MANDATORY INSERVICE FOR NON-HOSPITAL PERSONNEL

Bloomington Hospital strives to be the provider of choice in south central Indiana. Bloomington Hospital is a not-for-profit regional referral center offering a full continuum of care to a patient base of 365,000 in nine counties: Monroe, Owen, Brown, Daviess, Greene, Lawrence, Martin, Morgan, and Orange. Forty-five percent of Bloomington Hospital’s inpatients live outside of Monroe County.

The Local Council of Women founded Bloomington Hospital in 1905. The hospital is accredited by The Joint Commission and is a partner in VHA.

- 355 licensed beds
- 2146 full-time equivalent employees
- More than 300 physicians trained in 31 recognized medical specialties
- Annual admissions in excess of 14,828, excluding newborns
- Approximately 54,624 Emergency department visits annually
- Approximately 2091 births annually
- Average length of stay for acute care is 4.3 days
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LIST OF ADMINISTRATION

Mark Moore
Chief Executive Officer
President

L. Gene Perry
Senior Vice President
CEO Bloomington Hospital Orange County

Larry Bailey
Vice President
Chief Operating Officer

Mark Crain
Vice President
Support Services Division

Ruth Ann Morris
Vice President
Chief Nurse Executive

Jim Myers
Vice President
Chief Financial Officer

Brian Whitman
Vice President
Marketing & Community Relations

Steve Deckard
Vice President
Human Resources

Mark McMath
Vice President
Chief Information Officer

Chris Malloy
Vice President
Fund Development

John Lee
Director
Professional Relations
4) Mandatory Inservice for Non-Hospital Personnel
MISSION STATEMENT

Bloomington Hospital exists to provide comprehensive, high quality, cost effective and caring services to the people of South Central Indiana.

INTRODUCTION

Keep yourself safe and healthy in Bloomington Hospital.

The Safety Officer for Bloomington Hospital is Rusty Rozelle.

Safety is a major job responsibility for everyone. Government regulations and internal policies make safety part of everyone’s job.

OSHA standards require:

- That every working man and woman must be provided with a safe and healthful workplace.
- Each employer shall furnish to each of his employees, employment and place of employment, which are free from recognized hazards that are likely to cause death or serious physical harm to his employees.
- Employees to follow all OSHA rules that apply to them.

The Joint Commission standards require:

The goal is to provide a safe, functional, supportive, and effective environment for patients, staff members and other individuals in the hospital. This is crucial to providing quality patient care and achieving good outcomes.

The Joint Commision Management of the Environment of Care Standard requires the hospital to implement the following 7 Environment of Care Plans:

1. Safety
2. Security
3. Hazardous Materials and Waste
4. Emergency Preparedness
5. Fire Prevention
6. Medical Equipment
7. Utility System
The everyday operation of a healthcare facility may create numerous risks that can have serious - even tragic - consequences. This type of environment makes safety a top priority, which is why Bloomington Hospital has developed the Mandatory Inservice for Non-Hospital Personnel.

Our goal is to provide a safe environment. With the participation, compliance, and commitment of the entire staff, accidents, injuries, and illnesses can be significantly reduced. Help make the environment safe. Please follow the safety guidelines, precautions, and procedures outlined in the Mandatory Inservice for Non-Hospital Personnel.

ENVIRONMENT OF CARE SAFETY MANUAL

Each individual is required to comply with the Bloomington Hospital Environment of Care Safety Manual and with the policies and procedures that apply to their job responsibilities in an effort to maintain a safe environment. The Safety Officer is authorized to take action when a hazardous condition exists that could result in personal injury to individuals or damage to equipment or buildings.

Detailed information on Safety Policies can be obtained from the Bloomington Hospital Environment of Care Safety Manual, which is located in all departments.

HITS REPORTS (Healthcare Incident Tracking System)

The purpose of a HITS Report is to enhance the quality of patient care and assist in providing a safe environment for that care. A HITS Report should be used to report events, which are not consistent with:

- The routine care of a patient;
- The routine service of a department;
- The routine operation of a facility.

Events include unusual occurrences, accidents, and situations, which could result in an injury. If injury is incurred as the result of an event, it can be any of the following:

- Bodily injury;
- Damage or loss of personal property.

Incidents need to be reported utilizing HITS (Healthcare Incident Tracking System).

All incidents need to be reported in the HITS system within 24 hours.
CONFIDENTIALITY

Overview of the HIPAA Privacy and Security Regulations and Bloomington Hospital HIPAA Policies

What Is HIPAA?

- HIPAA stands for the “Health Insurance Portability and Accountability Act”.
- HIPAA is a federal law that applies to any organization or business that provides health care services/products or exchanges patient health data. The HIPAA law covers all hospitals, doctor’s offices, and pharmacies.
- The main purpose of the HIPAA law is to protect and enhance the privacy of patient health information.
- In this overview, we will be summarizing the content of the HIPAA law and Bloomington Hospital HIPAA Policies. You should follow these guidelines in order to protect patient health information.

What Must Be Protected?

- Protected Health Information (PHI) is the information that Bloomington Hospital needs to safeguard under HIPAA.
- PHI can also be thought of as “patient health information.”
- PHI is most often found in a patient’s health record.
- PHI can exist in any form including:
  - Oral (Phone Conversations)
  - Written (Medical Record)
  - Electronic (Patient Database)
- PHI is anything that can identify a person as an individual.
- Some examples of PHI are:
  - Name
  - Address, city, county, zip
  - Birthdate
  - Phone/fax number’s
  - E-mail address
  - Biometric identifiers
  - Health plan numbers
Use and Disclosure of PHI

- **Use** means the internal access, utilization, or sharing of PHI at Bloomington Hospital. For example, if an employee in the Emergency Department gives a patient’s health information to the Surgery staff, it is considered a use of the PHI.
  - You can only use the smallest amount of PHI that you need to perform your assignment/job duties at Bloomington Hospital.
  - You should not use PHI unless you have a legitimate work reason for doing so.
  - You should not use PHI without first determining if the patient needs to sign an authorization form.

- **Disclosure** means the release, transfer, access, or divulging of PHI to a person outside of Bloomington Hospital. For example, if an employee in the Emergency Department gives a patient’s health information to the patient’s insurance company, it is considered a disclosure of the PHI.
  - If you get a request for PHI from an outside person, you can only disclose the smallest amount of PHI the outsider needs to fulfill the purpose for their request.
  - If the outside person is requesting PHI in order to treat the patient, you can give them the amount of information they ask for. This means that the entire health record can be disclosed to any person that is directly involved in the care of the patient.
  - You should not give PHI to anyone outside of Bloomington Hospital without first determining if the patient needs to sign an authorization form.

**Authorizations**

- Before using or disclosing PHI, you must first determine if the patient’s signature on an authorization form is required.
• If an authorization is required, you must obtain the patient’s signature on an authorization form before the use or disclosure takes place.

• All uses and disclosures require an authorization except for if the use or disclosure is occurring for one of the following reasons.
  o Treatment
  o Payment
  o Healthcare Operations
  o If the use or disclosure is required by state or federal law

**Verification**

• You must verify the identity of people before you disclose PHI to them.

• You can verify a person’s identity by asking to see their identification badge, driver’s license, or other official identification.

• The person must have a legitimate reason to be able to receive PHI.

**Patient (Privacy) Rights**

• The HIPAA privacy regulations strive to give patients more control over their health information. In order to do this, the law outlines some additional privacy rights that should be given to patients. These rights are outlined below.

  **Notice**

  o Patients have a right to view and keep a copy of a “Notice of Privacy Practices” that explains how Bloomington Hospital may use or disclose PHI and that explains the patient’s privacy rights.

  o The Notice will be distributed to Bloomington Hospital patients during their registration and it will be posted where patients can see it.

  **Access**

  o Patients have the right to inspect and copy their PHI in most situations.

  **Amend**

  o Patients have the right to request amendments or changes to their health information.

  o Bloomington Hospital does not have to accept all amendments that are requested.
Accounting of Disclosures
- Patients have the right to receive a list of all disclosures of their PHI (except those for treatment, payment, and healthcare operations).

Restrict access
- Patients have the right to request restrictions on certain uses and disclosures of PHI. For example, they can request that their information not be given to their family.
- Bloomington Hospital does not have to accept all of the restrictions that are requested.

Confidential communications
- Patients have the right to request communication through confidential means.
- For example, they can request to be called at work instead of home to discuss a test result.
- Bloomington Hospital does not have to accept all of the requests.

- All patient rights requests are handled through the Health Information Management (HIM) Department. If a patient requests that one of their HIPAA rights be carried out, refer them to the HIM Department.

Patient Directory
- The Bloomington Hospital patient directory lists information about each patient that is currently in the facility. The information that is listed includes location in the facility, room phone number, and general condition.
- If an outside person asks for information about the patient, you should direct them to the Information Desk in the lobby or to the telephone Operator.
- The staff members at these locations will give the person information about the patient if it is ok to do so.

Disclosures to Family and Friends
- You may disclose PHI to the family and friends of a patient if you first check with the patient to make sure that it is ok.
- If the patient is unconscious or it is not possible to ask for their permission, you may use your professional judgment to infer that the patient does not object.
Security Protections for Electronic PHI

- **Passwords**
  - Do not “borrow” someone else’s username or password.
  - Do not “lend” your username or password to someone else.
  - Make sure computer equipment is password protected whenever possible. This includes pocket PCs and laptops.
  - No one but you should know your password.
  - Passwords should not be written down.
  - No one from Information Services or another department will ever ask for your password.
  - Choosing a password that is not easily guessed is essential.

- **Physical Security**
  - Keep screens away from public view to protect information.
  - Reboot each computer daily to ensure proper system updates.
  - Never attempt to install any hardware. Only Information Services personnel are authorized to repair computers.

- **Viruses, Malicious and Unauthorized Software**
  - Never attempt to install any software that is downloaded from the Internet or brought from home. All required software is installed and maintained by Information Services.
  - Do not open e-mails or e-mail attachments from unknown sources.
  - Report the appearance of unfamiliar software on your computer.
  - Do not connect a device to the Bloomington Hospital network until the Information Services Help Desk scans it for viruses.
  - Do not use a disk, CD or other media that has been used in an outside computer or that came from an outside source until the Information Services Help Desk has checked it for viruses.

- **Computer Hardware**
  - Due to internal naming conventions, computers and equipment should only be moved by Information Services Help Desk personnel.
  - Make sure that laptops, pocket PCs and other portable equipment are always locked up. This includes locking them to carts and wall units and in the office. It also includes locking them in the car or in the house when they are removed from the facility.
• Media Disposal
  o Dispose of all computer disks, CDs or other media through the Information Services Help Desk.
  o Dispose of all computer hard drives, memory or other computer parts through the Information Services Help Desk.

**Reporting Violations**
• You have the responsibility to inform the HIPAA Office of possible HIPAA violations.
• Your reports can be made on a confidential basis, and we will not retaliate against you for reporting a violation.
• If you would like to report a possible violation or ask a question, you can contact the HIPAA Office at 353-5050.

**Penalties for Violation**
• The Office of Civil Rights is responsible for assigning penalties for HIPAA violations.
• The monetary penalties are set at $100 for each violation, with a maximum of $250,000.
• Prison time (up to 10 years) may also be used as a penalty.

**“HIPAA-Friendly” Practices – Things you should do to protect PHI**
• Faxing
  o Double-check the number before faxing PHI.
  o Use the standard Bloomington Hospital fax coversheet every time you send a fax.
• Verbal and Visual Disclosures
  o Don’t discuss PHI in public areas unless it is necessary for the treatment of a patient.
  o When you are not using PHI, it should be stored in a secure area or turned over, closed, covered, concealed or hidden.
  o Turn your computer monitors to avoid observation by unauthorized persons.
  o Log off the computer when you leave it unattended.
  o Do not leave PHI on an unattended computer screen, printer, photocopier, or fax machine.
• Other Protections
  o Dispose of paper PHI in the green trash bags.
  o Keep your computer password a secret.
  o If you see someone who is not familiar to you that is trying to access PHI, ask for their identification.
  o Do not remove PHI from Bloomington Hospital without permission.

**Contact Information**

If you have questions, concerns, or would like to report a violation, contact one of the individuals below.

• **HIPAA Office**
  Phone 353-5050
  You may use this phone number to anonymously report a HIPAA violation.

• **Tim Brown – Privacy Officer**
  Phone 353-9553
  tbrown@bloomingtonhospital.org

• **Dave Sullivan – Security Officer**
  Phone 353-5664

If you receive requests from patients regarding their privacy rights, contact HIMS at 353-9475.

Now that you have had a brief overview of the HIPAA regulations, see if you can answer the following questions correctly.

• **True or false**
  o The HIPAA privacy rule does not allow Bloomington Hospital to report suspected abuse and certain PHI to authorities, even when other laws allow it.
  o If a nurse forgets her password, her co-worker can give her their username and password to use for a few days.
  o Under HIPAA, a patient’s doctor can only have access to certain parts of their medical record.
  o A physician tells his wife that he’ll be late – he has to see one more patient, a young girl who has just had a miscarriage. This is a violation of HIPAA.
o It is always safe to share health information with members of the patient’s family.

o PHI only consists of paper and electronic data.

o HIPAA does not allow medical students to participate in a patient’s treatment unless the patient has agreed to this by signing a written authorization form.

All of the above are False!

• Multiple choice
  When is the patient’s written authorization to release information required?
  A. In most cases when patient information is shared with anyone for reasons other than treatment, payment, or health care operations.
  B. Upon admission to Bloomington Hospital.
  C. When patient information is to be shared among two or more health care providers.
  D. When patient information is used for billing a private insurer.

  The correct answer is A.

• Gossiping about a patient is...
  A. Not a concern of professional staff who must have knowledge of a patient’s confidential information
  B. Only an issue for patient care employees
  C. Unacceptable behavior for any employee
  D. Not a concern when off-duty

  The correct answer is C.

• What does HIPAA say about faxing patient information?
  A. It can be done only among healthcare providers
  B. Only the patient’s diagnosis can be faxed
  C. No patient information can be faxed
  D. None of the above

  The correct answer is D.
Your sister’s friend just had surgery at the hospital. She asks you to find out how he is doing. What should you do?

A. Ask a nurse on the floor how the patient is doing, and pass the information along to your sister
B. Log into Bloomington Hospital’s computer system and read the patient’s medical record to find information for your sister
C. Explain that it is a violation of HIPAA, Bloomington Hospital’s Privacy Policies, and the patient’s privacy for you to ask around or look at his record, and suggest that she call one of her friend’s family members
D. Call the police and have your sister arrested
E. None of the above

The correct answer is C.

Paging a patient over a facility intercom violates the privacy rule under which of the following circumstances.

A. If the facility says only the name of the patient
B. If the facility says the name of the patient, and the name of the department to report to
C. Neither

The correct answer is B.

PATIENT RIGHTS

Bloomington Hospital exists to provide comprehensive, high quality, cost-effective, and caring services to our patient population. Our patients have the right to expect high quality service, and this is our guiding principle. Patients are to be treated with respect and dignity. All individuals within our healthcare system will work to provide the highest level of patient care. No patient is to be treated differently or to be denied treatment because of an inability to pay, race, creed, national origin, gender, disability, or sexual preference.

For more specific information about Bloomington Hospital’s specific information on Patient Rights, refer to Policy P (P-2) in the Nursing Division Policy Manual located in your department; or ask your Department Director.
CUSTOMER LOYALTY STANDARDS

At Bloomington Hospital, our Mission, Vision, and Values define who we are and what we are working toward. They bring us together with a common purpose, align our actions and allow us to know when we are being successful. Our values focus on how we want to treat each other. They define the quality of our relationships with everyone we work with everyday. This includes team members, other BHHS employees, patients, families and volunteers – everyone! This includes people of every age and generation, every department and type of work, every ethnic and religious group. When we act consistently toward one another based on our values, our energy can be focused on doing our work and serving customers with excellence.

The Customer Loyalty standards are based around our Four Values – T.E.A.M.

TRUST
1. Communication - “I will promote a trusting environment by practicing effective communication skills.”
2. Teamwork - “I will build trusting relationships by treating every co-worker professionally and recognizing that we each have areas of expertise.”
3. Privacy/Confidentiality - “I will uphold our patients’ right to privacy and modesty by creating and maintaining a secure and trusting environment.”

EXCELLENCE
4. Professional Image - “I will make a positive impression on those we serve with my appearance and actions.”
5. Positive Attitude - “I will provide the highest quality of service with utmost care and courtesy.”
6. Speed of Service - “I will recognize that customers have a sense of urgency and show them that I value their time.”

ACCOUNTABILITY
7. Information & Involvement - “I will be accountable for our customers being aware of, understanding and participating in decisions regarding their care and treatment.”
8. Environment & Safety Needs - “I will create an environment that induces feelings of cleanliness, safety and peace of mind.”
9. Sense of Ownership - “I will take pride in what I do, feel responsible for the outcomes of my efforts, and recognize my work is a reflection of myself.”

**MUTUAL RESPECT**

10. Respect - “I will treat everyone as the most important person in our facility.”

**DIVERSITY AT BLOOMINGTON HOSPITAL**

**DEFINING DIVERSITY**

Diversity at BH is defined broadly to include group differences (based on age, race, gender, sexual orientation, disabilities, parental status or job group, for instance) and individual differences, including communication style, career experience and other variables. Our goal is to create an environment that is inclusive, drawing upon the strength of the diversity of our workforce to exceed the expectations of BH’s customers. *It’s about valuing the similarities and differences among individuals.*

**What is Diversity not about?**

- It is not about reducing standards.
- It is not just about reducing our prejudices. It is about recognizing they exist and then questioning them before we act.
- It is not a distraction from more important business issues. Like performance management, it is a standard by which BH performance is assessed.
- Diversity is not only black and white, female and male, homosexual and heterosexual, Jew and Christian, young and old, etc.; but the diversity of every individual, slow learner and fast learner, introvert and extrovert, controlling type and people type, scholar and sports-person, liberal and conservative, etc. Although it includes gender and racial differences, it goes beyond that to touch on the very fabric that touches our everyday lives. Only by accepting the uniqueness of others, rather than scorning them, will people want to help the team to succeed as a whole.
Stereotyping – occurs when we apply our biases to all members of a particular group. Just because one member of an age, religious, or ethnic group behaves in a certain way, it does not mean that every other person of that group will act the same way. Our perceptions may be based on a lack of knowledge or understanding of a particular person or culture. Stereotypes prevent us from knowing other individuals for who they really are, and may lead to discrimination.

Prejudice – a preconceived feeling of bias. Everyone has likes and dislikes developed through family, friends, the media, and other influences. Some of our biases are harmless: product brand preferences, but when we begin to have prejudices against groups or individuals at work, problems can be created.

While at Bloomington Hospital we can expect you to:

- Appreciate differences of peoples’ styles, cultures, gifts, and skills. Be willing to learn from others’ points of view.
- Implement the four steps of the F.A.I.R. approach
  - Feedback – giving and receiving appropriate feedback
  - Assistance – providing and asking for assistance when needed
  - Inclusion – ensure everyone feels included
  - Respect – demonstrate appropriate respect and regard for others
- Be understanding – acknowledge that there can be differences between our Western and other cultures’ health care values and practices
- Be empathetic – be sensitive to the feeling of being different
- Showing patience – understand the potential differences of concept of time and immediacy
- Show respect – Understand the importance of culture as a determinant of health; the existence of other world views regarding health/illness; the adaptability and survival skills of our patients; the influence of religious beliefs on health and the role of bilingual/bicultural staff
- Be trustworthy – convey a commitment to safeguard our customers’ well-being.
Cultural competence is a term used to describe people and organizations that work effectively with their own culture and with cultural groups different from their own. It involves a set of attitudes, practices, behaviors and policies that enable a person or system to work effectively in diverse communities.

A gentle word and a smile are gestures that transcend all cultural barriers.

Should you have any questions or need further clarification, please contact any manager within the organization or Organization Effectiveness at 353-3388.

**ABUSE**

The policy is to protect all victims of abuse. It is the responsibility of the healthcare worker to be aware and report signs of abuse to their supervisor immediately (see Adult, Abuse-Dependent, and Elder policy). Reports of abuse or independent adults are voluntary. The incidents of abuse are increasing and it is our responsibility to protect the victim.

Depending on the age of the abused, the following departments and/or agencies may be involved:

- Social Services
- Law Enforcement
- Adult Protective Services
- Child Protective Services
Remember that the batterer may frequently accompany the patient; therefore, the patient may be reluctant to give information regarding the real reason for injury.

For further information about Adult Abuse-Spouse or Significant Other consult Policy 2-180 in the Environment of Care Safety Manual located in your department.

**QUALITY IMPROVEMENT/PATIENT SAFETY**

LeAnne Horn is the Director of Quality Improvement and Patient Safety Officer.

Bloomington Hospital is committed to providing the highest quality of care and services possible for our patients while striving to meet the needs and expectations of other customers as well. Quality means adding value to all we do through a commitment to the continuous improvement of our care and services.

The Quality Improvement (QI) program is an effective, ongoing, organizational-wide, data driven program, which strives to monitor effectiveness of care and services, achieve measurable improvement in health outcomes and reduce medical errors. Areas of focus include evidence-based processes and outcomes, adverse patient events, patient rights, patient safety, customer satisfaction, staff performance, and organizational operations and safety. Collaboration between departments is utilized to achieve this.

In addition, the QI program facilitates compliance with Centers for Medicare and Medicaid Services (CMS), the Indiana State Department of Health (ISDH), The Joint Commission, and other regulatory/accrediting agency standards.

The Board of Directors will assure continuous improvement of all we do occurs through the following programs:

- Clinical Quality Improvement
- Patient Safety Program (see Patient Safety Plan)
- Infection Control Program (see Infection Control Plan)
- Quality Improvement Approach (FOCUS-PDCA)

For more specific information about Bloomington Hospital’s Quality Improvement program, refer to Bloomington Hospital Occupational Safety and Health Manual, Policy 1-102 – Quality Improvement Plan.
EMERGENCY CODES

DIAL 44 FOR ALL CODES

Code Red
- Remove those in immediate danger.
- Activate the nearest alarm pull station.
- Confine the fire by closing doors, windows, etc.
- Extinguish the fire (If safe to do so)
- Know the location of the nearest fire extinguisher; pull station, exit, and red emergency power outlets in your work area.
- Dial 44 or 911 (depending on building location) to report the location of the fire.
- Check department specific plan for instructions.

Code Black
Code Black is issued when there is a confirmed report that a tornado has been sighted and that the Bloomington area is in imminent danger. The alert is usually received via HOTLINE from the police dispatch in the Emergency Department. The Emergency Department then calls “44” and tells the operator to proceed with a Code Black. Everyone will need to move to a sheltered area.

Code Yellow
Code Yellow is Bloomington Hospital’s Internal/External Mass Casualty Plan. Code Yellow is activated when a confirmation is given to the Emergency Department Physician on duty that there are circumstances existing outside or inside the hospital whereby a large group of patients or a number of very critically ill or injured patients are going to be brought to Bloomington Hospital as a result of a disaster situation.

Code Adam
Code Adam is a code called when it is known or suspected that an infant or child has been abducted. Individuals need to go to the closest exit and watch for an adult, typically a female between ages 18-44, who is carrying an infant, and who is not being escorted by hospital personnel. Also be aware of any unescorted male or female carrying a package of a size that could hold an infant. Immediately report information on any suspect to the Security Department.
**Code Green**

Code Green means “All Clear.” A Code Green is called to signify that the code previously called is no longer in effect.

**Code Gray**

Code Gray is a responsive employee, patient, or visitor needing medical assistance. Medical emergencies are incidents involving an employee, patient or visitor who is fully responsive, but requires medical assistance and/or transportation. This policy covers emergencies anywhere within the hospital campus, main entrances, and Hospice garden. No portion of this policy however, should be interpreted as prohibiting personnel from assisting needy parties within the scope of their training. If there is any question as to the injured party’s ability to respond, a Code Blue should be called.

**Other Department Specific Codes:**

- **Code Blue**: Respiratory or Cardiac Arrest
- **Code White**: Security Assistance Required
- **Code Pink**: Birth Imminent
- **Code 32**: Security Assistance Required, Weapon Involved

**DIAL 44 FOR ALL CODES**

**HAZARDOUS COMMUNICATION STANDARD**

OSHA – OSHA’s Hazard Communication Standard (HAZCOM) requires that everyone who works with a hazardous chemical has the right to know about its hazards and how to protect against those hazards, and the responsibility to use that knowledge to work safely. The Hazardous Communication Standard applies to any chemical substance present in the workplace including those that are used more frequently or for a longer duration than they would in normal consumer use.

MSDS – Material Safety Data Sheets (MSDS) are available 24 hours a day, 7 days a week in the Emergency Department. The MSDS sheets are categorized by individual departments and contain the following information:

- Chemical name
- Ingredients
- Precautions
• Signs and symptoms of exposure
• Emergency and first aid measures
• Treatment
• Disposal methods, handling and storage
• Manufacturer’s name and address

You should know…
1. Where the MSDS sheets are located
2. What hazardous chemicals are in your department
3. What to do if a spill occurs

WASTE DISPOSAL

Plastic Bags (Purpose and Color Coding):

<table>
<thead>
<tr>
<th>WASTE TYPE</th>
<th>BAG COLOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infectious</td>
<td>Red</td>
</tr>
<tr>
<td>Confidential items</td>
<td>Green</td>
</tr>
<tr>
<td>General waste</td>
<td>Clear</td>
</tr>
</tbody>
</table>

Exception: Needles and sharp objects Red Sharps Containers

UTILITIES SAFETY

If there is an electrical power failure, only the RED plug outlets will work. Emergency power comes on approximately 10 seconds after a power outage. Medical gases are shut off only by Engineering and Maintenance or the Fire Department. Back-up telephones are located throughout the hospital. Directly next to each back-up telephone you will find red cards with instructions for telephone use and back-up telephone numbers for each department and unit. The hospital has agreements with vendors to provide back-up utilities.

SECURITY SYSTEMS

Our security systems include: name badge ID, security officers, camera monitors, and the infant security system. Employees shall be responsible for: wearing their name badges, knowing who should be in their work area, observing and reporting suspicious activities or personnel, and confronting unauthorized personnel. Notify Security
immediately when a person not wearing an ID, is observed acting suspiciously. All Bloomington Hospital personnel are responsible for the safety and security of all patients, visitors and healthcare workers.

Notify Security through the hospital operator by dialing 0 for non-emergencies. Dial 44 for emergency conditions and to report a Code White or Code 32.

DIAL 44 FOR ALL CODES

MEDICAL EQUIPMENT

Clinical Engineering must evaluate all new medical equipment prior to use. Know what to do in the event of a medical equipment failure: tag the non-working item; place it in an area where no one will disturb it; notify Clinical Engineering.

If there is a death, illness or injury that may have been caused by a medical device: save the device and all packaging; fill out a HITS report immediately; contact Clinical Engineering (x5543) or Risk Management (x9341).

RADIATION SAFETY

The exposure to every day radiation is as normal as breathing. Radiation is in the air, soil, and yes, even in our own bodies. Our concern is the amount of ionizing radiation that you (as healthcare personnel) may have the potential to be exposed to while you are working at, or visiting Bloomington Hospital.

Ionizing is made up of high-energy electromagnetic radiations that move very quickly. Ionizing radiation is harmful because it can damage living cells. Ionizing radiation is produced by x-ray machines and by nuclear decay. Healthcare workers have the potential to be exposed to more ionizing radiation than the average person. Exposure to ionizing radiation for the healthcare worker can be avoided by keeping your exposure As Low As Reasonably Achievable (ALARA). In other words, if you do not need to be in the room when an x-ray is being taken, then don’t! It is that simple.

For more information about Bloomington Hospital’s specific information on Radiation Safety, refer to Policy 3-135 in the Environment of Care Safety Manual located in your department.

24) Mandatory Inservice for Non-Hospital Personnel
**WORKPLACE VIOLENCE/DISRUPTIVE BEHAVIOR/ILLEGAL HARASSMENT**

**Workplace Violence** - Bloomington Hospital will strive to maintain a safe working environment for its employees, volunteers and students.

Any form of disruptive, threatening, or violent behavior will not be tolerated by employees, physicians, volunteers or others. Such behavior does not support the organizational value of MUTUAL RESPECT.

**Harassment** - It is a policy of Bloomington Hospital to provide an environment that is free from any kind of harassment.

**DISRUPTIVE BEHAVIOR** - Bloomington Hospital’s definition of Disruptive Behavior (HR Policy 8-107) - “Conduct displayed by a health care professional that negatively impacts the quality of care, causes someone to deviate from the standard of care, or causes (or has the potential to cause) a patient safety issue. Disruptive behavior could intimidate staff, affect staff morale, and lead to staff turnover. Disruptive behavior may be verbal or non-verbal.”

**Examples of disruptive behavior:**
- Rude language or statements.
- Inappropriate or offensive comments or language.
- Statements toward others that may be intimidating, undermine confidence, or belittle individuals.
- Inappropriate facial expressions.
- Inappropriate gestures.
- Non-physical threats.

**THREATENING BEHAVIOR** - Bloomington Hospital’s definition of Threatening Behavior (HR Policy 8-107) - “An expressed or implied verbal threat to interfere with an individual’s physical health or safety, or with the property of Bloomington Hospital or another employee, which causes a reasonable belief that harm or destruction is about to occur.”

**Examples of threatening behavior:**
- Direct or indirect threats of physical harm.
• Threatening or intimidating remarks and/or gestures.
• Belligerent, harassing, bullying and/or other inappropriate and aggressive behavior.
• Prolonged or frequent shouting.
• Stalking or following an individual.
• Aggressive or hostile behavior that creates a reasonable fear of physical injury to another person or subjects another individual to emotional distress.
• Possession of a weapon while on hospital property or making inappropriate references to guns or other weapons.

VIOLENT BEHAVIOR - Bloomington Hospital’s definition of Violent Behavior (HR Policy 8-107) - “The use of physical force or violence to restrict the freedom of action or movement of another person or to endanger the physical health or safety of another person or the property of Bloomington Hospital.”

Examples of violent behavior:
• Unwelcome physical contact.
• Slapping, punching, striking, pushing, or otherwise physically attacking a person.
• Throwing, punching, or otherwise handling objects in an aggressive manner.
• Intentionally damaging employer property or the property of another employee.

Critical risk and contributing factors that identify possible violence:
• Intimidating, harassing and bullying.
• Verbal warning signs of aggression may include: Use of angry or threatening tone of voice, making verbal threats, making unreasonable demands, talking irrationally or not making sense, cursing/shouting or screaming, defiantly challenging rules or authority, making lewd/sexual or degrading comments and suicidal threats.
• Physical warning signs of aggression may include: angry looks or staring; clenching of jaw or fists, tightly gripping objects, nervously pacing or restlessness, slurred speech, stumbling or other signs they are under the influence of alcohol or drugs, violent gestures such as beating, pounding or breaking objects.
• Numerous conflicts with customers, co-workers or supervisors – a person acting in a way that is unusual or strange is a contributing factor.
• Substance abuse - a contributing factor.
• Statements contemplating suicide – unstable health or medical problems are contributing factors.
• Belligerent – a person who forcefully blames authorities, an employee, management, or the employer is a contributing factor.
• Aggressive behavior.
• Carrying a weapon.
• Inappropriate references to guns or threats.
• Extreme changes in normal behaviors – a history of self-destructive behavior is a contributing factor. Also a person experiencing a significant life change such as loss of job, marital status, child custody, death of a family or friend is a contributing factor.
• Has the person made a direct, veiled or conditional threat such as:
  o direct threat: ................. “I’m going to get even for that.”
  o veiled threat:.................... “I could shut this place down.”
  o conditional threat: ........ “If I’m fired, they’ll all pay.”
• Has the person been stalking or following people?
• Has the person intentionally frightened someone?
• Is the person preoccupied by or dwelling on injustices or unrealistic fears?
• Has the person made a statement that he/she has “a plan?”

**Reporting disruptive, threatening or violent behavior:**

All incidents of verbal or written abuse must be reported when an employee feels threatened, provoked, intimidated by the incident, or when the person making the statement or comment intends for their conduct to be perceived as a threat.

• Immediately report the incident to your supervisor and/or the Security Department.
• Complete a HITS report.

**ILLEGAL HARASSMENT (HR Policy 8-103)**

The Equal Opportunity Commission has issued guidelines prohibiting harassment. The guidelines define harassment as:

“Verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of the individual’s protected status (race, gender, color, age, religion, national origin, disability, or sexual preference.”

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Mandatory Inservice for Non-Hospital Personnel (27)
Bloomington Hospital wants its employees to work in an environment free of ANY kind of harassment. Verbal harassment, even of a non-sexual nature, can be considered harassment if it contributes to a “hostile working environment”.

**What should you do about sexual harassment on the job?**

If an employee believes he/she is a victim of sexual and/or verbal harassment from anyone, including members of the medical staff, she/he should follow the following steps:

- Individuals should not ignore harassment or blame themselves, even though this is a normal reaction. Nor should they think harassment is a joke or an accident since experience shows that the behavior will continue or increase if it is ignored. Instead, a person should respond immediately and directly to the offender to indicate that the behavior or remark is not acceptable.
- Say “No” to the offender. Make it clear that you do not approve of his or her actions. Tell them any repetition will be reported to their boss. If the unacceptable behavior happens again, speak with your supervisor.
- If you do not want to confront the person, then discuss the situation with your department supervisor/manager and the Director of Human Resources.

If you do not feel comfortable talking to your department supervisor/manager, you may go directly to the Director of Human Resources.

| Immediately contact Security or have someone call for you if an individual |
| - Makes threats of physical harm toward you, others, or him/herself;  |
| - Has a weapon; or |
| - Behaves in a manner that causes you to fear for your own or another’s safety |

**PERSONAL PROTECTIVE EQUIPMENT**

Personal Protective Equipment (PPE) provides an essential barrier between personnel and the hazards they face on the job. Personnel generally need PPE when containment ventilation and other controls do not provide enough protection.
Personnel will follow OSHA guidelines regarding the use of PPE while performing hazardous duties. PPE will be supplied to any personnel involved with any activity where there is reasonable probability of preventing injury or illness when engineering controls fail to alleviate the hazards and PPE is used correctly. Personnel must use the protectors.

**These items include:**
1. safety glasses
2. gloves
3. gowns
4. respiratory equipment

**Training:**
All employees shall be knowledgeable in the following:
1. When PPE is utilized
2. What is necessary in specific situations
3. Proper use, care, maintenance and disposal of PPE

For more information about Bloomington Hospital’s specific information on Personal Protective Equipment, refer to Policy 9-130 in the Environment of Care Safety Manual located in your department.

**LATEX SENSITIVITY**

A latex allergy can result from repeated exposure to proteins in natural rubber latex through skin contact or inhalation. Reactions usually begin within minutes of exposure to latex, but can also occur hours later and produce various symptoms. These include skin rash, inflammation, respiratory irritation, asthma, and in rare cases, anaphylactic shock.

Bloomington Hospital has created a task force of employees from many different departments to address issues such as latex safe alternatives, developing policy and procedures to prevent exposure to latex, patient care protocols in nursing, admission and discharge protocols, education issues and training for the staff.

Latex allergy in the workplace can result in potentially serious health problems for personnel and the patients. Most of these recommendations set by the task force.

For more information about Bloomington Hospital’s specific information on Latex Sensitivity, refer to Policy ICP-1200 in the Interdisciplinary Policy and Procedure Manual located in your department; or ask your Department Director.
INFECTION CONTROL

The Infection Control Practitioner for Bloomington Hospital is Vickie VanDeventer.

Universal Precautions/Body Substance Isolation represents a system of infection control that assumes all blood and body fluids from every patient are potentially infectious. The basic principles are:

- Hand Washing
- Personal Protective Equipment
- Proper Trash Disposal
- Safe Work Practices

The #1 intervention you can implement to prevent the spread of infection is washing your hands. Bacteria and diseases are spread very easily from the hands of healthcare personnel. Hand washing facilities are located in every department and it is extremely important for you to wash your hands after using the restroom, after removing gloves, and before and after contact with a patient or a piece of critical equipment. An alcohol cleanser may be used when hands are not visibly soiled.

It is also important to know the location of the personal protective equipment in the area in which you are working and to follow departmental policies regarding their use. Personal protective equipment includes gloves, gowns, masks, face shields, and goggles. These devices are used to protect mucous membranes (eye and mouth) or non-intact skin (open area or cut) from being exposed to a potentially infectious material.

Always remember to discard your sharps in a sharps container, and DO NOT recap needles. Empty trash, sharps containers, or laundry when containers are ¾ full.

Some patients are placed in isolation due to the nature of their illness. Those patients are identified with a “stop sign” on the door to their room. It is important that you do not enter these rooms without first consulting with the nurse to learn the appropriate precautions necessary to protect you and other patients or co-workers.

If you have questions, please contact the Infection Control Practitioner at 353.9544, or on pager 323.5880.
INFECTION CONTROL IN THE O.R.

Infection Control in the O.R. is based on the following premises:

1. Every surgical procedure is considered to be contaminated and is to be managed in a consistent manner, utilizing a “confine and contain” technique.

2. All patients, personnel, and materials are considered to be a potential source of cross contamination.

3. Infection control is the shared responsibility of all O.R. personnel.

Traffic Control:

Rationale – The number of airborne microorganisms is directly related to the number of people in a given area, and their activity.

The Surgery Department is divided into three zones of restriction, according to the degree of desired microbial reduction and patients’ increasing vulnerability to infection.

Unrestricted zone: Street clothes are permitted. Zone includes: Surgery nurses station, departmental offices, lounges, classrooms, Endoscopy, pre-op services and PACU.

Semi-restricted zone: Scrub attire, including hair cover, is required. Zone includes: Sterilization, areas in main Surgery that are not operating rooms.

Restricted zone: Scrub attire, hair cover required. Face mask required if procedures in progress. Zone includes all operating rooms and sub-sterile rooms.

Doors to O.R. are to be kept closed except during passage of personnel, equipment, or supplies. Movement in and out of an O.R. during a procedure is to be kept to a minimum. Observers are limited to students of health care disciplines, visiting physicians, hospital employees, instrumentation/equipment company representatives, as indicated. All observers are to be properly attired and assignment of students shall be at the discretion of O.R. management, charge nurses, and department educators. Activity within an O.R. during a surgical procedure is to be conducted with consideration for airborne contamination potential. All persons in an O.R. during a surgical procedure are to be documented on the O.R. record.
O.R. Attire

O.R. attire is to be worn by all persons entering semi-restricted or restricted zones. (maintenance personnel, etc. may wear single use coveralls over their clothing, hair, and shoe covers.) Scrub attire is provided and maintained by the hospital. Scrubs must be changed before re-entering a restricted area when any soiling, spillage, coming in contact with body substances or dirty surfaces occurs. When there is any question of possible contamination, personnel will consider the scrubs contaminated and change them accordingly.

All scrub attire worn in Surgery is to be laundered by the Hospital Laundry. Cover gowns or lab coats are not required to be worn over scrub attire when the wearer is out of the Surgery Department. If anyone wearing scrub attire exits the building, scrub attire must be changed prior to entering a restricted zone. Head hair is to be covered completely.

Disposable caps or hoods are provided. A disposable hood is to be worn if a face mask does not cover all facial hair. Shoes that are worn out of the hospital should not be worn in restricted zones unless shoe covers are also worn. Disposable shoe covers are provided. Disposable, string-tied high filtration facemasks are to be worn in any operating room in main Surgery when a procedure is taking place. The single exception to this is the cysto room where a mask is worn just during the insertion of spinal or epidural anesthesia.

Masks are to be removed and discarded prior to leaving the Surgery Department. Warm-up jackets are encouraged as a deterrent for shedding of skin scarf. Nail polish and artificial nails should not be worn by persons functioning in the scrub role, and artificial nails are discouraged for all Surgery personnel involved in patient care.

Personal Protective Equipment (PPE)

PPE should be used as indicated when there is reasonable anticipation of exposure to blood, body fluids, and other potentially infectious material. Available components include: scrub attire, gloves, hair cover, shoe covers, eye/face protection, warm-up jackets, and cover gowns. PPE is to be discarded (if disposable) or cleaned with a tuberculocidal disinfectant (if reusable).

Stock Handling

Handling of stock should be conducted so that items are available for use in a clean or aseptic condition. Cardboard shipping boxes are not to be taken into semi-restricted or restricted zones.
AGE SPECIFIC COMPETENCIES

All individuals responsible for the assessment, treatment or care of patients must demonstrate competency in giving care to the age specific needs of the patient.

The age categories are identified as:

- Neonatal/Infant ................................................................. 0 - 12 months
- Pediatric ........................................................................... 13 months - 12 years
- Adolescent .................................................................. 13 years - 17 years
- Adult ............................................................................. 18 years - 65 years
- Geriatric ........................................................................... 65+ years

Depending on what age group you will be caring for, you must be able to demonstrate:

1. The ability to assess/obtain information and interpret age specific data/information in the terms of the patient’s needs.
2. A knowledge of growth and development, or utilization of resources
3. Communication skills necessary in interpreting responses to treatments
4. Inclusion of family and patient in plan of care.

For more information about Bloomington Hospital’s specific information on Age Specific Competencies, refer to Policy ICP-105 in the Interdisciplinary Policy and Procedure Manual located in your department; or ask your Department Director.

RESTRRAINTS

Restraints/seclusion use is based on the assessed needs to the patient. The least restrictive, safe and effective restraint/seclusion methods are employed. Restraints are used by staff that are knowledgeable in the safe use, monitoring and on-going assessment.

Restraints are defined as the use of a physical or mechanical device to involuntarily restrain the movement of the whole or a portion of a patient’s body as a means of controlling physical activities to protect the patient or others from injury.
Alternatives are to be utilized prior to the use of restraints if at all possible. The patient’s needs are met while restrained. Only those employees that have completed training in restraint/seclusion techniques, policy and procedures may perform these procedures.

For more information about Bloomington Hospital’s Restrain Policy, refer to Policy ICP-1800 in the Interdisciplinary Policy and Procedure Manual located in your department; or ask your Department Director.

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34) Mandatory Inservice for Non-Hospital Personnel