophic as an elaborate device. Materials are readily available. Most communities store enough propane and common hazardous materials needed to produce a significant explosion. Access to materials can require little effort from the bomber.

Terrorists use an assortment of dangerous materials to fabricate bombs that can vary in size – from a pipe bomb weighing several pounds to a truck bomb weighing several thousands pounds. Explosives used by terrorists are often classified by the following categories:

- **Unconventional use** - A conventional object used in an unconventional way to create mass destruction. In the September 11, 2001, attack on the World Trade Center and Pentagon, hijackers flew passenger planes into their intended targets, relying on the impact of the planes and their full, fuel tanks to create havoc.

- **Vehicle bomb** - Usually large powerful devices that consist of a large quantity of explosives fitted with a timed or remotely triggered detonator packed onto a car or truck.

- **Pipe bomb** - A quantity of explosives sealed into a length of metal or plastic pipe. A timing fuse usually controls detonation, but other methods can be used including electronic timers, remote triggers, and motion sensors. Pipe bombs are the most common explosive device.

- **Satchel charge** - An old military term for an explosive device in a canvas-carrying bag. In recent history, “daypacks” or “knapsacks” have been used for the carrying device, while the explosives have contained materials such as nails and glass to inflict more casualties.

- **Package or letter bomb** - The explosive material is contained in a package or letter that is usually triggered when opened.

Healthcare workers would expect to see injuries consistent with explosive injuries. There could be a delayed explosion from a “secondary device.” Terrorists use a variety of distraction techniques such as small explosions to attract attention and crowds. Once an audience of bystanders and emergency responders has assembled; a larger, more powerful explosion may be detonated. Stay clear of the immediate area. Biological and/or chemical agents can be used as part of the explosive device.
Skyline Medical Center  
Orientation Self-Study Packet  
Test Questions

1. Skyline Medical Center (SLMC) believes their value statements to be essential and timeless.
   ______ True    ______ False

2. Please match the following:
   ______ Code Black  A. Hostage Plan
   ______ Code Purple  B. Disaster
   ______ Operation Lockdown  C. Tornado Warning/Watch
   ______ Operation Scramble  D. Fire/Smoke
   ______ Code Yellow (Main) / Code 100 (Madison)  E. Missing Patient
   ______ Code Gray  F. Infant/Child Abduction
   ______ Code Red  G. Combative Patient
   ______ Code Green  H. Cardiac/Respiratory Arrest
   ______ Code Pink  I. Bomb Threat
   ______ Code Blue  J. Civil Disturbance
   ______ Code White  K. Rapid Response Team

3. Only staff members can call a Code White.
   ______ True    ______ False

4. For all emergencies at Skyline Medical Center, which of the following numbers should you dial and then ask the operator to page the appropriate code?
   a. 911
   b. 0
   c. 5911
   d. 4911

5. To call a Code at Skyline Madison Campus, which of the following numbers should you dial?
   a. 0
   b. 4911
   c. 5911
   d. 911
TEST QUESTIONS

6. Please fill in the blanks:

A _ _ _ _ _ there is a fire
R _ _ _ _ the patient
A _ _ _ _
C _ _ _ _ _ the fire
E _ _ _ _ _ _ _ _ _ the fire
P _ _ _ _ the pin
A _ _ at the base of the fire
S _ _ _ _ _ _ _ _ _ the handle of the fire extinguisher
S _ _ _ _ the base of the flame

7. Infection Control means doing everything possible to prevent the spread of infection among patients, families, health care workers, and other visitors.

_____ True  _____ False

8. What is the single most important means of preventing the spread of infection?

a. practicing good hand hygiene or handwashing
b. covering your mouth and nose when sneezing
c. wearing a mask if you have a cold
d. using Standard Precautions

9. The new CDC Hand Hygiene Guidelines encourage the use of an approved alcohol hand disinfectant except when hands are visibly soiled with blood or body fluids or Other Potentially Infectious Materials (OPIM) or before eating or drinking, and after toileting.

_____ True  _____ False

10. CDC Guidelines state that artificial nails more readily support the growth of bacteria; therefore, the SLMC policy is that only natural nails are allowed for staff members who provide direct patient care.

_____ True  _____ False

11. The two levels of Isolation Precautions are Standard and Transmission Based and Standard Precautions are to be used with all patients. Standard precautions are accomplished by the use of barriers known as Personal Protective Equipment (PPE) which consist of the following:

a. gloves
b. gowns/aprons
c. goggles/masks/face shields
d. all of the above

12. Only the following item(s) should be placed in biohazard waste receptacles:

a. dirty linen
b. waste paper and coke cans
c. items contaminated with blood and other body fluids
d. noninfectious waste
e. a and c
TEST QUESTIONS

13. Patients with Mycobacterium Tuberculosis (TB), Measles (Rubeola) and Chickenpox require:
   a. airborne precautions
   b. contact precautions
   c. a private room with negative pressure (with door to hallway closed)
   d. a surgical mask when transported outside their room
   e. all of the above

14. For minor injuries, needle sticks, and blood and body fluid exposures, you should report to Employee Health during regular working hours and to the Emergency Department after hours and on weekends.
   _____ True _____ False

15. To avoid being injured by a sharp, you should:
   a. never recap a needle (if and when necessary, use the one-handed scoop method)
   b. replace sharps containers when ¾ full
   c. take time to properly dispose of sharps by immediately placing them in a sharps container
   d. never reach inside a waste container or push a trash bag down with your hands/feet
   e. all of the above

16. The leading types of employee injury in the workplace are strains and sprains of the lower back.
   _____ True _____ False

17. Some of the basic steps you can follow to reduce the potential for injury in the workplace are:
   a. when moving or lifting objects keep the item close to your body at waist height and bend your knees and hips
   b. inspect works areas for hazards that might cause injury and report or remove, if possible, the hazard
   c. whenever possible, push rather than pull large or heavy objects.
   d. all of the above

18. Some of the hazardous materials that you may come in contact with while performing your job are:
   a. blood and body fluids
   b. cytotoxic (cancer therapy drugs)
   c. acid in a urine collection container
   d. housekeeping cleaning supplies
   e. all of the above
TEST QUESTIONS

19. The Material Safety Data Sheet (MSDS) for a hazardous substance contains the following information:
   a. what health hazard may exist
   b. if the substance is flammable
   c. how to protect yourself when handling the material
   d. none of the above
   e. all of the above

20. To obtain the information contained in a MSDS for any substance that you may be asked to work with or be potentially exposed to, you can:
   a. ask your supervisor to get it for you
   b. look for an MSDS manual in your department
   c. call the MSDS Hotline Number which is posted on telephones throughout the facility
   d. all of the above

21. To protect yourself when handling a hazardous material, you should:
   a. avoid breathing the vapor
   b. handle the material with caution to prevent splashing
   c. wear appropriate personal protective equipment such as gloves, gown, mask, etc.
   d. all of the above

22. Cultural diversity is the totality of a person’s beliefs, ideas, values, customs, and patterns of behavior and can be manifested through communication, art, music, work, dress, food/nutrition habits, religious practices, healthcare practices and beliefs, and intrapersonal relationships.

   _____ True   _____ False

23. Cultural sensitivity can be accomplished by:
   a. recognizing and acknowledging differences
   b. seeking to understand differences
   c. striving to accommodate differences, as appropriate
   d. communicating and acting in a manner that is respectful of differences
   e. all of the above

24. Every employee who provides direct patient care must be able to demonstrate that they have the knowledge and skill to safely and appropriately relate to and care for patients of varying ages and stages of development.

   _____ True   _____ False

25. Volunteers:
   a. supplement the work of the staff
   b. replace employees
   c. greet patients and visitors
   d. provide direction and assistance
   e. a, c, and d
TEST QUESTIONS

26. When you are leaving the facility at 1:00 AM and feel uncomfortable walking to your car which is parked at the edge of the parking lot, it is appropriate for you to call security to escort you to your car.

_____ True  _____ False

27. Security officers:
   a. patrol the building and grounds
   b. secure patient valuables
   c. perform ID checks
   d. enforce parking regulations
   e. all of the above

28. One of the most important roles that Security plays at Skyline Medical Center is maintaining a work environment where employees feel safe.

_____ True  _____ False

29. The employee identification badge, issued by Human Resources, serves all of the following functions **except**:
   a. allows employees to enter SLMC after hours
   b. allows all employees entry into every unit, closed or not
   c. acts as your time card
   d. is your photo I.D.

30. Employees and students at SLMC are required to park in the employee lot which is located behind the hospital.

_____ True  _____ False

31. The scope of patient safety encompasses all processes impacting both inpatient and outpatient services.

_____ True  _____ False

32. Performance Improvement (PI) at Skyline Medical Center:
   a. is monitored by a systematic approach: FOCUS-PDCA
   b. involves employee participation in PI activities
   c. is a continuous study and adaptation of functions and processes to exceed, not meet, the customer’s/patient’s needs
   d. all of the above

33. Risk Management efforts at Skyline Medical Center include all of the following **except**:
   a. compliance with all federal, state, and local laws and regulations
   b. acting as an attorney for the hospital in a litigation case
   c. adhering to JCAHO and OSHA standards
   d. providing a safe environment and preventing injury to patients, visitors, and employees
34. Employees can assist in Risk Management by:
   a. preventing loss of prosthetic devices, especially dentures
   b. removing malfunctioning equipment
   c. communicating a significant medical issue or potential concern to their supervisor
   d. completing a Variance/Occurrence/Medication Misadventure Report form
   e. all of the above

35. The acronym for HIPAA stands for:
   a. Health Information Protection and Accountability Act
   b. Health Insurance Portability and Accountability Act
   c. Health Information Publication and Accumulation Act
   d. None of the Above

36. HIPAA requires healthcare entities to appoint a FPO which is a:
   a. Facility Police Officer
   b. Facility Privacy Officer
   c. Facility Privacy Official
   d. Facility Police and Privacy Officer

37. HIPAA regulations:
   a. state that everyone is responsible for protecting patients' individually identifiable health
      information
   b. encourage reasonable safeguards be put in place to protect the patient's information from
      inappropriate uses or disclosures
   c. mandate that health information may not be sold by a facility
   d. mandate that the Notice of Privacy Practices must be made available to all patients
   e. all of the above

38. Patients have the right to access any health information that has been used to make
    decisions about their healthcare at our facility as well as any related billing information.
    _____ True     _____ False

39. Patients have a right to amend and delete health information from their medical record.
    _____ True     _____ False

40. Any member of the healthcare team with a legitimate need to know to perform their job
    responsibilities may access a patient's health information; however, the amount of information
    accessed should be limited to the minimum amount necessary to perform their job
    responsibilities.
    _____ True     _____ False
TEST QUESTIONS

41. It would be appropriate to release patient information to:
   
   a. the patient’s brother who is a physician (non-attending)
   b. the transferring hospital’s personnel checking on the patient
   c. the respiratory therapy personnel doing an ordered procedure
   d. a retired physician who is a friend of the family

42. If an employee has medical testing done at an HCA facility, the appropriate way for him/her to access the test result(s) is to:
   
   a. complete the appropriate form in Health Information Management (HIM) to obtain a copy of the record(s)
   b. check the computer system for his or her own results
   c. ask a fellow employee to access the results in information systems
   d. call a friend in the department where the test was done and ask for the result(s)

43. A visitor who asks for a patient by name may receive all of the following information except:
   
   a. Patient name
   b. Patient condition in general terms (i.e., stable, critical, etc.)
   c. Patient diagnosis
   d. Patient room/location

44. Patient information may be disposed of in any garbage can in the facility.
   
   _____ True  _____ False

45. By signing the HCA Confidentiality and Security Agreement, an employee/student agrees to:
   
   a. not disclose or discuss any confidential information other than what is necessary to perform his/her job
   b. not send patient or confidential information through the Intranet or Internet until such time that its confidentiality can be assured
   c. not discuss patient or confidential information until termination of their relationship with HCA.
   d. a and b only
   e. a and c only

46. SLMC is required by law to inform adult patients of 1) their right to participate in and direct their own health care decisions; 2) the right to accept or refuse medical or surgical treatment; 3) the right to prepare an advance directive; and 4) information on SLMC’s policies that govern the utilization of these rights.
   
   _____ True  _____ False

47. The following information about biological diseases or agents is true except for:
   
   a. bacillus anthracis and clostridium botulinum toxin are biological agents
   b. biological agents or their poisons are live organisms
   c. biological agents can cause illness or death in humans
   d. biological agents cannot be engineered for mass dissemination
TEST QUESTIONS

48. B-NICE stands for:
   a) Botulism, Nipah, Incendiary, Cyanide, Extraterrestrial
   b) Biological Agents, Nuclear Weapons, Incendiary Devices, Chemical Agents, and Explosives
   c) Be Nice In Chemical Emergencies
   d) None of the above

49. HICS stands for Hospital Incident Command System.

   _____ True   _____ False

50. HICS:

   a. is an emergency/disaster management system
   b. can be used to manage both small and large emergency and disaster situations
   c. is becoming the standard for health care disaster response
   d. a, b, and c
   e. none of the above

51. EMTALA stands for Emergency Medical Treatment and Active Labor Act and is a federal law that sets healthcare as a basic right.

   _____ True   _____ False

52. EMTALA states that we can withhold a medical screening exam until we find out if the patient has insurance.

   _____ True   _____ False

53. If we are busy, we can advise a patient to go somewhere else for treatment.

   _____ True   _____ False

54. QMP:

   a. stands for Qualified Medical Personnel
   b. is the process now used at Skyline (after the patient(s) have been medically screened and treated for non-urgent/non-emergent conditions) to refer patients to a counselor who will educate the patients about alternative community resources for medical care and treatment of their condition
   c. a and b
   d. none of the above

55. The Pastoral Care Department at Skyline Medical Center exists to serve only patients and their family members, not staff members.

   _____ True   _____ False