

## **Cabell Huntington Hospital Non-Employee Caregiver Orientation**

**Welcome to Cabell Huntington Hospital! This orientation booklet includes the basic information you need to know while doing your job at Cabell Huntington Hospital.**

### **Contact Information:**

#### **Vendors/Contractors:**

John Fife, Director of Materials Management: 304-526-2032

#### **Hospital Credentials Committee:**

Kimberly Mallory, Committee Chair: 304-523-2339

#### **Occupational Health:**

Bridgett Cunningham, FNP-BC, Occupational Health Coordinator: 304-523-2068

#### **Safety Officer**

Linda Murray: 304-526-2153

#### **Licensed Independent Credentialing**

Maureen Effingham and Mary Thomas: Credentialing Coordinators: 304-526-2065

#### **Ancillary Credentialing Coordinator**

526-2053

#### **Nursing/Ancillary Clinical Services:**

Stacy Linville, RN, Manager, Clinical Training and Development:

(304) 526-2279

# **Cabell Huntington Hospital Non-Employee Caregiver Orientation**

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Section I:  
Mission, Vision and Values



### Our Mission

- To meet the lifetime healthcare needs of those we serve
- To provide the highest level of service, quality and efficiency
  - To advance healthcare through education

### Our Vision

- To be the hospital of choice for the communities we serve

### Our Circle of Values

**Integrity:** Acting honestly and responsibly in everything we do

At Cabell Huntington Hospital, we expect all employees and non-employee caregivers performing work here to follow our mission, vision and circle of values.

**Caring:** Anticipating and meeting the needs of others in a compassionate manner

**Excellence:** Achieving the highest standards of performance



**Respect:** Honoring and holding in high esteem those with whom we work and serve

**Commitment:** Taking individual responsibility for fulfilling our mission

**Loyalty:** Being devoted to our customers and our organization

Section II:  
Corporate Compliance & Standards of Conduct  
Cabell Huntington Hospital Standards of Conduct

**Message from the Chief Operating Officer**

This is your copy of the Standards of Conduct, which was adopted in connection with our overall compliance program. It was prepared to give everyone an understanding of what is expected of all of us in the work environment. It represents our commitment to providing quality care and conducting our business with integrity and in compliance with all applicable laws and regulations.

Everyone is expected to follow these standards and use them to guide their conduct when working for our organization. The standards do not cover every situation, but they do provide broad guidelines, which are reinforced in greater detail by other policies and procedures.

Cabell Huntington Hospital maintains an open communication policy. In other words, if you have a question or concern, you should raise it with your immediate supervisor, Human Resources or any other member of management, the Corporate Compliance Contact Person or the Corporate Compliance Officer. If these avenues do not resolve your problem or concern or if you wish to remain anonymous, Cabell Huntington has an employee Hotline at 1-800-826-6762.

If you are aware of violations of the Standards of Conduct, policies or procedures, law or regulations, you have an obligation to report them. Cabell Huntington Hospital prohibits any form of retaliation or retribution against anyone for reporting problems in good faith through the regular channels of communication or to the Hotline. Callers are assured anonymity or confidentiality to the limit of the law.

I pledge the full commitment of Cabell Huntington on behalf of the principles set forth in the Standards of Conduct and fully support our compliance program. Our continued success depends upon maintaining our commitment to compliance with all applicable rules, regulations, and standards governing appropriate delivery of quality healthcare services.

Sincerely,

Kevin N. Fowler

Chief Operating Officer

## **Quality of Care**

Cabell Huntington's first responsibility is to our patients, their families and the communities we serve. In carrying out this responsibility, we commit to the following goals:

- We will anticipate and respond to patient needs.
- We will encourage open and honest communication with the patient recognizing his or her right to informed consent and the right to refuse treatment.
- We will provide appropriate medical screening and stabilizing treatment to all individuals who present to the emergency department or other outpatient areas potentially in need of emergency medical treatment, and we will ensure that all admissions, transfers, and discharges are medically appropriate. Admission, transfer, and discharge decisions will not be based on the patient's ability or inability to pay.
- Patients are to be referred to another facility only when their specific diseases or conditions cannot be treated at the hospital, when the hospital does not have the capacity to treat them, or when the patients or patient's representatives request such a referral.
- We will employ only properly licensed and credentialed providers with proper expertise and experience to care for our patients.
- We will not discriminate against any patient for any reason including race, color, creed, national origin, religion, gender, disability, age, or ability to pay.
- We will ensure that the services we provide are supported by documentation.

## **Compliance with Laws and Regulations**

Cabell Huntington will conduct its business and patient care operations in accordance with all applicable laws, regulations, and professional standards in order to maintain the integrity of our organization.

- Confidential patient information will be available only to those providing direct care, or others authorized by law or policy to review patient information. We will maintain complete and accurate patient medical records and keep all such information confidential and secure according to applicable laws and policies.
- We will not provide kickbacks, bribes, rebates or anything else of value in order to influence the referrals of patients or services payable by a government healthcare program.
- We will ensure that all agreements with individuals or organizations that may be a possible referral source are in writing and approved by appropriate management or legal counsel.
- Marketing practices shall be conducted with truth, accuracy, and responsibility to patients and the community.
- We will accurately and clearly represent the true nature of all transactions in financial reports, accounting records, research records, expense records, time sheets and other documents.
- We will not permit making unauthorized copies of computer software or using personal software on computer equipment, except when allowed by the terms of the licensure and approved by Information Systems Management.
- We will not contribute hospital funds, products or services or other resources to any political cause, organization, candidate or party or engage in lobbying activities on behalf of the hospital without the advance approval of the President and CEO.

## **Billing and Coding**

Cabell Huntington will maintain a commitment to fair and accurate billing that is in accordance with all federal and state laws and regulations.

- We will bill only for services that are determined by the ordering physician to be medically necessary, actually provided and documented in the patient's medical records or other hospital records.

- We will make every reasonable effort to assign billing codes that accurately reflect the services and products that were provided. We will regularly review our records for credit balances and promptly refund any overpayments.

### **Protection of Property**

Cabell Huntington is committed to protecting its property, and the property entrusted to us, against, loss, theft, or misuse. Property includes physical assets, funds and proprietary information.

- We will correctly use and care for all property and equipment entrusted to us.
- We will respect and safeguard the property of employees, patients, and their visitors.
- We will not communicate or transfer any information or documents to any unauthorized persons.
- We will store all records in a secure location for a period of time required by law.

### **Conflicts of Interest**

Cabell Huntington Employees and those acting on behalf of the organization are expected to refrain from and avoid conflicts or even the appearance of conflicts between their private interests and those of Cabell Huntington.

- We will not knowingly pursue any activity that might conflict, or appear to conflict, with the interests of the organization. We will exercise good faith and fair dealing in all transactions that involve our responsibilities to the organization.
- We will not misuse our position for personal gain.
- We will disclose any potential conflicts of interest to management or administration.
- As a general rule, business courtesies such as entertainment, meals, transportation or lodging should not be provided to and received from customers, referral sources or purchasers of hospital services. To avoid the appearance of impropriety, we will not accept or provide any gifts with a value in excess of \$100 without the approval of the President and CEO. No gift will ever be made in order to influence the referral of patients or services.

### **Health and Safety**

Cabell Huntington is committed to providing our patients, employees, staff members, visitors, and community with a safe environment in which to heal, work, visit and live.

- We will take all reasonable precautions and follow all safety rules and regulations to maintain a safe environment for our patients, employees, and visitors.
- We will take appropriate measures to reduce the risk of violence. Unauthorized weapons of any kind are strictly prohibited at Cabell Huntington. All workplace violence shall be reported to security at 526-2223. Security will contact external law enforcement as deemed necessary.
- The unlawful manufacture, distribution, dispensing, use, purchase, sale, possession or consumption of alcohol or drugs, or reporting to work in an intoxicated condition, is strictly prohibited. Any violation is grounds for disciplinary action, including termination. The restriction on drugs does not apply to employees taking over-the-counter and physician prescribed medication according to direction.
- We will follow all rules and regulations regarding the disposal of infectious and hazardous waste material.
- We will promptly report any existing or potential condition hazardous to human health or the environment, or accidents involving injury to a patient, employee, staff member or visitor to the appropriate supervisor and/or the appropriate oversight entity.

### **Human Resources**

Cabell Huntington is committed to protecting, supporting and developing all employees to their full potential.

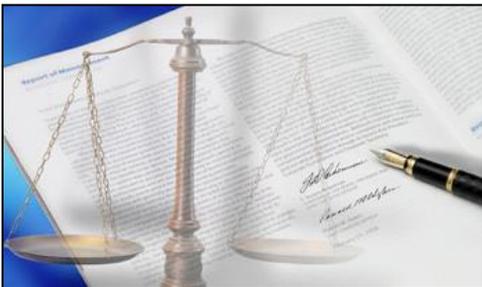
- We will take appropriate measures to insure a work environment for all employees free from harassment and intimidation. Harassment is defined as physical or verbal conduct that offends or is hostile toward an employee.
- We will not discriminate against any employee on the basis of race, color, creed, national origin, religion, gender, disability, or age.
- We will encourage each employee to continually evaluate existing methods of delivering services in order to discover more effective ways of allocating the resources for patient care and the support services.
- We will always show respect and consideration for one another, regardless of status or position.

## Compliance Personnel

Cabell Huntington has appointed a Corporate Compliance Contact Person and a Corporate Compliance Officer, who are responsible for the daily oversight of the compliance program.

## Your Responsibility

Everyone is expected to follow the Standards of Conduct; Cabell Huntington Hospital policies and procedures, as well as applicable laws and regulations. Anyone with knowledge of a violation of the Standards of Conduct, Cabell Huntington policies and procedures, applicable laws or regulation must report this information. Failure to report a known violation may subject an employee to disciplinary action even if they were not involved.



## Reporting Process

Cabell Huntington Hospital recognizes that there are times when concerns cannot be properly addressed through the normal chain-of-command. If you have any questions or wish to report a problem, you should talk to your supervisor or other member of the management team. You may also speak with human resources personnel. If your problem cannot be resolved through normal communication channels, or for another reason, you do not wish to use these channels, you should report the matter to the Corporate Compliance Contact Person, the Corporate Compliance Officer, or the Employee Hotline staffed by National Hotline Services. **(1-800-826-6762)**. Calls to the hotline will not be traced or recorded. All callers to the hotline may remain anonymous. If callers choose to identify themselves, their confidentiality will be protected to the extent permitted by law.

No action of retaliation will be taken against anyone for calling the hotline to make a report, complaint or inquiry in good faith. However, calls to the hotline do not protect callers from appropriate disciplinary action regarding their own performance or conduct, including malicious calls intended to harm Cabell Huntington or other employees.

If you feel uncomfortable reporting via the hotline, you may directly contact either the Corporate Compliance Contact Person, Lauren Savory at **304-399-4687**

It is the policy of Cabell Huntington Hospital to document all events involving patients, visitors, medical staff, volunteers, residents/ students, property loss/damage, or other variances from routine hospital operations and to complete an investigation when warranted. All patient events require reporting either by the Datix online event reporting system or the Confidential Event Report Form (CHH-108), when the Datix system is not available.

Any medical device that is believed to be involved in an event shall be taken out of service immediately and reported to the Biomedical Department. See the Confidential Event Reporting policy for more information.

**If you wish to report a complaint to The Joint Commission or the WV Office of Health Facility Licensure and Certification, you may do so without fear of retaliatory action.** Complaints may be reported via any of the following methods:

**The Joint Commission**

[www.jointcommission.org](http://www.jointcommission.org), using the “Report a Patient Safety Event” link in the “Action Center” on the home page of the website

By fax to 630-792-5636

By phone: 800-994-6610

By email: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

By mail to:

Office of Quality and Patient Safety, The Joint Commission,  
One Renaissance Boulevard, Oakbrook Terrace, IL 60181

**WV Office of Health Facility Licensure and Certification**

408 Leon Sullivan Way

Charleston, WV 25301

Phone 304-558-0050 or 1-800-442-2888

## Section III: Key Information for all Non-Employee Caregivers

### Parking



Please park at the Byrd Center or behind Rite Aid on 16<sup>th</sup> Street (next to Tudor's) first before attempting to park in the lots directly behind the hospital.

The Byrd Center is located across Hal Greer Boulevard at the old Fairfield Stadium on 15<sup>th</sup> Street. The shuttle bus will be available to pick you up. The shuttle bus is operational from 6 a.m. to 5:15 p.m. If you need assistance from the shuttle bus driver, please call 304-544-

7433 (RIDE)

Do not park in visitor, patient, clergy, handicapped or Emergency Department parking areas or you will be towed.

### Dress Code

While working at Cabell Huntington Hospital, you are expected to wear an appropriate uniform, company photo ID, and/or CHH vendor badge at all times.



- Wear a lab coat or appropriate street attire and photo ID for meetings.

- NO JEANS are to be worn to work under any circumstances.

- No form of body jewelry (face, ear, tongue or nose) except earrings may be worn.

- You may not have any visible body tattoos or wear cat's eye contacts.

- You may not wear artificial nails if you are caring for patients in any form.



### No Smoking

CHH is a non-smoking facility except for specially designated outdoor areas on campus.

### Elevator Use

Staff and non-employee caregivers are requested to exit an elevator if necessary, to accommodate patients being transported to or from the nursing units, ER, Radiology, etc.



## Section IV: Preventing Infection and Injury



## Bloodborne Pathogens & Hazardous Waste

Your responsibilities while working at Cabell Huntington Hospital include:

- Being familiar with OSHA bloodborne pathogen standards
- Using only the correct type of disposal vessel for the correct type of waste
- Using the safety features on all safety needles / syringes as designed
- Asking for assistance if needed related to blood borne pathogens

### Needle Boxes

Needle boxes are found throughout the facility in all patient care areas. If you find a sharps container is full, notify Housekeeping or the unit leader immediately. Do not attempt to change the box yourself.

### Biohazard Containers



If you have biohazardous waste, you must take the waste to the container in a dirty utility room. Red bags are available to transfer a large amount of waste. Please work with the hospital staff to bring the container to the area where the waste can be found.

In the event that you come across a blood or body spill while in the hospital, know your resources as outlined on the following pages.

### Blood and Body Fluid Spills

If blood and body fluid is spilled on carpet contact Housekeeping immediately.

If blood is spilled on surfaces other than blood follow the cleaning and disinfection instructions on the next page

# How To Clean Up Blood & Body Fluid Spills



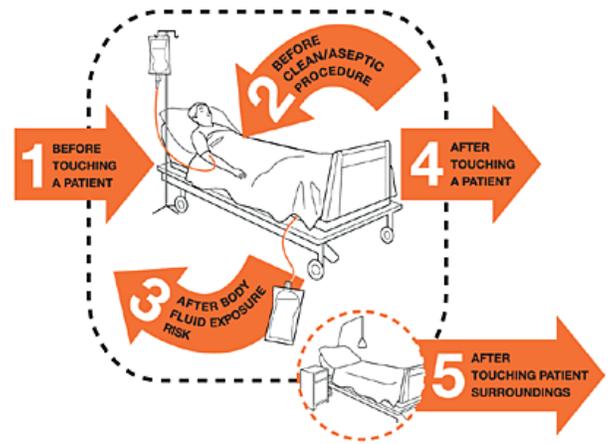
- 1** Wear appropriate personal **protective equipment**. Gloves are mandatory and goggles, masks, face shields and gowns are optional, depending on the size of the spill.
- 2** Post a **Wet Floor** sign.
- 3** **Soak up** the spill with any disposable/absorbent materials, such as paper towels and discard them in a red-bagged receptacle.
- 4** Using the **tuberculocidal disinfectant**, spray the area. Adjust for coarse spray to prevent splashing or inhaling.
- 5** **Wipe up** the spill.
- 6** **Discard** disposable/absorbent materials in a red-bagged receptacle.
- 7** For large spills, use a **mop** and the **tuberculocidal disinfectant**.
- 8** **Discard** the mop water.
- 9** **Place** the used mop head in a red bag and leave it in the soiled utility room for pick up by Housekeeping personnel.
- 10** Notify the **Housekeeping Department** for a mop head replacement.
- 11** Remove gloves and any other personal protective equipment and **wash your hands** after the spill is cleaned.

## Hand Hygiene

Cabell Huntington Hospital follows the World Health Organization's *5 Moments of Hand Hygiene* policies. This means you should clean your hands:

1. Before touching a patient.
2. Before a clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a patient
5. After touching a patient's surroundings

Hand washing sinks and alcohol hand disinfectant are available throughout the hospital and in all patient care rooms. Patients are encouraged to ask if you have cleaned your hands before providing care. CHH also monitors compliance with hand hygiene.



## Cleaning and Disinfection of Patient Care Areas and Equipment

The patient care environment is filled with bacteria that can spread disease to others. This illustration identifies “high touch” surfaces that can be contaminated in patient care areas.

## The Inanimate Environment Can Facilitate Transmission



~ Contaminated surfaces increase cross-transmission ~

Patient care equipment that goes into the patient environment can also be a source of transmission. Any equipment that goes into a patient care area must be cleaned after use. The hospital provides Sani-Cloths for general disinfection.

## Cleaning and Disinfecting Multiple-Use Equipment

### Low-Level Disinfection

- Low-level disinfection is used to disinfect blood pressure cuffs, care mobiles and bedside tables, among other patient care items. Use Sani-Wipes to clean equipment between patients.

## High-Level Disinfection

- High level disinfection is used to disinfect endoscopes, laryngoscopes, vaginal probes and equipment used for invasive procedures.

## CHH Disinfection of Reusable Equipment Infection Control Policy

- Reusable contaminated equipment that cannot be cleaned right away is to be stored in the dirty utility room until cleaned.
- Reusable equipment shall be cleaned immediately if it becomes contaminated with blood or body fluids.
- Clean items cannot be stored in dirty utility rooms
- Disposable sharps on special procedure trays are to be thrown away in sharps containers before the tray is put into the dirty utility room.
- If portable reusable equipment must be taken into the room of a patient in isolation, it shall be thoroughly disinfected when leaving the room. Both Sani-Cloths and bleach wipes are supplied on the isolation cart.

## How do you clean up spills?

- Clean up the spill with the first wipe.
  - Before you can disinfect the area, you must remove the “dirt” and organic matter.
- Use the second wipe to thoroughly wet the surface to disinfect.
  - This allows the disinfectant to come in contact with the surface to be disinfected.
  - Remember, blood & body fluid spills must be cleaned up with a tuberculocidal disinfectant (Sani-Cloths).
- The treated surface must remain visibly wet.
  - Remember this is the “kill time” or “contact time.” If the surface does not stay wet long enough, the disinfectant will not work.
- Dispose of used wipe in the trash, not in the toilet.
  - These cloths are NOT flushable – put them in the trash.

## Standard & Transmission-Based Precautions

### Standard Precautions

These are the basic level of infection control precautions that are to be used, as a minimum, in the care of **all** patients. Standard precautions include hand washing, gloves, gown, mask, goggles or any other personal protective equipment that the healthcare worker feels is appropriate for the situation.

## Transmission-Based Precautions

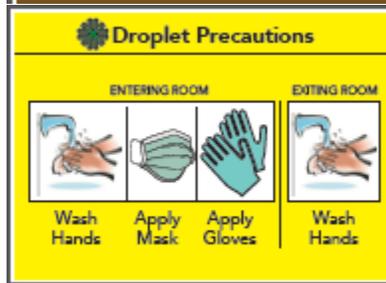
If you come to a room with an isolation sign, follow the directions on the sign.



**Contact Precautions-**  
**Wear gown and gloves at all times**



**Extended Contact Precautions-**  
**Wear gown and gloves at all times**  
 Wash your hands with soap and water instead of using alcohol hand sanitizer.  
 Use bleach wipes to clean equipment



**Droplet Precautions-**  
**Wear a surgical mask**



**Airborne Precautions-**  
**Wear an N95 mask only after being fit-tested**  
 Use a negative airflow room for TB isolation. If you have not been fit tested you are prohibited from entering the patient's room.



**Droplet and Contact Precautions-**  
**Wear a gown, gloves and surgical mask at all times**



**Airborne / Contact Precautions**  
**Wear an N95 mask only after being fit-tested**  
 Use a negative airflow room for TB isolation. If you have not been fit tested you are prohibited from entering the patient's room.  
**Wear gown and gloves at all times**

## Non-employee caregiver exposure to blood and body fluids

If you come in contact with blood and body fluids and you are not protected, there are policies that you must follow. **FAILURE TO FOLLOW HOSPITAL POLICIES MAY JEOPARDIZE YOUR ABILITY TO CONTINUE PERFORMING YOUR WORK AT CABELL HUNTINGTON HOSPITAL.**

### 1. Your Responsibilities for Initial Care and Treatment

- Immediately wash the exposed area.
- Notify your direct supervisor, as applicable.
- Complete the required paperwork as directed by your supervisor.
- Report to the Emergency Department (ED).
- Inform the ED registration clerk/triage nurse of the blood/body fluid exposure.
- Read/listen to information provided by the ED physician about post-exposure prophylaxis medications and sign consent/non-consent form.

### 3. Your Responsibility to Follow Up with Occupational Health

You **must** follow up with Occupational Health after any exposure to blood and body fluids. This is NOT optional. Call 304-526-2068 or 304-526-2493 to notify them and schedule an appointment. Occupational Health will assist you through your follow-up process. **FAILURE TO FOLLOW HOSPITAL POLICIES MAY JEOPARDIZE YOUR ABILITY TO CONTINUE PERFORMING YOUR WORK AT CABELL HUNTINGTON HOSPITAL.**

You may also have protocols to follow for your employer. Be sure to do so in addition to following CHH policies.

## Influenza Vaccination

It is the policy of Cabell Huntington Hospital to provide free Influenza Vaccine to hospital employees and volunteers on-site and to encourage those persons to participate in vaccination. The vaccine information sheet (VIS) will be given to each participant prior to administration of vaccine. Each participant will sign consent for flu vaccine. If participant would have any adverse reaction they would be sent to the emergency department for further evaluation. Any signs of anaphylaxis would be treated with epinephrine immediately. See the Occupational health Employee Health Influenza policy for more information.

## Infection Control Manual:

- Electronic copy @chhi.org website
- You can find:
  - Hospital wide infection control policies
  - Patient education materials
  - Copies of all isolation signs
  - List of diseases and correct type of Isolation to be implemented and the duration of isolation required

## Multidrug Resistant Organisms (MDROs)

Preventing infections will reduce the burden of MDROs in healthcare settings. Prevention of antimicrobial resistance depends on appropriate clinical practices that should be incorporated into all routine patient care.

Organisms causing Hospital Acquired Infections can be transmitted to patients on healthcare workers hands, medical devices or equipment, or via contaminated environments. Improved hand hygiene has resulted in reductions in MDROs.

MDROs include:

- **Methicillin Resistant Staph aureus(MRSA)**
- **Vancomycin Resistant Enterococcus(VRE)**
- **Extended-Spectrum Beta-Lactamases(ESBLs)**
- **Carbapenem Resistance Enterobacteriaceae(CRE)**

Any patient admitted with a history of a MDRO shall be placed in contact precautions. *Exception: Patients colonized with MRSA do not need to be placed in Contact Precautions if they are participating in the MRSA Targeted Decolonization Program (Nozin for Nares decolonization, and CHG for skin decolonization).*

## **Prevention of Surgical Site Infection (SSI)**

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Infections may develop in about 1 to 3 out of every 100 patients who have surgery.

Some of the common symptoms of a surgical site infection are:

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

To prevent surgical site infections, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove hair before your surgery using electric clippers if the hair is in the same area where the procedure will occur. Do not shave with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Administer antibiotics before the surgery starts.
- Clean the skin at the site of the incision with a special soap that kills germs.

## **Prevention of Central Line Associated Bloodstream Infections:**

- Make sure the line is medically necessary before insertion and review for necessity daily- remove if no longer needed
- Before transfer from ICU to a medical/surgical unit- remove all unnecessary lines
- Use the Central Line Insertion Bundle:
  - Wash Hands
  - Prep site with Chlorhexidine
  - Use large drape to cover patient in sterile fashion
  - Wear sterile gloves, hat, mask, and sterile gown
  - Place sterile dressing

### **Prevention of Catheter Associated Urinary Tract Infections:**

Catheter-associated urinary tract infections (CAUTIs) are the most common healthcare-associated infections accounting for approximately 40 percent of all hospital acquired infections. Widely disseminated research has shown two primary tenets regarding CAUTI:

- Too many catheters are placed without a valid clinical indication
- When they are inserted, catheters should be removed as soon as clinically possible

CHH nursing has a protocol approved by the Medical and Dental Staff allowing them to remove a catheter if the following criteria are not met:

1. Strict urine output monitoring in critically ill patients.
2. Management of acute urinary retention and urinary obstruction.
3. Contamination of stage III or IV pressure ulcer with urine which has impeded healing, despite appropriate personal care for the incontinence.
4. Terminal illness or severe impairment, which makes positioning or clothing changes and uncomfortable, or which is associated with intractable pain.
5. Urologic/pelvic surgery requiring catheter.
6. Urologic abnormality.
7. Original indication for urinary catheter has not resolved. If unclear, contact LIP(Licensed Independent Provider) to clarify

### **Procedural Area Attire**

Wearing proper attire in Procedural Areas may be as important as environmental cleanliness, hand hygiene and sterile technique for reducing surgical infections and for personal protection against blood and body fluids. Proper attire is also visual evidence of our drive for clinical excellence as well as our commitment to patient safety.

We all know the importance of reducing/eliminating any potential risks to patients especially those that are easily resolved by following evidence-based protocols established by the industry. Our policies are based on national standards and we have an obligation to the patients we serve to follow them. Please understand that we must and will hold staff accountable for appropriate compliance with our policies.

#### General Guidelines for Proper Attire in Procedural Areas:

- All personal jackets must be covered by a disposable cover-up while in these specific procedural areas.
- Single-use shoe covers must be worn to enter procedural areas. Shoe covers must be removed and discarded immediately upon leaving the procedural area.
- Identification badges should be worn on the scrub attire top or long-sleeved jacket and should be clean and visible.
- Personal items taken into procedural areas should be cleaned with a low level disinfectant and not placed on the floor.

#### Guidelines for Surgical Masks in Procedural Areas:

- Surgical Masks are required when entering procedural areas that have sterile supplies opened. Surgical Masks are to be removed and discarded when leaving the area. A fresh

mask must be donned when returning to the procedural area. Used Surgical Masks are not to be worn hanging around the neck.

- A new Surgical Mask is to be donned prior to each new procedure. The mask is to be replaced whenever it becomes wet or soiled or has been taken down.
- Surgical Masks should cover the mouth and nose and be secured in a manner that prevents venting at the sides of the mask.
- If Surgical Masks do not completely cover beards and mustaches, a hood should also be worn.
- In a sterile field or during a procedure with a potential for splash, eye protection must also be worn, along with the Surgical Mask.

#### Surgical Hats and Head Covering in Applicable Areas:

- Surgical Hats must be worn in procedural areas and should confine the hair and completely cover scalp skin, sideburns and the nape of the neck.
- Disposable Surgical Hats must be discarded at the end of a shift or when going outside the hospital building.
- Reusable cloth hats must be completely covered by disposable bouffants prior to entering a procedural area.
- Head Covering: Unless a head covering becomes soiled, personnel wearing scrub attire should not remove the head covering until the end of shift when changing into street clothes.

**Perioperative Services Dress Code** (includes the Main Operating Room, OR Sterile, OR Supply areas, and at the Surgery Center)

**ONLY** the individuals that are actively participating in surgical procedures every day will be allowed to change into and wear ceil blue scrubs. All other departments in Perioperative Services (Pre-op, PACU, and Endo), along with Cath Lab, IR, Labor & Delivery, Residents, Medical Students, and anyone else that is currently wearing CHH provided green scrubs will need to continue to wear CHH provided green scrubs. The blue scrubs will be located where the CHH provided green scrubs are currently located in the men's and women's locker rooms. The blue scrubs **are not** to be worn outside of the hospital and **ONLY** the individuals that are actively participating in surgical procedures every day will be allowed to change into and wear the blue scrubs. Any violators will be addressed.

Residents and Medical Students that are not actively participating in surgical procedures will need to get CHH provided green scrubs when they arrive and return them when they leave. A convenient location has been acquired for the CHH provided scrubs to be housed and accessed by all Residents, Medical Students, and anyone on the floor that needs a set of scrubs if your clothing becomes soiled.

Section V:  
Environment of Care and Safety

### Emergency Codes

All employees and non-employee caregivers who work at Cabell Huntington Hospital are REQUIRED to be familiar with all emergency codes and know what to do, so spend a few minutes reviewing this chart:

#### Cabell Huntington Hospital Emergency Codes

|                      |  |
|----------------------|--|
| Code <b>Red</b>      | Fire   |
| Code <b>Blue</b>     | Medical Emergency  |
| Code <b>Green</b>    | Contagious Patient                                       |
| Code <b>Grey</b>     | Security Alert   |
| Code <b>Amber</b>    | Infant/Child Abduction                                   |
| Code <b>Orange</b>   | External Hazardous Materials Incident                    |
| Code <b>Silver</b>   | Hostage Situation  |
| Code <b>Yellow</b>   | Bomb Threat  |
| Code <b>Black</b>    | Utility Failure - Water, Electric, Medical Gas           |
| Code Triage Stand-By | Stand by Disaster Plan                                   |
| Code Triage Response | Disaster Plan Activation                                 |
| Code Weather - Wind  | Tornado/High Winds                                       |
| Code Weather - Snow  | Winter/Ice Storm   |
| Code Walker          | Patient Elopement  |
| Code Master Lock     | Hospital is being Locked Down due to a critical incident |

#### Code Red: Your Responsibility

Fire emergencies are called by zone. Learn what zone you are working in by checking the posted signs in each area and using the hospital rooms as a reference. Patients, visitors and unauthorized personnel must not use the elevators during a fire emergency. Stairwells must be used during a fire emergency.

Fire drills are conducted routinely to assure the safety of all patients, visitors and staff. You should know the mnemonic devices RACE for what to do and PASS for operating the fire extinguisher:

- |  |                                |
|--|--------------------------------|
| <b>R</b> – rescue anyone in danger first   | <b>P</b> – pull the pin        |
| <b>A</b> – activate the fire alarm         | <b>A</b> – aim the nozzle      |
| <b>C</b> – contain the fire                | <b>S</b> – squeeze the trigger |
| <b>E</b> – evacuate or extinguish the fire | <b>S</b> – sweep the nozzle    |

#### Code Rapid Response: Your Responsibility

Anyone—patient’s family or any visitor or employee—can call a Code Rapid Response by dialing 2123 to activate an emergency team to deal with a decline in patient condition.

- If you are working with a patient and that patient seems to have a change in condition, change in level of alertness, or complains of chest pain, IMMEDIATELY call the staff nurse and report it as an emergency, or dial 2123 and say “Code Rapid Response Room \_\_\_\_”. Remain with the patient and report any information you observed to the responding team. You may then continue your regular duties.

## Code Blue: Your Responsibility

- If you are working with the patient remain close and give any pertinent information to the code blue team, otherwise continue your duties

### All other codes:

**Remain in your area and follow instructions of the supervisor**

### Important Telephone Numbers

“Code Blue” Dial **2123**

To Report a Fire Dial **2333**

The hospital can provide you with a pocket card that can easily be added to an ID badge with all of the emergency codes and important numbers. To obtain one, call the Safety Officer at ext. 2153.

### To Contact:

Security Dial **2223**

ADON Dial **2253**

Housekeeping Dial **3711**

Maintenance Dial **2038**  
Monday-Friday 7 a.m. - 3:30 p.m.  
After Hours Dial 2041

## Life Safety: Egress



Beds and other active items with wheels should not be left in the hallways for more than 30 minutes. Boxes, crates, and other items without wheels should never be left in a hallway. If active items are present within a hallway, they must all be on the same side.



Fire alarm pull station, extinguishers, and medial gas shutoff valves should **NEVER** be blocked!

## Biomedical Equipment

All staff members play an important role in preventing patient injury due to improper use or equipment failure. An inspection tag is placed on equipment as a visual indicator and a reminder of the date the equipment is due to be inspected by the Biomedical Department. Observe equipment to identify any obvious defects, such as a damaged or frayed cord. If the equipment is expired, do not use for patient care. Report the equipment to the area supervisor.

## Red Outlets

In the event of a loss of normal power, ALL critical equipment should be plugged into red outlets.

## Water Loss

In case of a loss of water:

- Do not to drink the water or flush the toilets.
- Red bags placed by Housekeeping will be in commodes if you are not supposed to flush them.

## Medical Gas System

The ADON, in conjunction with a Maintenance Director/Supervisor shall determine the need for the shut-off of medical gas valves. Absolutely no valves will be shut off until all patients on life supporting equipment have been evacuated or placed on portable life support equipment.

## Hazardous Materials

Hazardous materials are “those materials that have the potential to do hard.” “Harm” falls into two categories: physical hazards and health hazards. These hazards have the potential to cause harm to YOU through the physical environment and can be controlled by proper storage, handling, transport and disposal.

### Physical Hazards

Fire  
Explosives  
Compressed gases  
Leaks / spills  
Combustibles / flammables  
Unstable – reactive / water-reactive

### Health Hazards

Toxic agents  
Carcinogens  
Irritants  
Corrosives  
Sensitizers  
Radioactive materials

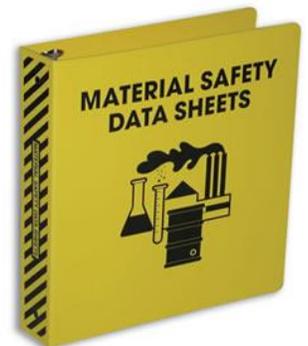
## Oxygen Cylinders



Oxygen cylinders should ALWAYS be stored in either a pull cart or cylinder rack. They should NEVER be left free-standing or lying on the ground.

### MSDS

While in the hospital, you may come across chemicals or hazardous materials. The hospital will have **Material Safety Data Sheets (MSDS)** for these chemicals. At Cabell Huntington, all MSDS are available electronically on the CHH intranet ([www.chhi.org](http://www.chhi.org)) which is accessible from every hospital computer. Most hospital employees can help you to find these.  
hospital intranet.



## Section VI:

### Working in Patient Care Areas at CHH

## HIPAA

HIPAA Privacy Standards have been in effect since 2003. The purpose of the HIPAA Privacy Standards is to protect the privacy of what is known as “protected health information” while permitting protected health information to be used in ways that benefit the patient.



Protected health information includes demographic information.

Health Information is any information, whether oral or recorded in any form or medium, that:

- (i) Is created or received by a healthcare provider, etc; and

(ii) Relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Caregivers may share protected health information with a patient's relatives and friends IF the patient, if present, either agrees or, by inference, does not object.

If the patient is not present, the provider, using professional judgment, determines that the disclosure is in the patient's best interest and discloses only the PHI that is directly relevant to the relative's/friend's involvement with the patient's health care (picking up prescriptions, medical supplies, X-rays, etc.). Disclosure is also appropriate if there is written authorization from the patient.

### **Access to Information**

Under the HIPAA Privacy Standards, there are seven ways in which protected health information (PHI) can be used or disclosed:

- Pursuant to the patient's written authorization
- For treatment purposes
- For payment purposes
- For healthcare operations
- For required disclosures
- For permitted disclosures where the patient can object
- For other permitted disclosures

You can share PHI with other caregivers IF:

- The use or disclosure relates to treatment.
- The use or disclosure relates to payment or healthcare operations, and the "minimum necessary standard" is followed.
- The patient has given written authorization

You may NOT share PHI with other caregivers if the use or disclosure relates to gossip.

### **Right of Access**

You may be able to access PHI on hospital computers for patients other than those assigned to you. However, it is your responsibility to limit your access to only those patients and only that information needed to perform your job duties and responsibilities.

### **Incidental Disclosure**

You may wonder if you can get in trouble if you tell a physician protected health information about his/her patient and someone overhears it. This isn't likely as long as reasonable precautions are taken to minimize the chance of incidental disclosures to others who may be nearby. This could include:

- Healthcare staff members that orally coordinate services at nursing stations.
- Nurses or other healthcare professionals that discuss a patient's condition over the phone with the patient, a provider or a family member.

This situation is known as an incidental disclosure. Incidental disclosures may also occur when:

- A physician discusses a patient's condition or treatment regimen in the patient's semi-private room.
- Healthcare professionals discuss a patient's condition during training rounds in an academic or training institution.

- A pharmacist discusses a prescription with a patient over the pharmacy counter, or with a physician or the patient over the phone.
- A healthcare professional discusses Lab test results with a patient or other provider in a joint treatment area.

In circumstances like these, reasonable precautions could include using lowered voices or talking in a more private area when sharing protected health information. In an emergency situation, in a loud emergency room, or where a patient is hearing impaired, such precautions may not be practical. Providers are free to engage in communications as required for quick, effective and high-quality health care.

In an area where multiple patient-staff communications routinely occur, the use of cubicles, dividers, shields, curtains or similar barriers may constitute a reasonable safeguard. For example, a large clinic intake area may reasonably use cubicles or shield-type dividers instead of separate rooms, or providers could add curtains or screens to areas where discussions often occur between doctors and patients or among professionals treating the patient.

### **HIPAA Complaints**

If a HIPAA Complaint is made directly to the hospital

- Internal investigation
- Documentation of all complaints received
- Documentation of disposition of complaint

Reporting a HIPAA Violation

If you feel you have witnessed or experienced a HIPAA violation, you can contact the hospital's Privacy Officer at [privacyofficer@chhi.org](mailto:privacyofficer@chhi.org) or at 304-526-2011 or 304-399-2997.

### **Sentinel Events and Patient Safety Events**

**Patient Safety Event:** An event, incident, or condition that could have resulted or did result in harm to a patient. A patient safety event can be, but is not necessarily, the result of a defective system or process design, a system breakdown, equipment failure, or human error

#### **Patient Safety Event Categories**

**Adverse Event:** Patient event that resulted in harm to a patient

**Sentinel Event:** Patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following: death, permanent, harm, severe temporary harm. The Joint Commission also provides a list of events considered Sentinel.

**No Harm Event:** Patient safety event that reaches the patient but does not cause harm

**Close Call Event/Good Catch/Near Miss:** Patient safety event that did not reach the patient

**Hazardous Condition:** Circumstance (other than a patient's own disease process or condition) that increase the probability of an adverse event

## Joint Commission List of Sentinel Events

The Joint Commission also identifies the following as Sentinel Events:

- Suicide of any patient receiving around the clock care or within 72 hours of DC from the ED
- Unanticipated death of a full term infant
- Discharge of an infant to the wrong family
- Patient abduction
- Patient elopement from a staffed around the clock setting resulting in death, permanent harm, or severe temporary harm to the patient
- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities
- Rape, assault, or homicide of any patient receiving care, treatment, or services while on site at the hospital
- Invasive procedure, including surgery , on the wrong patient, at the wrong site, or that is the wrong (unintended) procedure
- Unintended retention of a foreign object in a patient after an invasive procedure, including surgery
- Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)
- Prolonged fluoroscopy with cumulative dose >1500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above planned radiotherapy doses
- Fire, flame, or unanticipated smoke, heat, or flashes occurring during an episode of patient care
- Any intrapartum (related to birth process) maternal death
- Severe maternal morbidity (not primarily related to the natural course of the patient's illness or underlying condition) when it reaches a patient and results in permanent harm or severe temporary harm

### National Patient Safety Goals

The Joint Commission National Patient Safety Goals are:

|                                    |  |
|------------------------------------|--|
| <b>Identify patients correctly</b> | <ul style="list-style-type: none"> <li>• Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the medicine and treatment meant for them.</li> <li>• Make sure that the correct patient gets the correct blood type when they get a blood transfusion.</li> </ul>  |
| <b>Improve staff communication</b> | <ul style="list-style-type: none"> <li>• Get important test results to the right staff person on time.</li> </ul>  |
| <b>Use medicines safely</b>        | <ul style="list-style-type: none"> <li>• Label all medicines that are not already labeled, such as medicines in syringes, cups and basins.</li> <li>• Take extra care with patients who take medicines to thin their blood. Use only approved protocols. Recognize importance of follow up monitoring patient compliance, drug food interactions, and potential for adverse drug interactions, educate patient and family and evaluate safe practices.</li> <li>• Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows what medications to take at home. Tell the patient it is very important to bring an up-to-date list of their medicines every time they visit a doctor.</li> </ul> |

|                                      |   |
|--------------------------------------|---|
| <b>Prevent infection</b>             | <ul style="list-style-type: none"> <li>• Use the hand hygiene guidelines from the Centers for Disease Control and Prevention or the World Health Organization.</li> <li>• Use proven guidelines to prevent infections that are difficult to treat.</li> <li>• Use proven guidelines to prevent infection of the blood from central lines.</li> <li>• Use proven guidelines to prevent infection after surgery.</li> <li>• Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.</li> </ul> |
| <b>Identify patient safety risks</b> | <ul style="list-style-type: none"> <li>• Find out which patients are most likely to try to commit suicide.</li> </ul>   |
| <b>Prevent mistakes in surgery</b>   | <ul style="list-style-type: none"> <li>• Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.</li> <li>• Mark the correct place on the patient's body where the surgery is to be done.</li> <li>• Pause before the surgery to make sure that a mistake is not being made.</li> </ul>   |
| <b>Alarm Management</b>              | <ul style="list-style-type: none"> <li>• Make improvements to ensure that alarms on medical equipment are heard and responded to on time. Know the purpose and proper operation of alarm systems on equipment you are responsible for operating.</li> </ul>   |

## Patient Safety Using Colored Armbands

# It's All in the Wrist!

At Cabell Huntington Hospital, patient safety is our constant priority, and wristbands help us identify patients with specific needs or conditions that may influence how we deliver care. Here's a key to clarify what each wristband means:



**Purple wristbands** shall be used to identify patients with a "Do Not Resuscitate" order written in the medical record in accordance with hospital policy. The letters "DNR" shall be embossed/printed on the wristbands.



**Red wristbands** shall be used to identify patients with allergies. The list of allergies should be written in the medical record in accordance with hospital policy. Allergies should include allergies to medications, food, environmental allergens or other substances that may cause an allergic reaction in the patient. The word "ALLERGY" shall be embossed/printed on the wristband. Patients shall still be questioned verbally to confirm allergy details as part of medication administration, procedures and pre-operative checks.



**Yellow wristbands** shall be used to identify patients with a risk of falling. Patients with a risk of previous falls, dizziness, balance problems, fatigability or confusion about their current surroundings should be assessed for potential fall risk. The words "FALL RISK" shall be embossed/printed on the wristbands.



**Pink wristbands** shall be used to identify patients with a "LIMB ALERT." This specific wristband shall be placed on the limb that has restricted use. Patients with lymphedema, mastectomies or AV shunts in place should not have that limb used for monitoring blood pressures, taking blood or starting IVs.



**Green wristbands** shall be used to identify patients with a "LATEX ALLERGY." The documentation of a latex allergy should be recorded in the medical record under allergies in accordance with hospital policy.



To ensure patient safety through proper identification, CHH has implemented a colored armband system. In addition to a patient armband for identification, patients may wear a different colored arm band as a reminder about treatment or care. If you see patient wearing a colored armband, it means something. You will find the following reference posted throughout the hospital to help you remember what the **armbands mean**.

Learn the purpose of each armband so you can act accordingly.

## Antimicrobial Stewardship Program

The purpose and goals of the program are to improve the care of hospitalized patients receiving antibiotics by:

- Reducing use and duration of intravenous antimicrobials by implementing evidence-based appropriate interventions when they occur.
- Monitoring patients receiving antimicrobials with known safety concerns.
- Developing accessible, evidence-based disease-specific antimicrobial use guidelines and clinical pathways.
- Developing an educational curriculum to improve knowledge and practice of infectious diseases and enhance knowledge of the relationship between antibiotic use and resistance.
- Optimizing the outcomes of patients receiving antimicrobials.

- Optimizing antimicrobial regimens by providing guidance with selection and dosing of antimicrobials.
- Improving system-wide antimicrobial reporting data.
- Improving appropriate use and duration of antimicrobial surgical prophylaxis.
- Exploring novel antimicrobial dosing strategies to optimize pharmacodynamics in patients with drug-resistant infections.
- Monitoring of appropriate process and outcome measurements.

For questions regarding antimicrobial therapy, please contact the antimicrobial stewardship program.

### Antimicrobial Stewardship Program Leadership

- Derek Evans, PharmD

Ext: 6851 / 304.399.6851  
Derek.Evans@chhi.org

- Kara Willenburg, MD, FACP

Doc Halo  
Willenburg@marshall.edu



Early Heart Attack Care:

Become a Heart Attack Hero

*Getting medical help **early** can prevent a heart attack*

The Society of Cardiovascular Patient Care is conducting an [Early Heart Attack Care](http://www.deputyheartattack.org) (EHAC) ([www.deputyheartattack.org](http://www.deputyheartattack.org)) campaign, which encourages early recognition of heart attack symptoms when they may be mild. For people experiencing these symptoms, the heart attack can be prevented with early treatment before any damage to the heart can occur!

The faster those symptoms can be identified, the more beneficial treatment will be. About 85% of muscle damage takes place within the first hour of the heart attack. If people can recognize the symptoms in themselves or others and call 9-1-1 immediately, less damage to the heart muscle occurs. **Often, it's not the heart attack itself that kills; it is the time that is wasted identifying the symptoms and deciding what to do.**

## What Everyone Needs to Know:



**ALWAYS CALL 911...SURVIVE, DON'T DRIVE!**

### **Learn the signs & symptoms of an early heart attack.**

- Heart attacks have beginnings. The symptoms, which are shown above, can begin as early as two weeks before a major heart attack. This is the best window of opportunity to prevent death and minimize heart damage.
- Heart attacks kill about 800,000 people each year in the US, but that number can be cut in half if everyone learns the signs and symptoms of an early heart attack.
- If you suspect someone is having a heart attack, be a good Samaritan and get them to medical care as soon as possible.

## Section VII

### Working with Patients while at CHH

#### **Service Excellence Behavioral Standards**

Cabell Huntington Hospital has defined seven customer service excellence behavioral standards – what we see as key service behaviors for every encounter. These standards serve as the foundation for all customer service strategies and are the way we do things at CHH. As a representative of Cabell Huntington Hospital, you have a personal responsibility to meet or exceed these standards every day:

- I make positive first impressions on everyone I come in contact with by being friendly and welcoming, and showing concern and compassion with my patients and their family members.
- I communicate effectively with patients, family members, physicians and co-workers, always listening carefully and explaining things in a way they can understand.
- I activate service recovery when I know things aren't going well for one of our customers.
- I always treat everyone with courtesy and respect.
- I always keep a positive attitude around my customers.
- I am a team player and do everything I can to promote a team spirit and teamwork.
- I work with purpose and passion every day to achieve the highest standards of service excellence.

## Population-Specific Care

The patients and visitors that come to Cabell Huntington Hospital are diverse. CHH welcomes patients from neonates to the elderly. Although the cultural diversity in the area is limited, the people in the area are diverse. Anyone dealing with patients or visitors is expected to respect and embrace those differences.

## Patient and Family Centered Care

Every patient that enters the hospital has a unique set of needs—clinical symptoms that require medical attention and issues specific to the individual that can affect his or her care. As patients move along the care continuum, it is important for hospitals to be prepared to identify and address not just the clinical aspects of care, but also the spectrum of each patient’s demographic and personal characteristics. Suggestions for providing Patient Centered Care through the continuum include:

### Admission

- Inform patients of their rights.
- Ask the patient if there are any additional needs that may affect his or her care.

### Assessment

- Identify patient cultural, religious, or spiritual beliefs or practices that influence care.
- Communicate information about unique patient needs to the care team.

### Treatment

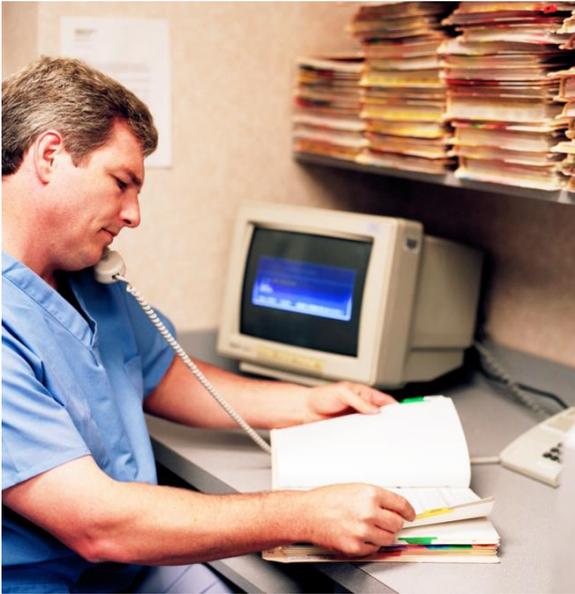
- Involve patients and families in the care process.
- Provide patient education that meets patient needs.
- Accommodate patient cultural, religious, or spiritual beliefs and practices.

### End-of-Life Care

- Involve the patient’s surrogate decision-maker and family in end-of-life care.
- Identify patient cultural, religious, or spiritual beliefs and practices at the end of life.
- Organ Donation- It is the policy of Cabell Huntington Hospital in conjunction with Kentucky/West Virginia Organ Donor Affiliated (KODA) to screen patients for medical suitability for tissue or organ donation. The legal representative or next of kin, in order of priority, of dying patients shall be offered the opportunity to make an anatomical gift. See the Anatomical Gifts policy for more information.

### Discharge and Transfer

- Engage patients and families in discharge and transfer planning and instruction.
- Provide discharge instruction that meets patient needs
- Identify follow-up providers that can meet unique patient needs.



**Documentation-** Clinical departments utilize Cerner computerized documentation. Non-employee caregivers who must document can request access to view and document in the system by submitting a “Computer ACCESS Request Form” and submit to your supervisor.

**Downtime Procedures:**  
In the event of a system downtime (general unavailability/unusability of 1) any computerized system (one or more of its components). 2) Cabell interfaces, 3) Cabell network) operations will revert to manual processes as required by the downtime and IS operation will resume as quickly as possible following the downtime. When systems are restored, IS will send out a message by all available communication means indicating the date and duration of the downtime. Contact the department leader for specific instructions or additional clarification as

needed.

### **Abuse and Neglect**

Any person who is caring for patients or who are around patients must be alert for signs of abuse or neglect. If you suspect any form is abuse or neglect notify the patients nurse immediately.

### **Domestic Violence**

Indicators include untreated old injuries, history of “accident prone”, and discrepancy between the injury and the history. Healthcare workers are not mandated to make referrals.

### **Child Abuse and Neglect**

All healthcare workers are mandated to report instances to the Clinical Resource Management Department at CHH or 1-800-352-6513.

### **Adult Abuse and Neglect**

Healthcare workers who suspect or observe abuse or neglect shall immediately call the Clinical Resource Management Department at CHH or 1-800-352-6513. Indicators include malnutrition, weight loss, fractures in non-ambulatory patients and unexplained injuries.

### **Pain Assessment and Management**

Patients have the right to have their pain appropriately assessed and managed. Each patient is assessed for pain per the appropriate pain scale. Patients must be educated about effective pain management and side effects.

**High-Alert (High-Risk) Medications** bear a heightened risk of causing significant patient harm when used in error. Although mistakes may or may not be more common with these medications, the consequences of an error are clearly more devastating to patients.

## High-Alert High-Risk Medications Requiring Independent Double Check



### 2020 High-Alert / High Risk Medications



| Medication / Class  | High Alert<br>Sticker on IP<br>Rx Shelf | High Alert<br>Sticker on<br>Bag/Vial | RN Double<br>Check<br><b>ADULTS</b> | RN Double<br>Check<br><b>PEDS</b> | Special | Other Pertinent<br>Information                           |
|---|---|--------------------------------------|-------------------------------------|-----------------------------------|---------|--|
| <b>Adrenergic;</b> <i>DOPamine, DOBUamine, Vasopressin</i>                                    | X                                       | X-Bags ONLY                          | X                                   | X                                 |         | Order Sets to assist with Dosing; Smart Pumps for PEDS   |
| <b>Amphotericin B</b>   | X                                       |                                      |                                     |                                   |         | Conventional vs Lipid                                    |
| <b>Antibiotic Lock Therapy (ALT)</b>  |   | X                                    | X                                   | X                                 |         | Order Sets to assist with dosing.                        |
| <b>Chemotherapy</b>   | X                                       | X                                    | X                                   | X                                 | X       | ChemoBLOC Bag; Rx Double Check                           |
| <b>Dexmedetomidine Infusions PEDS</b>   |   | X                                    |                                     | X                                 |         | Order Sets to assist with Dosing; Smart Pumps for PEDS   |
| <b>Direct Thrombin Inhibitors;</b> <i>Argatroban, Bivalirudin</i>                             | X                                       | X                                    | X                                   | X                                 |         | Order Sets to assist with Dosing                         |
| <b>Electrolytes, Concentrated</b>   | X                                       | X                                    |                                     |                                   |         | Not Stocked in Patient Care Areas                        |
| <b>Epidural / Intrathecal Administration</b>  |   | X                                    | X                                   | X                                 |         |  |
| <b>FentaNYL Infusion</b>  |   |                                      |                                     | X                                 |         | Smart Pump for PEDS                                      |
| <b>GIIB/IIIA Inhibitors;</b> <i>Eprexibatide, Tirofiban, Abciximab</i>                        | X                                       | X                                    | X                                   | X                                 |         | Renal Dose Adjustment Required                           |
| <b>Heparin Infusion</b>   | X                                       | X-Bags ONLY                          | X                                   | X                                 |         | Order Sets to assist with Dosing                         |
| <b>Insulin Infusion</b>   |   | X                                    | X                                   | X                                 |         |  |
| <b>Ketamine Infusion</b>  |   |                                      |                                     | X                                 |         | Smart Pump for PEDS                                      |
| <b>Midazolam Infusion</b>   |   |                                      |                                     | X                                 |         | Smart Pump for PEDS                                      |
| <b>Neuromuscular Blockers;</b> <i>Atracurium, Cisatracurium, Rocuronium, Succinylcholine,</i> | X                                       | X                                    | X                                   | X                                 | X       | Patient must be on sedation; Order Sets to mitigate risk |
| <b>Opioids, Intermittent</b>  |   |                                      |                                     |                                   | X       | Require O2 Sat and vital sign monitoring per policy      |
| <b>Oxytocin</b>   | X                                       |                                      |                                     |                                   |         | Multiple Concentrations                                  |
| <b>Patient Controlled Analgesia</b>   |   | X                                    | X                                   | X                                 |         |  |
| <b>Sodium Chloride, Concentrated (&gt;0.9%)</b>   | X                                       | X                                    | X                                   | X                                 | X       | Order Sets to assist with Dosing; Neuro checks required  |
| <b>Terbutaline Infusions</b>  |   | X                                    |                                     | X                                 |         | Smart Pump for PEDS                                      |
| <b>Thrombolytics;</b> <i>Alteplase</i>  | X                                       | X                                    | X                                   | X                                 |         | Order Sets to assist with Dosing                         |
| <b>Warfarin</b>   | X                                       |                                      |                                     |                                   | X       | Monitoring by Pharmacy                                   |

The P&T Committee at CHHI requires **special safeguards to reduce the risk of errors with High Alert – High Risk Medications**. These strategies include: **1) Conveying drug information** about these medications; **2) Limiting access** to these medications; **3) Using auxiliary labels** and automated alerts for these medications; **4) Standardizing the ordering**, storage, preparation, and

administration of these medications; and **5) Employing redundancies** such as automated or independent double checks before the administration of all **High Alert – High Risk Medications**.



2020 Look Alike / Sound Alike List



|                              |                             |
|------------------------------|-----------------------------|
| BuPROPion                    | BusPIRone                   |
| DOBUTamine                   | DOPamine                    |
| Depakote ER                  | Depakote DR                 |
| ePHEDrine                    | EPINEPHrine                 |
| HumaLOG                      | HumuLIN                     |
| HydrALAZINE                  | HydroOXYzine                |
| LEVOfloxacIn                 | LEVEtiracetam               |
| Metoprolol Tartrate          | Metoprolol Succinate        |
| PredniSONE                   | PredniSOLONE                |
| RisperiDONE                  | ROPINIRole                  |
| Solu-CORTEF                  | Solu-MEDROL                 |
| Conventional Amphotericin B  | Liposomal Amphotericin B    |
| VASOPressin                  | DESMOPressin                |
| HYDROXYprogesterone Caproate | MEDROXYprogesterone Acetate |

**Cabell Huntington Hospital incorporates the Joint Commission Medication Management Standards** (summarized below) into medication administration practices.

1. Patients take only medications dispensed by CHH.
2. Home medications are sent home with family.
3. Do not leave any medications in the room/at the bedside.
4. Medications must be secured, either locked or under continuous observation.
5. Be aware of “Look A Like, Sound A Like” medications; lists posted in medication rooms.
6. Monitor the patient’s response to the first dose of a medication.
7. Monitor the patient’s response to each medication, including the patient’s own perception of the side effects and efficacy of the medication

Cabell Huntington Hospital/Marshall Health requires special safeguards to reduce the risk of errors with High-Alert, High-Risk Medications. These strategies include:

1. Limiting access to these medications.
2. Using auxiliary labels and automated alerts for these medications.
3. Standardizing the ordering, storage, preparation and administration of these medications.
4. Employing redundancies, such as independent double checks.

## Medication Errors/Patient Injuries

If you are involved in a medication error or a patient injury, immediately notify your supervisor and /or the charge nurse. The physician must also be notified. Complete the Incident Form in the Datix Reporting System located as an icon on all computer desktops.

## Unapproved Abbreviations

### Do Not Use Abbreviations

| Do Not Use  | Potential Problem   | Use Instead   |
|---|---|---|
| U, u (unit)   | Mistaken for "0" (zero), the number "4" (four) or "cc"                                      | Write "unit"  |
| IU (International Unit)   | Mistaken for IV (intravenous) or the number 10 (ten)  | Write "International Unit"                            |
| Q.D., QD, q.d., qd (daily)<br>Q.O.D., QOD, q.o.d, qod (every other day) | Mistaken for each other<br>Period after the Q mistaken for "I" and the "O" mistaken for "1" | Write "daily"<br>Write "every other day"              |
| Trailing zero (X.0 mg)*<br>Lack of leading zero (.X mg)                 | Decimal point is missed   | Write "X mg"<br>Write "0.X mg"                        |
| MS<br>MSO <sub>4</sub> and MgSO <sub>4</sub>                            | Can mean morphine sulfate or magnesium sulfate<br>Confused for one another                  | Write "morphine sulfate"<br>Write "magnesium sulfate" |
| Ⓜg  | Written Ⓜ looks like an "m" resulting in a 100-fold overdose                                | Write "mcg"   |
| CC  | Written "cc" is mistaken for "mg" or "u" or 00  | Write "ML"  |
| T.I.W. (for 3 times a week)   | Mistaken for 3 times a day or twice a week  | Write "3 times weekly"                                |
| HS  | Mistaken for half strength or Q1hr  | Write "at bedtime"                                    |

## Section VIII: Other Required Information

### Radiation Safety

You may come in contact with the Radiology Department while you are at Cabell Huntington Hospital. Please review the Radiation Safety Guidelines below.

## **Time, Distance, Shielding**

- Think of radiation as water coming out of a sprinkler. The longer you stand in the spray, the wetter you get. The longer you stay within in the radiation field, the more radiation you get.
- If you stand close to the sprinkler, you get wetter than if you stand on the fringes of the spray. The closer you stand to the radiation source, the more radiation you receive.
- If you carry an umbrella when you stand in the sprinkler spray, you are protected from the water. When you are standing near radiation, if you wear a lead apron you will be protected from the radiation.

## **MRI**

Magnet + radiowaves + computer + patient = MRI image

To increase safety in the MRI room, remember:

- The magnetic field is ALWAYS present.
- The MRI scanner is ALWAYS a magnet.
- It is NEVER turned off.
- All patients and staff MUST be screened by trained staff for metal objects prior to entering the MRI scan room.
- Any equipment that is not MRI compatible, such as oxygen tanks, stretchers, wheelchairs, and taken into the MRI scan room can potentially become projectile missiles, flying into the center of the scanner.
- Never enter the MRI scan room without an MRI-trained expert.
- Accidents can be prevented in the MRI by following all rules and performing patient screenings appropriately.

## **Rapid Response Team:**

The Rapid Response Team is activated (x2123) when a patient begins to deteriorate and before the patient experiences a cardiac or pulmonary arrest.

Responding physician must document a progress note in the patient's chart related to the circumstances surrounding the event and any recommendations/plans for further care.

## **Organ Donation**

It is the policy of Cabell Huntington Hospital in conjunction with Kentucky/West Virginia Organ Donor Affiliated (KODA) to screen patients for medical suitability for tissue or organ donation. The legal representative or next of kin, in order of priority, of dying patients shall be offered the opportunity to make an anatomical gift. See the Anatomical Gifts policy for more information.

## **Point of Care Testing**

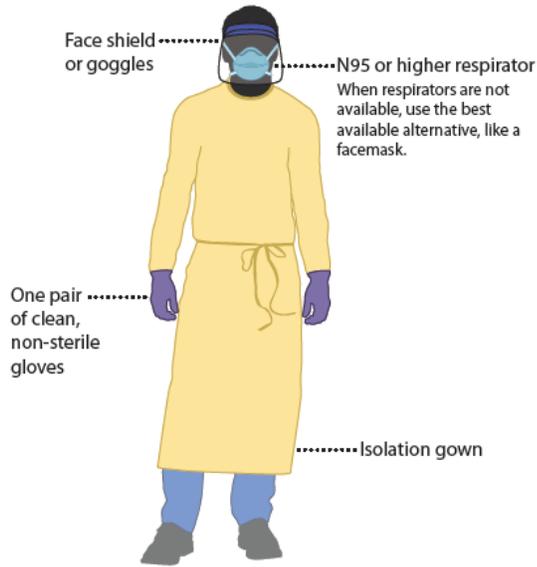
Must complete training by the CHH laboratory leadership on the point of care tests you will be completing such as Fern testing or Hemocult testing. This also includes training on the equipment the test may require.

## COVID-19 Education for Non- Employees

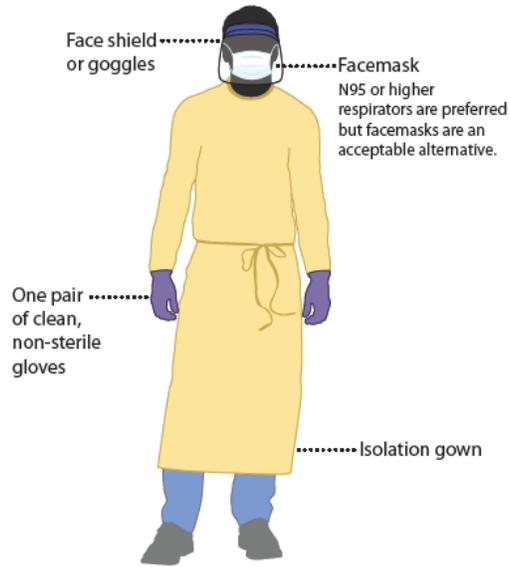
- Frequent handwashing and regular disinfection of high-touch surfaces is as important as any other measure in reducing your risk of contracting COVID-19.
- Personal cloth masks should be worn in/out of the facility and while in the building, unless eating, drinking or engaged in patient care that requires a higher level of Personal Protective Equipment (PPE).
- Screening questions will be posted at each entry. Pause to read the questions and if any of your answers to the screening questions listed below are "YES" do not enter a Mountain Health Network facility until you have been medically cleared.  
If the answer to all questions is "NO", proceed to use the hand sanitizer and enter the building.
- If you are ill or know that your answer to any of the screening questions will be "YES", take care of yourself and others by contacting your care provider for treatment.
- The four current screening questions are:
  - Do you have any of these symptoms:
    - Fever?
    - NEW cough?
    - NEW shortness of breath?
    - NEW body aches?
    - NEW sore throat?
  - Are you currently in quarantine or have a test pending for COVID-19?
  - Have you had any close contact outside of work with:
    - A person known to have COVID-19?
    - A person in quarantine or awaiting COVID-19 results
  - Have you had any travel within the last 14 days that included: International and cruise
- Personal cloth masks are to be worn by non-direct patient care staff while on duty. Cloth masks must be washed daily when used.
- Surgical or droplet masks are for direct patient care ONLY. When you remove your surgical mask for breaks, place in a paper bag labeled with your name. Do NOT discard your mask until you leave the facility.
- Eye protection (you must provide) MUST be worn, along with a facemask, during direct patient care within 6 feet of ALL patients. Eye protection is re-useable. Clean eye protection prior to putting it in a paper bag with your name on it. Obtain a paper bag from a nurse station. You will keep and reuse the same eye protection until it breaks throughout your visit to a Mountain Health Network Facility.
- Signage will be posted on the door if a patient is receiving an aerosol generating procedures or therapy. You cannot enter these rooms.
- Currently, we are no longer using PPE for MRSA patients. You should ~~however~~ wear a gown if you will be doing a procedure or care that could get bodily fluids on your clothes. Be meticulous with standard precautions.
- If you are being tested for COVID due to symptoms or exposure you must not enter a MHN facility until the results are known and are negative (or if anyone in the household is being tested).
- If someone in your home is positive, you must quarantine with this person.
- Must wear a medical grade masks in all meetings and in shared office spaces. Cloth masks are not PPE.
- Discard masks at the end of the day.
- The only place masks are not required are private offices with the door closed.
- When in break rooms eating or drinking, be at least six feet away from others if mask is removed, for less than 15 minutes if possible.

# COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

## Preferred PPE – Use N95 or Higher Respirator



## Acceptable Alternative PPE – Use Facemask



CS 719184-C 03/20/2020

[cdc.gov/COVID19](https://www.cdc.gov/COVID19)