

CULLMAN
REGIONAL

Orientation Packet - 01

Welcome to Cullman Regional!!

*We are excited to have you as part of our working family!
In this packet you will find valuable information to assist
you with orientation to our facility.*

What to Expect...

Orientation provides you with basic information in order to keep you, our patients, visitors, and co-worker safe.

We will be available to assist and answer any questions you may have.

About Cullman Regional.....

- The hospital is a community-owned, not-for-profit, full-service provider of care.
- There are physicians representing nearly every specialty in medicine.
- We have over 1,400 physician & staff members in all aspects of healthcare at Cullman Regional.
- Cullman Regional is a 145-bed medical center that is owned and operated by the Health Care Authority of Cullman County.
- The hospital is part of an extensive medical complex built in 1995 that contains some of the newest medical equipment and technology available.



Mission

Improve the health of our community by providing excellent healthcare resources

Vision

Helping people live the healthiest lives possible

Values

Quality: We maintain the highest standards and achieve them by consistently measuring and improving our outcomes

Innovation: We welcome change, encourage resourcefulness and continually seek better, more efficient ways to achieve our goals

Teamwork: We collaborate and hold each other accountable for the benefit of our patients' and fellow caregivers and in support of our mission

Service: We strive to exceed our patients' and/or fellow caregivers' expectations for comfort and convenience

Integrity: We maintain a commitment to accountability, honesty, confidentiality, trust, respect, and transparency

Compassion: We maintain a caring and supportive environment for our patients, patients' families and fellow caregivers

Patient Communication

"The Five Fundamentals of Patient Communication" (AIDET)

What does the acronym "AIDET" stand for??

ACKNOWLEDGE

- Knock; ask "Is it ok if I come in?"
- Greet your patient. Make eye contact and smile be positive and pleasant!
- Acknowledge others in the room i.e. family.
- Address your patient as Mr. / MS. unless you have been otherwise directed by the patient to use a different name.
- Our goal at CRMC to provide excellent care and patient/family satisfaction. of health care services.

INTRODUCE: Who are you? What do you do?

- Identification badges should be worn at all times and be visible to patients, visitors, physicians, and other employees.
- Employees / Visitors should appear professional at all times.

Example:

- "Hi" My name is _____.
- I am a "title" and I will providing your care today.
- Share your experience (who are you, what do you do).

DURATION: How long will it take?

- Give them the common wait times.
- It is better to give a longer time and complete sooner – then give a shorter time and the duration be longer.
- Be careful about giving patients specific times – the only thing they have to do while in the hospital bed is watch the clock. If you tell the patient you will be back in 5 minutes they will expect you to return in that time frame.



Acknowledge

Introduce

Duration

Explanation

Thank

EXPLAIN

- Make sure the patient and the family understands the procedure or process.
- Use terminology they understand. Make sure you allow them time to ask questions and clarify.

THANK

- Thank the family for any assistance or support they have provided
- Thank the patient and family for allowing us to take care of them and ask what we could have done to make things better.

Patient's Bill of Rights

In accordance with its mission and values,

Cullman Regional treats each patient as a whole, irreplaceable, unique, and worthy person.

A "**Patient's Bill of Rights**" brochure is given upon admission. Specific standards of professional and humane behavior for patient care are outlined in this brochure. Cullman Regional wants patient's to have the best possible care as prescribed or recommended by those who are treating them. We want them to know what their rights are as a patient as well as what their obligations are to yourself, your physician, and the hospital. We encourage them to talk openly with those involved in their care.

Chain of Communication/Command

During your time of service at Cullman Regional, questions or concerns may arise. Please contact the Supervisor or Director for the area in which you work. If neither of these is available, you may page the House Supervisor.

Corporate Compliance

Cullman Regional has a Corporate Compliance Hotline, which may be used to anonymously report any suspected breach of corporate compliance 1-800-398-1496 or www.lighthouse-services.com. According to our corporate compliance policy, employees should not accept any gifts, favors, or hospitality that might influence decision making or actions affecting Cullman Regional.

Informed Consent/Ethical Issues

Informed consent is a legal requirement applicable to all medical care. In order to provide treatment, Cullman Regional must have the patient's consent or authorization. **Both written and verbal consents are legal. If the patient is unable to respond it is an implied consent.** Adolescents 14 years and older can request their medical information not be shared with a patient consent. It is the policy of Cullman Regional that patients and other guests have a basic right to a level of care which protects their personal dignity and respects their cultural, psychological, social, and spiritual values. An Ethics Committee is available to serve in an advisory capacity for ethical issues in patient care.

Joint Commission

This is an independent organization that develops standards and guidelines to improve the safety, effectiveness, and quality of healthcare and accredits medical providers and programs.

You may contact Joint Commission at www.jointcommission.org

Joint Commission

National Patient Safety Goals (NPSGS)

The purpose of the NPSGS is to improve patient safety.

The goals focus on problems in healthcare safety and how to solve them.

These goals are rolled out annually and are posted in the units/departments.



Sentinel Alerts

This is sentinel event-related data, reported to **The Joint Commission** from our accredited organizations, demonstrates the need to continue to address these serious adverse events. This data also supports the importance of establishing National Patient Safety Goals and focusing our energies on addressing serious errors within health care organizations. By identifying causes, trends, settings and outcomes of sentinel events, The Joint Commission can provide critical information in the prevention of sentinel events to accredited health care organizations and the public.

Sentinel Event

Joint Commission defines this as any unanticipated **event** in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient's illness.

Policies and Procedures

Policies and procedures are available to you on the “CRMCnet”. You may access them on computers within the hospital. They are saved on a jump drive in the event of a system failure. To access policies and procedures through the computer.

Go to desktop and click on:

- *Internet Explorer.*
- *“CRMCnet” page appears.*
- *Under “Documents” click on “CRMC Manual Guest” located to the left of the screen*

Centers for Disease Control (CDC)

This is a federal agency that conducts and supports health promotion, prevention and preparedness activities in the United States, with the goal of improving overall public health. Cullman Regional follows the recommendations of the CDC.

Patient Education

Education will be provided to the patients and family as appropriate. It will be at the level of the patients/family understanding. Education can be verbal, written or viewed. Time will be allowed for questions and answers. The patient/family will be encouraged to verbalize the information back for confirmation of their understanding.

Occupational Safety and Health Administration (OSHA)

The Occupational Safety and Health Administration, an agency of the US government under the Department of Labor with the responsibility of ensuring safety at work and a healthful work environment. **OSHA's** mission is to prevent work-related injuries, illnesses and deaths. There are many different divisions in this organization. Cullman Regional follows OSHA recommendations as appropriate to our facility.



Team Building

Cullman Regional utilizes an interdisciplinary team approach. Patient care is a complex process, requiring many people with different skills and talents. This team works together to make decisions about patient care

Culture

Culture refers to the way we live, along with our thoughts, communication, actions, customs, beliefs, values, and institution of racial, ethnic, religious, or social groups. The five basic characteristics that all cultures share are that they are learned, shared, based on symbols, integrated, and dynamic. Competent cultural care involves treating each patient, employee and guest as an individual and consider a person's culture. Learn and understand about each person's unique views. Consider other factors such as religion, nationality, age, healthcare and other choices. **Avoid stereotyping!!**

Culture experiences influence healthcare decisions.

Therapeutic Environment

The goal of all healing environments is to engage patients in the conscious process of self-healing to reduce stress. Eliminate environmental stressors such as noise, glare, and lack of privacy. Allow patients to connect with nature with a view to the outdoors (window). Offer options and choices to enhance feelings of being in control - these may include privacy versus socialization, lighting levels, music/TV, and opportunities for social support (family/friends). The patient environment must be conducive to healing.

- ❖ Limit noise, high activity, create and maintain a culture of safety, and maintain privacy.
- ❖ We provide a quiet time from 2-4 everyday to help provide a therapeutic environment.

Speak Up! It's OK to Ask

Upon admission patients receive brochures on the "The Speak Up!" program and "It's OK to Ask" is sponsored by The Joint Commission and urges patients to get involved in their own care. This initiative provides simple advice to patients on how to be involved in their health care "It's OK to Ask". This is an educational program intended to help patients become active in their own care by encouraging them to ask healthcare personnel if they have washed their hands.



Two Patient Identifiers and Universal Protocol

As part of the Joint Commission NPSG initiative. Every patient will be identified with a verbal response from the patient on their name and date of birth. If the patient is unable to verify then family, co-workers, or chart verification will be used. This is done to prevent patient **from getting the wrong treatment or medication**. Any time a procedure is to be performed the Universal Protocol will be used. The protocol helps prevent missing information or discrepancies.



- Verify correct procedure
- Correct patient
- Items that must be available for procedure
- Use a standardized check sheet i.e. History & physical ✓
- Match items for the procedure
- Mark the site

End of Life Care

Cullman Regional staff will provide comfort and dignity during end-of-life care. The staff at Cullman Regional recognizes and supports the special needs of the dying patient. These needs are met through holistic care, which includes symptom management, such as aggressive pain management, and identification of spiritual and psychosocial needs unique to the dying patient.

Patient Concerns: How to be Heard

We are committed to providing quality health care in a caring, safe, and supportive environment. If you have concerns or issues, there are processes in place to address those concerns. We will respect your comments and keep this information private. When possible, contact your supervisor or Director when you have a concern. If you do not feel comfortable talking with hospital personnel about your concerns you may contact:

The Alabama Department of Public Health (1-800-356-9596)

The Alabama Quality Assurance Foundation (1-205-977-4200)

The Joint Commission (1-800-994-8610)

Anonymous Hotline (1-800-398-1496) or www.lighthouse-services.com



PSO

(Patient Safety Organization)

PSOs create a secure environment where clinicians/employees and healthcare organizations can collect and analyze data, to identify and help reduce the risks and hazards associated with patient care and improve quality. If you have an error i.e. medication, concern over equipment, or are witness to a patient event i.e. fall then you need to complete a PSO.

- Go to “CRMCnet” (right side)
- “Medical Links”
- Scroll to “PSO”
- Complete the form be as detailed as you can about the event/problem.

The PSO is a collection of data to improve and make changes in processes, policies, communication, and equipment.

Advance Directives

All patients should be asked if they have a living will, advanced directive, or health care proxy on admission. An informative brochure **“Deciding About Your Healthcare”** is given on admission to the patients. An advance directive specifies what medical life-extending or life-saving measures will be taken in the event that a person becomes incompetent, due to an injury or advanced illness. The directive will name the person who can make such decisions and clearly state the procedures which may be forbidden.

Abuse

As you interact with patients you may notice indicators, warning signs, or clues that make you suspect abuse. Each victim of suspected abuse/neglect will respond differently some indicators/clues may be:

Physical Signs:

bruises, welts, cuts, burns, fractures, or unexplained injuries
hidden areas of injury - back, buttocks, torso, thighs
History repeated injuries , multiple fractures
delay in seeking medical care
caretaker tries to seclude or won't leave patient

Sexual Signs

inappropriate sexual knowledge for age
acting out sex during play
withdrawn/shy
frequent urinary/yeast
pain/itching, bleeding/bruising in genital /anal areas

Emotional Signs

Hostility/ flinches /doesn't like personal contact
withdrawn/shy
apathy- no interest in surroundings
depression
Lack of appetite

Neglect

poor personal hygiene
poor medical /dental care
lack of supervision left alone for long periods of time
lack of clothing or in poor condition
physical signs- bruising, burns etc.

Indicators require careful observation not all signs are abuse. It is important to think about the person and any health behavior problems they may have. For example a person receiving a blood thinner will bruise easy. If you suspect abuse we are required by law to report it. Notify the Charge nurse they can call the social worker @ 256-739-5185 or the House Supervisor

Alarm Fatigue

Electronic medical devices are an integral part of patient care. As new devices are introduced, the number of alarms has increased. Clinical staff become immune to the noise "alarm fatigued". Patient alarms are one of the most essential means by which clinical staff are alerted to potential dangers facing patients. Alarms have saved incalculable numbers of patients by alerting staff prior to a catastrophic event. While everyone agrees that alarms are essential, problems still remain concerning the ideal alarm design. In response to the constant noise, clinical staff may turn down the volume, turn it off or adjust the alarm settings outside the limits that are safe and appropriate for the patient all of these things are unsafe can be serious, life-threatening and often fatal consequences for patients. If a piece of equipment has an alarm it should never be turned off, down to low or limits set inappropriately for the protection of the patients.



Confidentiality & HIPAA

Confidentiality of patient information must be maintained at all times.

Not only is this the ethical thing to do, it is the law!

Under HIPAA regulations that went into effect in April 2003, you are required to maintain all patient confidentiality and obtain written permission prior to releasing patient information to other parties. This includes your own and family healthcare information. In recognition of our patients' rights, Cullman Regional treats all sign-in logs, schedules, and medical records as confidential information. All patients are given a "Notice of Privacy Practices" brochure and 4-digit personal identification number. The patient is responsible for releasing the PIN number to one family member, who can then use the number to call and inquire about the patient's condition.

All photos of patients, selfies etc. are prohibited. Email and faxed information must be screened and carefully sent to the correct person.

Hearing Impaired

We have a device that assists with hearing impaired patients/family members.

Notify the House Supervisor for access or assistance.

Interpreter

Press the silver call button and say: "Call Translation Services"

The Vocera will place a call to Translation Services follow the prompts. If you do not have access to the Vocera then you can place a call from a regular phone at 800-225-5254.

Organ Donation

A decision to become a donor is a personal one. Each culture and religion have different views, values, morals and supports. At Cullman Regional we will abide and support these decisions. If you as an employee have a cultural, or religious issue then let your charge nurse, House Supervisor know so that they can arrange for a different caregiver for the patient.

Cullman Regional will comply with Federal and Alabama law concerning organ and tissue donation.

The House Supervisor responds to all deaths and contacts the appropriate agencies.

For more information, you may contact the Alabama Organ Center at: <http://www.uab.edu/aoc>.

Fire Safety

There are three elements in every fire: Oxygen-Heat-Fuel. All three have to be present to have a fire. Familiarize yourself with the basic hospital building, evacuation routes, emergency exits, and location of fire extinguishers

Respond to each fire drill as if it were a real fire. Know your role if a fire occurs!

When fire or smoke is first sighted or reported, the person will call 555 and take immediate action in the following manner:

R.A.C.E

R – Rescue

A – Alarm

C – Confine/Contain

E – Extinguish or Evacuate

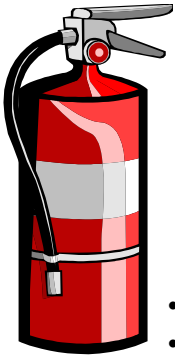
P.A.S.S:

P - Pull the pin

A - Aim the extinguisher nozzle at the base of the fire

S - Squeeze the handle to activate

S - Sweep the nozzle side to side

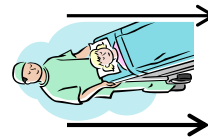


Fire Safety Building Design

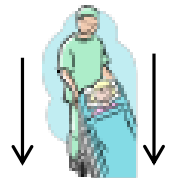
- **Firewalls** separate buildings into smoke compartments, such as a patient room or stairwell.
- Employees can identify fire compartments by the **double overlapping doors or identification on the door**
- **Do not store** anything more than 18 inches from the location of a sprinkler head or 21 inches from the ceiling.
- **Do not** prop open corridor doors.
- **Closure** of fire doors must be unobstructed.
- Elevators will **lock** and return to ground floor.

Evacuation of patients, visitors & staff

Horizontal evacuation is the next smoke compartment (double doors).



Vertical evacuation is down at least two floors.



Facts to Know

Authorization to evacuate patients from the floors will come from one of the following

Medical Staff President

Administrator on Call House Supervisor

Fire Marshall

Age-Specific Care

Care, treatment, and services should be individualized to meet the patient's needs and circumstances. Age is a factor that should be considered when planning for care and education. Patients should receive education specific to his/her needs and as appropriate to care, treatment, and services provided.

Examples:

Older Adults need time to absorb information. They may be slower with reading, eating etc. Their skin is fragile, sight and hearing may be poor.

Middle Adults are focused on family, work. Start to show chronic illness / conditions.

Young Adults are focused on college, career, marriage, impatient to be well

Adolescents are concerned with friends, school, embarrassed easier, timid or shy about body. Want to help make decisions about their healthcare.

Toddlers want to do things independently, need short explanations.

Infants want to feel secure, held and comforted when they are unwell.

Security

Cullman Regional provides security personnel 24/7

For the safety of patients, staff, physicians, and visitors, some areas of the hospital are considered high risk/security sensitive work areas. These areas, such as Emergency Room, OB/Nursery, CCU, Surgery, Pharmacy, & Lab are identified as security sensitive areas and require a specific code, security card, or permission must be granted before you can enter these areas. Main entrance doors are locked after the hours of 8:00 p.m. If you have a badge you may enter through the main doors. All other visitors will have to enter the hospital through the Emergency Room door.

You may contact them by dialing:

- Directly to ext. 559
- Directly to ext. 555 and request security
- Vocera System 2911 or 256 -737- 2911 and request security
- Main operator at 737- 2000
- House Supervisor



Dress Code

Your general appearance can make a lasting impression on a patient or guest. Each department has a dress code specific to that department. Please follow the list below when working in patient care areas:

- Hair should be neat and clean
- Long hair should be pulled back or up
- Minimum of jewelry
- No perfume should be worn
- Nails no longer than $\frac{1}{4}$
- No dark polish artificial nails or gel nails

Please review Dress Code Policy located on the “CRMCnet”

NOTE: If you are on campus for a mandatory event (i.e. CPR, In-service or Skills Fair) the dress code applies... no jeans, shorts, tank tops etc. casual dress or scrubs. Family members are **NOT** allowed to attend the event i.e.(children).

You are on the clock!

Color- Coded Wristbands

Cullman Regional participates in same colors for “medical alert” wristbands, as a safety initiative of the hospitals in Alabama and sanctioned by the Alabama Hospital Association. In an effort to reduce the risk of potential for confusion associated with the use of color-coded wristbands.



<u>Color-coded “Medical Alert” Wristbands</u>
PATIENT ID will be WHITE
ALLERGY ALERT will be RED
FALL RISK will be YELLOW
DNR (Do not resuscitate) will be PURPLE
MASTECTOMY ALERT will be PINK
OBSTRUCTIVE SLEEP APNEA will be ORANGE

Body Mechanics

Back injuries are painful, often serious, and all too common. One of the leading causes of healthcare injuries.

Know your back: Understand the bodies anatomy, use good posture.

Maintain proper flexibility: Exercise

Keep proper core strength: Maintain/build muscle

Lift Safely: Use the appropriate techniques for lifting

Power position lift:

- Head up
- Chest forward
- Seat Out, knees and hips bent
- Feet are shoulder width apart or greater

Practice good body mechanics:

- Use golfers kick when bending
- Push vs Pull
- Avoid twisting – rotate or pivot



Early Heart Attack Care (EHAC)

EHAC is a campaign geared towards education on the early symptoms of a heart attack to prevent it from happening and to help in preventing heart damage. This public education that concentrates on the benefits of early treatment and activating EMS.

Diagnosing a Heart Attack:



- EKG
- Heart Cath (arteriogram)
- Stress testing
- Lab work:
Specifically, Cardiac Enzymes

Cardiopulmonary Resuscitation Classes (CPR)

CPR classes are offered once a month through the year. The classes you are required to take are based on your “scope of practice” and per departmental requirements. All classes are American Heart Association (AHA).

The classes are:

- Basic Life Support (BLS)-Healthcare Provider– clinical staff
- Advanced Cardiac Life Support (ACLS) - for staff giving moderate sedation and operating the crash cart
- Pediatric Advanced Life Support (PALS) - for staff providing care to pediatrics
- Friends & Family non-clinical staff

Signs are posted in your areas for dates and times. Registration is on the “**Netlearning**” Computer based learning system

Fall Prevention

Falls happen in every department!

Therefore interventions and prevention measures require a multifaceted (interdisciplinary) approach. Appropriate safety measures will be taken, and any potential fall risk should be reported to supervisor of that area. There is a “Fall Risk” policy to identify patients on admission who are at high risk for falls or injuries. The patients are scored this score is placed on the whiteboard in the patient’s room so that all staff are aware of the extra precautions that need to be used with these patients such as slipper proof socks, up with assistance etc. All outpatient / ambulatory area patients are considered high risk due to sedation or pain medications. An educational “**Fall Prevention Sheet**” is given to the patient and/or family regarding falls. If you note any dangers listed below or anything else you deem dangerous for the patient please report them to the person in charge.

<u>Fall Risks</u>	
Bed Alert system going off patient getting out of bed/chair unassisted	
Yellow socks with slipper skids not on patient or patient taking off	Bed in high position or moving due to wheels not locked
Patient trying to reach “call light” or “phone” that is out of reach	Hall cluttered-items in hallway i.e. wheelchairs, eq. beds etc.
Pathways to bathroom cluttered	Patient left alone in wheelchair

Restraints

Restraints will be used only for the safety and well-being of the patient and **only after** other alternatives have been tried.

Any restraint devices applied by officers of the court are not part of Cullman Regional restraint policies.

Restraints fall into two categories:

- **Violent/behavioral** this patient is trying to harm themselves or others.
- **Nonviolent/Medical** this patient may be pulling out medical eq. or be confused / disorientated.

Pulling up all four bedrails is considered a form of restraints.

Some medications are considered restraints!

Anything in which the patient get not get out of or get up from is considered a restraint.

General Safety

Cullman Regional is dedicated to the safety and quality of care, treatment, and services that we provide. Cullman Regional abides by standards set forth by The Joint Commission, OSHA, and CDC. Proper identification shall be worn at all times indicating your purpose for being in the facility and what your role is in the treatment / care of the patient. Any accidents / injuries on hospital property should be reported to your Department Director or the House Supervisor.

Life Safety

Life Safety program (based on Life Safety Code Standards) helps employees with safety issues during renovation and construction including:

- **Life safety management:** *This protects patients, staff, visitors, and property from harm by providing for the safe use of buildings and grounds.*
- **Interim life safety measures** *are to ensure that areas in and near construction sites meet safety codes.*

Lock-out - Tag-out

When Plant Operation's staff work on equipment the energy must be turned "off." To prevent others from turning the energy source "on" during this time they use a lockout or tag-out procedure.

- **Lock-out:** is when a locking device is applied to a machine to keep it from being turned on.
- **Tagout:** is when a tag or label is applied to a piece of equipment to keep it from being turned on.



This tag can only be removed by Plant Operations!

Electrical & Medical Equipment Safety

When normal power is interrupted Cullman Regional's emergency generator takes over. The generator comes on within seconds. When using electrical equipment watch for the following hazards:

- *Electrical cords in or near water or other liquids*
- *Electrical cords that are damaged or frayed*
- *Loose electrical connections*
- *Loss or lack of grounding (For example, does the cord end have a broken or loose grounding prong?)*
- *Extension cords are NOT allowed.*
- *Equipment that is malfunctioning will be tagged, taken out of service, and reported to Bio-Med Department.*

The Bio-Med Department performs regular performance and preventive maintenance inspections.

Crash Carts and Emergency Life Support equipment should be checked daily.

Hallways should be kept clear of equipment.

Utilities Management

The facility is dependent upon the good working order of its utilities, such as power, water, etc. Staff should be aware of utility capabilities, limitations, and applications to ensure safe and effective use.

Staff should be familiar with location of Utility Outage Plan located on-line.

Red outlets should always be used for essential equipment i.e. ventilators.

Safety Unlocking Bathroom Doors

Bathroom doors located in patient care areas may be opened from inside and outside to prevent the patient from becoming trapped if they fall against the door. A thin, such as the employee's I.D. Badge may also be used to open the door when locked.



MRI Safety

The MRI machine is located in the Diagnostic Imaging Department. This piece of equipment uses a very strong magnet and attracts metal objects. The magnet is always on, for your safety and the safety of others do not enter the MRI area unless you are authorized to do so. When the machine is not in use and unattended the door to the machine is locked. Anyone entering the MRI room is screened for metal objects. In the event of a “code” the patient will be removed from the table and the stretcher/ bed will be taken outside the MRI area.



Radiation Safety

Physicians, nurses, and technologists involved in special procedures and work in close proximity to radiology equipment wear protective aprons and portable shields to reduce exposure. These employees are required to wear a **dosimeter badge** outside their clothes that measures radiation doses. The badge should only be worn for the area it is assigned to for measurement. These levels are monitored for exposure. While x-rays are being taken all staff members should take precautions and wear protective equipment. When done using the equipment it should be hung or placed in the correct area to prevent damage. Anyone pregnant or suspects pregnancy should never enter the MRI/CT or Radiation rooms without special precautions and approval. The greater the distance the less radiation you are exposed to. We have a Radiation Safety Officer that is available for questions you may have. Our goal is to protect our employees so that they receive the minimum amount of exposure while working at Cullman Regional.

In Event of Splash or Spill

Eyewash stations are located on each unit. In the event of a chemical splash/spill, the affected area of the victim's body must be flushed immediately for at least 15 minutes.

- For a chemical splash or spill to the eyes, the user should hold his/her eyes open as wide as possible to permit the water to reach all areas around the eye.
- Rinsing the affected area for 15 minutes is only the first step in treating exposure to a hazardous chemical.
- Following rinsing, the victim should be examined and treated by a doctor or other trained medical specialist as soon as possible.



Smoking Restrictions

Cullman Regional is a smoke free campus!

No smoking is permitted on the private campus of Cullman Regional. Programs are offered to assist employees that use tobacco products.

Safety Data Sheets (SDS)

Provide information describing the hazards, possible exposure mechanisms, symptoms of exposure, and intervention to take if exposed. SDS are located on each unit. You should find out where they are stored in your area. They can be accessed by computer on the "CRMCnet" on the left hand side under "Documents".

The Clorox Company of Canada, Ltd. 150 Biscayne Crescent Burlington, Ontario L7R 4V3		Microbial Activity Data Sheet	
SECTION 1 - PRODUCT IDENTIFICATION AND USE		PRODUCT IDENTIFICATION SUMMARY	
PRODUCT NAME: ARMOR ALL® ORIGINAL PROTECTANT	MANUFACTURER: The Clorox Company of Canada, Ltd. 150 Biscayne Crescent Burlington, Ontario L7R 4V3 1-800-368-5828	SUPPLIER: The Clorox Company of Canada, Ltd. 150 Biscayne Crescent Burlington, Ontario L7R 4V3 1-800-368-5828	SALES REFERENCE NUMBER: Not available
SECTION 2 - HAZARDOUS INGREDIENTS			
Hazardous Ingredients	% (w/w)	LD50 Rat (mg/kg)	LD50 Mouse (mg/kg)
Formaldehyde	1.0	4000	1000
Hydrochloric Acid	0.1	1000	1000
SECTION 3 - PHYSICAL DATA			
Appearance (Color)	White	Odor (Type and Strength)	None
Boiling Point (°C)	100	Melting Point (°C)	None
Freezing Point (°C)	0	Density (g/ml)	1.0
SECTION 4 - FIRE AND EXPLOSION DATA			
Flammability: Not flammable			
Flash Point (°C): None			
Autoignition (°C): None			
Explosion Limits (LFL, UFL): None			
SECTION 5 - REACTIVITY DATA			
Reactivity: Not reactive			
Stability: Stable			

Hazard Communications

The Hazard Communication Plan protects you against the dangers of chemicals and medical gases. The plan is located in the **Emergency Preparedness Manual** in each department. We adhere to the Occupational Safety and Health Administration (OSHA) regulations, and its policies and procedures are written to adhere to these standards. If you have any questions regarding our Hazard Communications plan, please address them with the supervisor/charge nurse or director on the unit.



Hazardous Waste

Hazardous waste is a threat to human life or health.

Hazardous waste will be identified by a **RED** bag, **RED** biohazard sharps container, or label with the biohazard sign that identifies the material as biohazard. **RED** bags should be in covered containers. Biohazard containers should be no more than $\frac{3}{4}$ full.

Forensic Patient

This is a patient that is in the custody of a penal institution. The patient is accompanied by one or more officers of the court. The patient may be in handcuffs and/or leg irons, which are managed by the officers of the court. The officer is required to complete and orientation packet while on campus. The packet is located on the "CRMCnet" under "Important Links" – "Forensic Packet"

Medication Room

Medication administration is one of the most potentially dangerous tasks in hospitals. Medication errors is a concern nationwide. In recent years medical facilities have made many changes to improve patient medication safety. Factors that can create errors are noise, lighting, design and interruptions/distractions. In an effort to reduce interruptions distractions and misuse of medications, medication rooms are in locked areas and should only be accessed while delivering medication to patients. Non-licensed staff should quickly complete tasks and leave the medication room i.e. environmental services. Licensed staff should not "hang-out" in the med room.

Emergency Preparedness & Emergency Codes

Codes are initiated by dialing "555" or you can activate the Code Blue lever that is in each room
The Operator will announce the type of code and location six times
The Operator will announce when the code is "all clear" or over.

EMERGENCY CODES CALL 555 / FOR SECURITY CALL 559

Dr. Redbird	Fire (location)
Code R	Rescue (disruptive patient, guest or employee)
Code D	External Disaster
Code Blue	Medical Emergency (room)
Code E (Elopement)	Patient missing from premises (age, gender, description)
Code Tornado Watch	Under tornado watch
Code Tornado Warning	Tornado Sighted
Code Infant Security	Newborn Abduction from Maternity
Code Pediatric Security	Pediatric Abduction (age, gender, description)
Code Active Shooter	Person with a gun (RUN-HIDE-FIGHT)
Code "All Clear"	"All Clear"



****Please refer to your badge buddy that was given to you with your badge.**

Bioterrorism

This is the intentional release of or dissemination of biological agents. These agents are bacteria, viruses, fungi, or toxins, and may be in a naturally occurring or a human-modified. These viruses, bacteria, or other germs can sicken or kill people, livestock, or crops. Follow the Emergency Preparedness Plan in this event.

Medication Safety

A medication error is a preventable, inappropriate use of a medication. Patients who are injured by a medication error usually have a longer length of stay and additional costs for care.

Ways you can help prevent a medication error:

1. Use **two identifiers** on all patients: **Name & Date of Birth** - Patient vocalizes to you
2. Scan the patient's armband and all medications **before** administration
3. Do not use **unapproved abbreviations**
4. Always **Read - Back - Verify (RBV)** any verbal or phone orders from a MD
5. **Avoid distractions** while pulling, scanning, and delivering medications



Process Improvement / Quality Assurance

Process Improvement is the proactive task of identifying, analyzing and improving upon existing processes and procedures. It often involves a systematic approach which follows a specific methodology. Process Improvement is an ongoing practice and should always be followed up with the data for areas of improvement. When implemented successfully, the results can be measured. Quality Assurance is a way of preventing mistakes or defects in manufactured products, processes or procedures and avoiding problems.

Incident Command Center & FEMA

An emergency incident is an unplanned event that can cause death or significant injuries.

Fire, severe weather, tornado, terrorism, & earthquake to name a few

The planning team gathers information, determines our resources, meets with outside groups, and determines our capabilities for handling emergencies. Outside resources used include, but are not limited to: Fire Department, Police Department, American Red Cross, and other EMS Services. More information on our External Disaster Plan (Code D) can be found in manuals on the "CRMCnet". In the event of a Code D, the Incident Command Center is located in POB II in the Governor's Room. The employee work pool will be located on the lower level in cafeteria. You may be required to perform other duties than those that you usually perform during the Code D.

Core Measures/DRYX

These are recommended treatments that scientific evidence shows produce the best results in certain medical conditions. Health care experts and researchers have found that certain treatments reduce the risk of complications, prevent recurrences and otherwise treat the majority of patients who come to a hospital for treatment of these conditions or illness. Health care experts and researchers are constantly evaluating evidence to make sure that the measures and guidelines are kept up-to-date. Patient's with the following medical conditions have a set of protocols that are to be followed for the best results based off of scientific evidence.

Inpatient Medical Conditions:

Stroke - caused by abnormal brain blood vessels

VTE- is a blood clot that starts in a vein

Sepsis - Infection with organ involvement

Flu(Oct thur March) -is an infectious disease caused by an influenza virus.

ER Medical Conditions

AMI- Acute Myocardial Infarction – Heart attack with a blockage

Chest Pain - squeezing, pressure, heaviness, tightness, or pain in the chest. It can be sudden or recur over time.

Stroke – CT within 45 minutes

Pain Management – “Long Bone”

(weight bearing or facilitator of movement) i.e. Femur

(< 18 yr. old meds delivered by IV, IM, SQ, PO)

(> 18 yr. old meds delivered by IV, IM, SQ only)

The following have medical conditions that have evidence based protocols and a 30 day follow-up after admission.

- AMI- Acute Myocardial infarction - Heart attack with a blockage
- COPD- Chronic Obstructive Pulmonary Disease – Disease that affects the lungs making it difficult to breathe
- CHF- Congested Heart Failure - chronic condition in which the heart doesn't pump blood as well
- Pneumonia - the lung air sacs fill with fluid or pus.
- Stroke - caused by abnormal brain blood vessels

Harassment & Violence Prevention

It is the policy of Cullman Regional to prohibit harassment of any employee based on any protected characteristic, including, but not limited to sex, age, race, color, religion, national origin, veteran status, military service, or disability. Harassment cannot always be precisely defined, but may involve verbal or physical conduct directed against an individual or group of individuals based on one or more of these characteristics. In addition, sexual harassment may include unwelcome sexual advances, requests for sexual favors, and other verbal and/or physical conduct of a sexual nature such as sexually related comments or physical contact. This policy prohibits sexual harassment against males and females as well as sexual harassment by persons of the same sex, by management, supervisors, and employees.

Harassment by non-employees will be handled on a case-by-case basis, and the degree of corrective action will depend upon such factors as the extent to which the Company can control or deter such conduct on the part of the non-employee. **Employees who believe that they have been subject to harassment by non-employees should report the matter to the Director of Human Resources or the Compliance Officer.**

Cullman Regional ("CR") prohibits any acts or threats of violence by any employee against any other employee in or about CR facilities or elsewhere at any time. Workplace violence could be defined as any physical assault, threatening behavior or verbal abuse occurring on CR property or during scheduled work hours. It includes, but is not limited to, verbal threats, physical intimidation or actual harm, obscene or threatening telephone calls, stalking, being followed, or harassment. CR will not condone any acts or threats of violence against its employees, patients, or visitors on CR premises at any time or while they are engaged in business with or on behalf of CR, on or off CR premises.

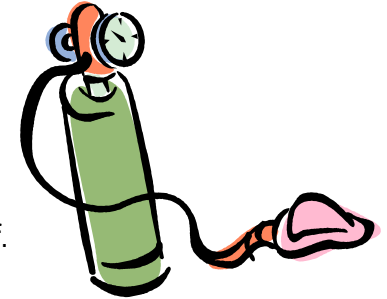
Any employee who displays a tendency to engage in violent, abusive, or threatening behavior, or who otherwise engages in behavior that CR, in its sole discretion, deems offensive or inappropriate will be referred to the Employee Assistance Program (EAP) for counseling or other appropriate treatment (see EAP policy) and will be subject to appropriate disciplinary action, including, without limitation, termination. Employees have a "duty to alert" their supervisors, security personnel, and/or Human Resources of any suspicious workplace activity or situations or incidents that they observe or that they are aware of that involve other employees, former employees, customers, or visitors, and that appears problematic. This includes threats or acts of violence, aggressive behavior, offensive acts, threatening or offensive comments or remarks, and the like. CR will not condone any form of retaliation against any employee for making a report under this policy.

Any employee who feels that he / she is being subjected to harassment, other forms of discrimination, workplace violence, witnessed harassment / violence, discrimination of others, or feels he/she she has been retaliated against, should immediately report this matter. To report or for any questions / concerns contact the Director of Human Resources at 256-737-2643, Compliance Officer 256-737-2593, or Compliance Hotline @ 1-800-398-1496 (anonymous).

Oxygen Safety

Oxygen cylinders are used for many clinical situations such as transport or temporary/short term use. Identified below are some safety issues:

- Always read the label to identify and verify the cylinder contents.
- Always make sure cylinder is securely fastened to holder or wall.
- Never leave a cylinder standing. Lay it on the floor if a holder/support is unavailable.
- We use walk-about cylinders; these cylinders have handles and built in regulators.
- O2 cylinders are cleaned when delivered and when leaving facility.
- O2 cylinders must be wiped down with a non-alcohol wipe after each use. Beach product if patient has C-Dif.
- O2 tanks <500 are considered “Empty”
- O2 tanks >500 are considered “In Use”



O2 tanks that have never been used and have all 3 caps in place are considered Full!

The Safety Officer, Respiratory Therapy, Administer on Call, Nurse Supervisor, or Fire Department is responsible for seeing that the oxygen supply is cut off to an area in the event of a fire.

Computer Systems and Passwords

All orders, medical records, and documentation are electronically driven through the computer system. You will be given a sign-on number, and then you will create a unique password. This password is not to be shared with anyone. Computers are in each patient room as well as at each unit desk for easy access. All patients wear armbands with barcodes, which can be scanned during medication administration and checked prior to other procedures.

Pain Management

The patient's cultural, spiritual, ethnic, and personal beliefs are considered in the identification and management of pain. Patients will be assessed upon admission and regularly thereafter in order to manage their pain. Patients have a right to be pain free regardless of our opinion!

Interventions for pain may include

- Analgesics (Advil...)
- Emotional support (family)
- Comfort measures (repositioning)
- Cognitive techniques (TV, Radio, books)

Hand washing

Hand washing is the **number one defense** against the spread of infection. Wash hands before and after seeing each patient!!!

If it is “wet” consider it contaminated. Be aware of Biohazard signs that denote contaminated items.

Hand washing should be preformed:

- When arriving
- When entering a patients room and having patient contact and when leaving
- Before/After eating
- When cleaning spills
- After using the restroom
- After coughing, sneezing, or blowing nose
- When leaving

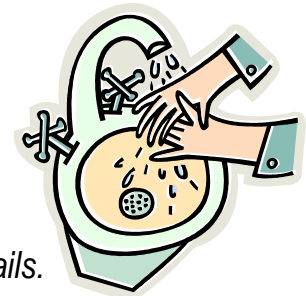


Hand Hygiene

All patient care areas have alcohol-based hand cleaners that may be used in addition to hand washing or in place of hand washing if hands are not visibly soiled.

Proper hand washing technique:

- *Be sure to stand far enough away from the sink to prevent touching it and contaminating clothing.*
- *Turn on water and adjust temperature (warm water) and water flow.*
- *Wet hands thoroughly.*
- *Be sure sleeves are not getting wet or touching sink, etc. (Limit the amount of jewelry worn).*
- *Dispense soap and rub hands for **15 seconds** keeping hands pointed down.*
- *Wash all skin surfaces, especially the backs of hands, wrists, between fingers, and under fingernails.*
- *Rinse well with warm water. Keep hands pointed down. Be careful not to touch the sink.*
- *Leave water running. Dry hands with a paper towel. Begin at the wrist and wipe toward your fingertips.*
- *Use a paper towel to turn off faucet*



Infection Prevention for Newcomers

Bloodborne Pathogens

What Are Bloodborne Pathogens?

Bloodborne pathogens are organisms that are spread via contact with infected human blood or blood products, sexual contact with infected partners, or contact with infected drug paraphernalia. These pathogens include, but are not limited to: hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV). In the work place setting, blood is the single most important source of HBV, HCV, and HIV.

How Are HBV, HCV, and HIV Transmitted?

All three of these viruses are bloodborne pathogens and can be readily found in infected blood. However, they can also be found in various body fluids such as semen, vaginal secretions, saliva, tears, urine, and other body fluids.

In the healthcare setting, the mode of transmission for all three of these viruses can be via percutaneous exposure (cut or needlestick injury with a used needle or instrument) and cutaneous/mucosal exposure (splash of blood or body fluid to the eyes, inside of the nose or mouth, or to non-intact skin).

These viruses can also be transmitted through blood and blood product transfusion, IV drug abuse, from mother to baby transplacentally and sexually (homosexual, bisexual, bisexual and heterosexual).

What Are the Risks of Infection With HBV, HCV, and HIV to HCW'S?

HBV is a leading cause of chronic hepatitis, cirrhosis, and liver cancer. Healthcare acquired transmission of HBV is a serious risk for healthcare workers (HCWs).

- Approximately 85% of individuals infected with hepatitis C will go on to develop chronic liver disease.
- The risk of HIV infection in the workplace is much smaller. However, the increase in AIDS cases and the number of individuals infected with the virus means an increased potential for exposure to healthcare workers.
- The risk of acquiring HIV, HBV, or HCV infection is dependent on the nature and frequency of exposure to blood of other potentially infectious materials.

	HBV	HCV	HIV
Risk of seroconversion from a high risk exposure (large bore hollow needle)	30%	3%	0.3%

What Are Symptoms of and Treatment for HBV, HCV, and HIV?

HBV:

The symptoms for HBV infection fall into 3 general groups:

- 1/3 of the infected people will have no symptoms
- 1/3 of the infected people will have flu-like symptoms
- 1/3 of the infected people will have more severe symptoms including jaundice, dark urine, extreme fatigue, nausea, lack of appetite, abdominal or joint pain, rash or fever. There is no cure for hepatitis B.

Fortunately, hepatitis B is a vaccine preventable disease. This immunization is offered and recommended to all health care workers whose job includes potential exposure to blood or body fluids. No pre-screening is required to receive the vaccine. Report to the Employee Health Nurse to begin the 3 dose series of vaccine 1st dose – at elected date; 2nd dose – 1 month later; 3rd dose - 6 months after the 1st dose. You are required to accomplish ALL 3 doses to become immunized.

HCV:

During acute infection with HCV, only 25% to 35% of patients have symptoms (malaise, loss of appetite, and jaundice). Those individuals with chronic hepatitis C may not have symptoms or physical signs of hepatitis for decades after infection. Cirrhosis and liver cancer are recognized complications of chronic HCV infection.

Currently there is no effective prophylaxis for exposures to hepatitis C (occupational or otherwise). For most patients, treatment is aimed at prevention of progression of future complications and supportive therapy for current symptoms. Several types of medications are available for treatment of hepatitis C.

HIV:

Persons infected with HIV may show varying symptoms. At first, there may be no symptoms, then within a month or two, flu-like symptoms may occur to include, fever, lymph node swelling, fatigue, diarrhea, joint pain or rash. These symptoms disappear and are followed by an apparently healthy period for up to 10 years.

At this time there is no safe and effective cure for HIV/AIDS. The disease is currently being treated with anti-HIV drugs, a variety of antimicrobial agents for opportunistic infections, proper nutrition, adequate fluids, regular exercise and routine medical evaluations.

What is an Occupational Exposure?

An occupational exposure means reasonable anticipated skin, eye, mucous membrane, or parenteral (cut or needlestick) contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

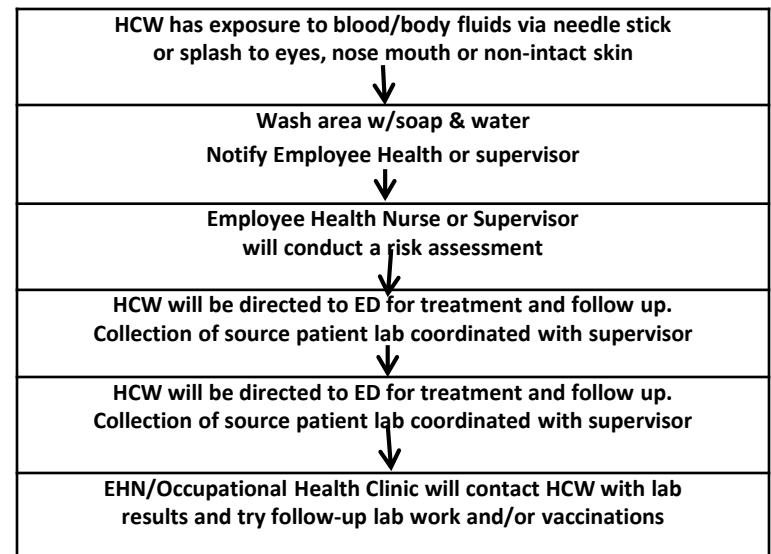
How Can You Prevent Exposures?

1. Standard Precautions on every patient every time. Treat all blood and body fluids as if potentially infectious and use personal protective attire as needed.
2. Implement Work Practice Controls by altering or changing the way a task or procedure is performed to reduce the likelihood of exposure in the workplace. Identify these during unit specific orientation.
3. Employ Engineering Controls, such as sharps containers and needleless I.V. systems, and other safety needle devices that isolate or remove the bloodborne pathogen exposure in the workplace. Identify these during unit specific orientation.
4. In order to protect the people who work in the medical equipment repair shop, all patient care equipment to be repaired is decontaminated.

What Do I Do if I Have an Exposure?

Immediately initiate the Blood borne Pathogen Exposure Protocol:

QUESTIONS OR CONCERNS? CALL:
INFECTION PREVENTION:EXT-2456
EMPLOYEE HEALTH:EXT-2622



TUBERCULOSIS (TB)

What is TB?

“TB” is an acronym for tubercle bacillus (*Mycobacterium tuberculosis*). TB is an infection, generally of the lungs; but other parts of the body may also be involved (e.g. glands of the neck, bone, kidneys, and other organs).

How is TB Spread?

TB is carried in airborne particles known as droplet nuclei which are generated when persons with TB sneeze, cough, or speak. Normal air currents keep them airborne and can spread them throughout a room or building. Infection occurs when a susceptible person inhales droplet nuclei containing *M. tuberculosis*.

What Does A Positive Skin Test (PPD) or Quantiferon Blood Test (QFT) Mean?

A positive PPD skin test or Quantiferon blood test (QFT) indicates that a person has been exposed to TB and is now infected. An exposed person will have a positive PPD approximately 10-12 weeks after exposure. The skin test will remain positive whether or not the person has symptoms of disease, or has completed treatment with anti-TB drugs.

TB Infection (Latent TB) Vs. TB Disease (Active TB)

TB infection, or latent TB, is characterized by the presence of mycobacterium in the tissue of a person who is free of clinical symptoms and who demonstrates the presence of antibodies against the mycobacteria. Persons with latent TB have approximately 10% risk of developing active TB during their lifetime. In rare cases (usually < 1%), initial infection rapidly progresses to clinical illness. The risk of progression to active disease is markedly increased for persons with HIV infection or severe suppression of the immune system.

Persons with active TB will have a positive PPD skin test and clinical symptoms of the disease to include persistent cough (> 2 weeks duration), bloody sputum, fever with night sweats, history of weight loss, loss of appetite, and generalized fatigue.

How Is Tuberculosis Treated Once Identified?

The goal of treatment for persons with latent TB is to prevent the progression to active TB disease. This accomplished through assessing for signs and symptoms of active TB disease and proper administration of anti-TB drug therapy. The usual duration of drug therapy is 6 months; however, length of time may vary depending on the individual's health status, resistance pattern of TB, and stage of disease. Regular clinic appointments will be made to monitor for adverse reactions to the drugs.

HCWs with positive PPD skin tests may continue to work as long as they are not infectious. Any HCW with active TB disease will receive appropriate anti-TB drug therapy and will not be allowed to work until sputum smears collected are negative for acid fast bacilli.

What Are Some Ways to Prevent Transmission of TB?

1. Familiarize yourself with the CRMC Tuberculosis Prevention and Control Plan Get a QFT blood test annually the QFT tests are performed Employee Health
2. Use respiratory protection when working with patients with known or suspected TB. The N95 respirator and the CAPR are the respirators approved for TB protection at CRMC. OSHA requires HCWs be trained and fit-tested for the respirator(s) to ensure it is worn appropriately. Contact the Employee Health Department to receive training.
3. Promptly isolate patients with known or suspected TB by following the isolation guidelines outlined in Infection Prevention and Control Policy and Procedures.
4. Know the location of the nearest negative pressure room(s) in your work area. The negative pressure rooms are specially designed rooms used for isolating patients with airborne diseases (Chicken Pox, TB, Measles, and Disseminated Herpes Zoster).
5. If you work in an area that does not have a negative pressure isolation room, you will place a surgical mask on the patient for whom TB is suspected.
6. Ensure patients with known or suspected TB wears a surgical mask whenever they must leave the negative pressure isolation room.

Notify Employee Health of any occupational exposure to TB (known or suspected)

AND REMEMBER...

Hand Hygiene Saves Lives!!!!



Recommendations for Application of Standard Precautions for the Care of All Patients in All Healthcare Settings

Component

Recommendation

Hand hygiene

After touching blood, body fluids, secretions, excretions, contaminated items; immediately after removing gloves; between patient contacts

Personal Protective Equipment (PPE)

Gloves

For touching blood, body fluids, secretions, excretions, contaminated items; for touching mucous membranes and non-intact skin

Mask, eye protection, face shield

During procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions.

Gown

During procedures and patient-care activities when contact of clothing/exposed skin with blood/body fluids, secretions, and excretions is anticipated

Soiled patient-care equipment

Handle in a manner that prevents transfer of microorganisms to others and to the environment; wear gloves if visibly contaminated; perform hand hygiene.

Environmental Control

Develop procedures for routine care, cleaning, and disinfection of environmental surfaces, especially frequently touched surfaces in patient-care areas.

Textiles and Laundry

Handle in a manner that prevents transfer of microorganisms to others and to the environment.

Needles and other sharps

Do not recap, bend, break, or hand-manipulate used needles; if recapping is required, use a one-handed scoop technique only; use safety features when available; place used sharps in puncture-resistant container.

Patient resuscitation

Use mouthpiece, resuscitation bag, and other ventilation devices to prevent contact with mouth and oral secretions.

Patient Placement

Prioritize for single-patient room if patient is at increased risk of transmission, is likely to contaminate the environment, does not maintain appropriate hygiene, or is at increased risk of acquiring infection or developing adverse outcome following infection.

Respiratory Hygiene/Cough Etiquette (containment of respiratory secretions in symptomatic patients, beginning at initial point of encounter e.g., triage and reception areas)

Instruct symptomatic persons to cover mouth/nose when sneezing/coughing; use tissues and dispose of in no-touch receptacle; observe hand hygiene after soiling of hands with respiratory secretions; wear surgical mask if tolerated or maintain spatial separation, > 3 feet if possible.

Transmission Precautions for Cullman Regional Medical Center

Fundamentals if transmission precautions (isolation) include performing hand hygiene before and after every patient, equipment, and environment contact. Dedicate patient care equipment where possible (thermometer, BP cuff, disposable stethoscope etc.). Clean all equipment after use with hospital approved disinfectant. Provide patient and family education on the disease process the patient is on isolation for and on the isolation expectations and document the training. Refer to CRMC Infection Prevention Policy and Procedure manual for CDC guidance on isolation specifics by disease. Compliance with transmission precautions is mandatory for ALL personnel.

Airborne Precautions:

- A. Applies to: TB, Chicken Pox (Varicella), Shingles (disseminated herpes zoster), and Measles
- B. Patient Placement: negative pressure room with door closed at all times
- C. PPE: N95 respirator or CAPR for healthcare workers who enter the room and other PPE in accordance with standard precautions
- D. Hand Hygiene: before and after patient, environment, or equipment contact and before and after donning and doffing PPE

Droplet Precautions:

- A. Applies influenza, Respiratory Syncytial Virus (RSV), and Pertussis
- B. Patient Placement: private room or cohort patients with like illness with Infection Prevention approval
- C. PPE: "3 feet rule" – Health Care Worker wears surgical mask when working within 3 feet radius of patient and other PPE as per standard precautions.
- D. Hand Hygiene: before and after patient, environment, or equipment contact and before and after donning PPE

Contact Precautions:

- A. Applies to: Multidrug resistant organisms such as MRSA, VRE, C. difficile
- B. Patient Placement: Private room
- C. PPE: gloves and gowns when entering isolation room and other PPE in accordance with standard precautions
- D. Hand Hygiene: before and after patient, environment, or equipment contact and before and after donning and doffing PPE

Clostridium Difficile (C. diff) Precautions:

- A. Applies to: Clostridium difficile disease
- B. Patient Placement: Private room
- C. PPE: gloves and gowns when entering isolation room and other PPE in accordance with standard precautions
- D. Hand Hygiene: before and after patient, environment, or equipment contact and before and after donning and doffing PPE

Strict Precautions:

- A. Applies to: Highly resistant multidrug resistant organisms as identified by Infection Prevention
- B. Patient Placement: Private room
- C. PPE: gloves and gowns when entering isolation room and other PPE in accordance with standard precautions
- D. Hand Hygiene: before and after patient, environment, or equipment contact and before and after donning and doffing PP



Employee Reportable Conditions

To keep our patients, visitors, and co-workers safe we ask that if you are sick to please stay home. Call your immediate supervisor if you have any of the symptoms listed below.

- Fever
- Gastrointestinal (stomach) symptoms (nausea, vomiting, diarrhea, abdominal cramps etc.)
- Fever blisters on mouth, face, or hand
- Diagnosed Strep A sore throat
- Flu-like symptoms such as fever, cough, sore throat, aches etc.
- Conjunctivitis (pink eye)

You may have other symptoms that may or may not allow you to work such as:

- Skin lesions
- Upper respiratory infection (URI)

Potential infectious diseases include, but are not limited to active infection or exposure to:

- Hepatitis (jaundice)
- HIV-virus or HIV positive
- TB
- Herpes simplex virus
- Meningitis
- Tetanus

Any other possible exposure to contagious diseases-Each of these will be evaluated and treatment initiated for job related exposure under the direction of the ER –MD and the Employee Health Nurse. The following if the employee is not immune to the disease:

- Chicken Pox / Shingles
- Measles
- Mumps
- Rubella



Summary

If you are ever unsure about the right thing to do, do not hesitate to ask!
Your preceptor, Department Director, or House Supervisor will be happy to assist you.

Thank You!

We are glad that you have chosen Cullman Regional.