HOCKING VALLEY
Community Hospital

Thank you for your interest in applying for a student experience at Hocking Valley Community Hospital. Our dedicated team has a passion for healthcare and loves being involved in the community by assisting with the future of healthcare.

Please take a few minutes to complete the application and return it a minimum of <u>4 weeks prior to your anticipated start date</u>. Once your application has been reviewed by the Education Department, you will be notified of the decision regarding your student experience request.

Again, thank you for your interest in applying for a student experience at Hocking Valley Community Hospital. We look forward to meeting you and having the opportunity to develop a personal and professional relationship with you!

Respectfully,

Kandy Fizer, MSN, RN
Director of Education
kfizer@hvch.org
740-380-8384

CHOOSE a JOB YOU LOVE, and YOU WILL never
Have TO WORK anOTHer DaY In YOUR LIFe.
-CONFUCIUS

HOCKING VALLEY
Community Hospital

UNPAID STUDENT EXPERIENCES AVAILABLE

Please read through the descriptions and choose the one that best applies to your situation.

Observation – Clinical

Observing in an actual workplace to gain exposure to a particular occupation or profession. Anyone 18 years or older with imminent plan to apply to a PT, OT, ST, Radiology, Respiratory, Lab Technician, NP, PA program that requires observation hours as part of the application process. Observation only. Limited to number of hours required for application.

Educational Experience

An official program of a health-related field of study, typically at the college level, to provide specific clinical experiences for students. College students only. Must be at least 18 years of age. Educational Affiliation Agreement between the school that the student is attending or the student individually and Hocking Valley Community Hospital and/or Hocking Valley Medical Group to provide the student experience. Direct patient contact. Access to the Hospital's Electronic Health Record, when requested.

Please email or send completed student application and documentation directly to:

Hocking Valley Community Hospital:

Attention: Kandy Fizer
               601 State Route 664 North
               Logan, Ohio 43138

Email: kfizer@hvch.org

HOSPITAL REQUIREMENTS

The table below lists the required documentation and items needed for any student at Hocking Valley Community Hospital. All of these requirements need to be completed and turned in to the Education Department **a minimum of 4 weeks prior to your anticipated start date**.

Required documentation	Observation - Clinical	Educational Experience
Student application	X	X
Confidentiality statement	X	X
Coronavirus consent	X	X
Computer security	N/A	X
Orientation post-test	X	X
Current TB test	X	X
Current Flu vaccine	X	X
COVID-19 vaccination	X	X

Student application: Students must complete the student application.

Confidentiality statement: Students must sign this form and return with application.

Coronavirus consent: Students must sign this form and return with application.

Computer security: To be signed when access to computer systems is needed and returned with application.

Orientation post-test: Please review the General Hospital Orientation information provided, complete the post-test, and return with application.

TB test: Student must provide proof of a two-step negative TB test or Quantiferon TB-Gold blood test. If you are in a school program, they may provide the testing and/or have it on record. If you have not received a TB test, they may be obtained from your private physician or local health department. This needs to be submitted with your application.

Flu vaccine: Student must provide proof of the flu vaccine for the current year. If you have not received your flu vaccine, they may be obtained from your private physician or local health department. This needs to be submitted with your application.

COVID-19 Vaccination: Student must provide proof of a COVID-19 vaccination or request a hospital specific declination form. This needs to be submitted with your application.

HOCKING VALLEY
Community Hospital

STUDENT APPLICATION

PERSONAL INFORMATION:

Date:

Student Name:

Address: Phone #:

City/State/Zip: Email:

Check here if you are under 18:   Birthdate:

Parent signature needed if under 18

REQUEST:

Student experience requesting ➔ Please check the appropriate box below

Observation - Clinical

Educational Experience

Number of Hours Requesting: Department:

Have you made contact with this department?   Yes   No

If yes, to question above – Contact name:

Rotation/Specialty:

Start Date: End Date:

Goal of student experience:

Will you be completing rotations at any other facilities during the time of your student experience at Hocking Valley Community Hospital?   Yes   No

If yes, to question above – Name of facility:

SCHOOL INFORMATION:

School Name: Instructor:

Instructor Email: Phone:

Program of Study:

Anticipated Graduation Date:

In consideration of my unpaid student experience at Hocking Valley Community Hospital, I agree to comply with the rules and regulations of the facility. I understand that my unpaid student experience can be terminated at any time and for any reason, at the option of the facility, the school, or myself. I understand that this unpaid student experience does not enter me into an agreement of employment with Hocking Valley Community Hospital. I hereby affirm that the information provided on this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from this unpaid student experience. I hereby authorize persons and schools named in this application to provide this facility with any relevant information regarding my unpaid student experience, and I release all such persons from any liability regarding the provision or use of such information.

Signature: Date:

My typed name above shall have that same force and effect as my written signature. Your signature verifies that you have read and understand all of the information provided and hereby agree to adhere to the rules and regulations of the facility.

Please email or send completed student application and documentation directly to:

Hocking Valley Community Hospital:

Attention: Kandy Fizer
                601 State Route 664 North
                Logan, Ohio 43138

Email: kfizer@hvch.org

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Community Hospital

CONFIDENTIALITY STATEMENT

To be signed by each student as a condition of participation in any shadowing/observation/internship/practicum experience

I understand that as a student completing my shadowing/observation/internship/practicum experience at Hocking Valley Community Hospital ("HVCH"), I may be exposed to Confidential Information (as defined below) regarding patients and financial or other business information produced by or held by HVCH. During the term of my experience with HVCH and any related activities, and for any time thereafter, I shall not directly or indirectly, make or cause to be made, any disclosure or release of any Confidential Information to anyone not authorized by HVCH. For purposes of this agreement, the term "Confidential Information" means any patient, business, medical, or financial information not generally known to the public at large regarding patients, employees and physicians of HVCH and the business and operations of HVCH. Any unauthorized disclosure of Confidential Information by me shall constitute grounds for immediate termination from all student experiences at HVCH and may be grounds for legal action against me by the affected parties and possible criminal charges.

Signature: Date:

My typed name above shall have that same force and effect as my written signature. Your signature verifies that you have read and understand the information provided and hereby agree to adhere to the rules and regulations of the facility

HOCKING VALLEY
Community Hospital

INFORMED CONSENT AND RELEASE

The purpose of this form is to inform you about the risks of working in healthcare.

Working in a healthcare facility is inherently risky, given the patient population may be carrying any number of illnesses that, despite proper precautions, may be passed to staff, including employees, contractors, consultants, volunteers, and students. Certain diseases or illnesses can be acquired when you come into contact with any person who is infected. While we have taken every precaution to make Hocking Valley Community Hospital (HVCH) as safe as possible, we cannot guarantee the Hospital is free of infectious diseases or other harms.

Release

By signing below, I release HVCH, its successors, agents, employees, and assigns, from any and all claims, damages, costs, liability and expenses for any exposure to illness that may occur to me during my educational experience at HVCH.

Confirmation of Understanding and Statement of Consent by Student

I have read and understand this Consent and Release and have been able to ask questions about my education experience at HVCH. All my questions and concerns have been addressed. I agree to abide by all policies and procedures of HVCH, including but not limited to following all PPE and infection control (including the handwashing policy) policies.

Signature: Date:

My typed name above shall have that same force and effect as my written signature. Your signature verifies that you have read and understand the information provided and hereby agree to adhere to the rules and regulations of the facility.

HOCKING VALLEY
Community Hospital

STUDENT SYSTEMS ACCESS SECURITY AGREEMENT

I _____ (name of student) have read, understood, and will comply with the following:

1. I understand that my system access is a function of my official duties and student status:

    a. All access to Information Systems is subject to monitoring and logging.
    b. Accounts can be disabled or revoked at any time – with or without notification – in the interest of network security.
    c. User shall manually lock unattended computers.
    d. Personally owned devices may not be connected to non-public, company owned wired or wireless networks. Devices include, but are not limited to, laptops, smart phones, tablets, USB storage, etc.
    e. All information stored on behalf of doing business with Hocking Valley Community Hospital is the property of Hocking Valley Community Hospital.

2. I am required to protect my accounts, passwords, system and any information that I access:
    a. All access to Information Services may be tracked or monitored.
    b. User may not share information pertaining to their user ID, passwords, personal identification numbers, etc. and may not ask for use of another person's identification and authentication information.
    c. If user believes that their user identification and/or password have been compromised, they must report the incident immediately to Information Service.

3. I agree to utilize workstation precautions.
    a. I will not eat or drink at workstation.
    b. I will not insert any device into HVCH equipment unless instructed by Information Services. This includes USB drives and charging cables, earphones, microphones, CD/DVDs.
    c. Do not access information not needed for your student experience.
    d. No Hocking Valley Community Hospital equipment is permitted to leave the premises.

I understand that non-compliance may lead to dismissal from my student experience at the Hocking Valley Community Hospital.

Signature: _____   Date: _____

My typed name above shall have that same force and effect as my written signature. Your signature verifies that you have read and understand the information provided and hereby agree to adhere to the rules and regulations of the facility.

GENERAL HOSPITAL ORIENTATION
Post-Test

1. Name one of the Hospital's six pillars.

2. Name two of the Standards of Behavior.

                                              and

For questions 3-7 indicate the letter that matches the proper fundamental of service.

3. Acknowledge   A. Show appreciation

4. Introduction   B. Make eye contact and smile

5. Duration   C. Be conscious about time

6. Explanation   D. Share your name and department

7. Thank you   E. Answer any questions or concerns

8. Service Recovery is making something right after something goes wrong.

                                        True   False

9. Patients have a right to control who has access to their personal and private health information.   True   False

10. It is okay for employees and/or students to use tobacco products on the Hospital's campus.   True   False

11. What is the Fire Safety acronym utilized at HVCH?

12. An important aspect of electrical safety is to turn equipment off before plugging or unplugging.   True   False

GENERAL HOSPITAL ORIENTATION

Post-Test - Continued

13. Violence in the workplace will not be tolerated at HVCH and should be reported immediately.   True   False

14. Name a bloodborne disease.

15. What is the hospital's process for emergency paging?

16. Your response to an active shooter situation should be RUN-HIDE-.

17. What is the #1 way to prevent the spread of infection?

18. What length of time should you rub your hands vigorously together when washing your hands with soap and water?

19. If your hands are not visibly soiled, it is okay to use an alcohol-based hand rub to decontaminate hands.   True   False

20. Where should students park at the hospital?

I have read the General Hospital Orientation information provided and will comply with the rules and regulations set forth. I understand that non-compliance may lead to dismissal from my student experience at the Hocking Valley Community Hospital.

Signature: Date:

My typed name above shall have that same force and effect as my written signature. Your signature verifies that you have read and understand the information provided and hereby agree to adhere to the rules and regulations of the facility.

GENERAL HOSPITAL ORIENTATION

Mission & Vision

Mission

To provide extraordinary patient-centered care close to home now and into the future

Vision

To provide our community an unparalleled patient experience through world class service that is both compassionate and professional.

Critical Access Hospital Organizational Structure

Organizational Chart

- Definition – a graphic representation of the structure of an organization showing the relationships of the positions/jobs within it

- The most up-to-date organizational chart for the Hospital can be located onsite utilizing Lippincott Procedures

    o Folder: HVCH – Hospital Wide Policies

    o Name: Organizational Chart

Pillar Format

The Hospital focuses on six pillars when developing the strategic plan and goals as well as the department and individual goals.

1. People
2. Service
3. Quality
4. Finance
5. Growth
6. Community

Job Performance/Expectations

Our goal is to provide excellent experience for our customers as well as to create a culture of respect and trust with each other. All of our team members, contract staff, students, and volunteers should adhere to the Standards of Behavior, Five Fundamentals of Service, and utilize the Service Recovery program, as indicated.

Standards of Behavior

- Ownership
- Integrity & Professionalism
- Team Members
- Service Excellence
- Communication

Five Fundamentals of Service

1. Acknowledge
   - Make eye contact and smile.
2. Introduction
   - Welcome the customer and share your name, department, and role.
3. Duration
   - Be conscious about time. Share how long a process will take, what happens next, and report progress.
4. Explanation
   - Explain things in simple terms so that the customer understands. Answer any questions or concerns.
5. Thank you
   - Show appreciation for the customer selecting HVCH.

Service Recovery

Making something right after something goes wrong. View concerns/complains as gift; they deliver a clear message about unmet expectations. Utilize the CARE approach:

- **C**onnect
  - Introduce yourself, make eye contact, find out the problem, and how you can make it better.
- **A**pologize
  - Don't use excuses.
- **R**epair
  - Find out what it would take to make the customer happy.
- **E**xceed
  - Don't just meet but exceed the customer's expectations.

Patient Confidentiality and Ethics

HIPAA & Patient Confidentiality

We live in an information age.

- There is more information accessible to an individual than ever before. And this only increases as technology becomes more advanced.

- BUT patients have a right to control who has access to their personal and private health information.

All of our team members, contract staff, students, and volunteers are expected to abide by the most current regulations for HIPAA (Health Information Portability & Accountability Act). With the implementation of our electronic health record (EHR), access to patient information is easier for patients but even more controlled for employees and providers.

HIPAA – Privacy and Security Rules

- The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that helps protect the health information of a person from being disclosed without their knowledge or agreement.
    - The HIPAA Privacy Rule is all about protecting health information.
    - The Security Rule says that every facility must have safeguards in place to protect electronic health information (ePHI).

HIPAA – The Privacy Rule
- The HIPAA Privacy Rule is all about protecting health information.
    - Protected health information (PHI) is any information that can be used to identify someone. Examples of PHI include personal data such as a person's name, address, Social Security number, and health-related data in a person's medical record.
    - PHI is data about a person and the healthcare they receive. It should be kept private from other people unless the Privacy Rule allows them to see it, or the person agrees to share it.
    - PHI includes individually identifiable health information created or received by a covered entity. It is personal data that is spoken, written, or in electronic format.
    - IMPORTANT: If there is a reason to believe that information can be used to identify someone. It should be protected.
    - The Privacy Rule includes something called the minimum necessary standard. This standard says that a covered entity must do its best to use, disclose, and request only the minimum amount of PHI to meet the purpose of use, disclosure, or request.
    - Any questions about minimum necessary should be directed to a department director or the privacy officer.

A Person's Rights

- All people receiving care at the facility are given a Notice of Privacy Practices (NPP). This tells them how the facility uses or shares their PHI with others.
- The NPP also explains the rights as people receiving care in the facility.
- The hospital has a directory with the names of people receiving care. An individual has the right to decide if they want to be included in the directory.
- An individual has the right to request alternative means of communication.

HIPPA – The Security Rule

- The Security Rule says that every facility must have safeguards in place that will help protect ePHI.
- Examples:
  - An employee's job may require them to look at a person's information in the electronic medical record. To log on, they need to use their own password.
  - Lock computers when not in use/leaving unattended.
  - Password management → Must be remembered, not posted. Do not share.
  - Sending secure emails → Transmitting PHI over Internet based email is allowed if sent through a SECURE email. Follow the hospital's policies and procedures for sending a SECURE email.

HIPAA – The Breach Notification Rule

- A breach is when someone gets, looks at, or shares PHI with others against HIPAA rules.
- Breaches harm the security or privacy of PHI.
- Types of breaches:
  - Incidental → when a disclosure cannot really be helpful.
  - Accidental → when someone makes an honest mistake.
  - Intentional → when someone who has no reason to look at or use PHI purposely looks at it or talks about it in public.

Crimes and Penalties

- Penalties for not following HIPAA laws include fines and time in prison, depending on the crime.
- These penalties can affect the facility as well as the person responsible for the crime.

Patient Rights and Organizational Ethics

- The purpose is for HVCH to assist in improving patient outcomes by respecting each patient's rights and conducting business relationships with patients and the public in an ethical manner.
- For additional details regarding *Patient Rights and Organizational Ethics* refer to the facility's policy and procedure. Below are the areas identified in this policy.

Access to Care	Refusal of Treatment
Respect and Dignity	Pastoral Care
Personal Privacy	Transfer and Continuity of Care
Pain Management	Hospital Charges
Personal Safety	Hospital Rules and Regulations
Identity	Provision of Information
Information	Compliance with Instructions
Communication	Refusal of Treatment (by patient)
Consent	Hospital Charges (pt. responsibility)
Advance Directives	Hospital Rules/Regs (pt. responsibility)
Consultation	Respect and Consideration

Making Ethical Concerns

If you find yourself in a situation that involves ethical behavior, ask yourself these questions to help you make a decision:

- How will my actions affect my patients?
- How will my actions affect my fellow employees?
- How will my actions affect the facility?
- How will my actions affect me?

When you carefully consider your actions, you will make decisions that are not harmful to yourself or others.

<u>Reporting Ethical Concerns</u>

- All staff, whether clinical or supportive, including contract staff, students, and volunteers may address ethical issues of concern at any time through the following means:
    - Membership on Committees
    - Informing Department Director/Supervisor
    - Informing Chief Nursing Officer
    - Informing President/CEO
    - Address the Ethics Committee directly
    - Speak to the individual concerned

Document Control, Retrieval, and Verification

Information Management

We live in an information age. There is more information accessible to an individual than ever before. And this only increases as technology becomes more advanced.

- Think before you "Click".

Computer Use & Security

- The computers, iPads, printers, phones, etc. are the Hospital's property and should only be used for work-related activities.
    - Do not eat or drink at workstation
    - Do not use floppy disk, CD or any portable media or device that has been outside of facility control into facility equipment
    - Do not add, install or download software programs to workstations.
- Password management
    - Must be remembered, not posted
    - Do not share
    - Never sign into a computer with another individual's password
- Sending secure emails
    - Transmitting PHI over Internet based Email is allowed if sent through SECURE email
        - Follow the hospital's policies and procedures for sending a SECURE email.

Social Media

Facebook, Twitter, Snap, Instagram, TikTok, etc.
- Use good judgment.
- Be honest, accurate, fair.
- Do not post confidential information that violates HVCH policies including HIPAA.
- Understand that you are personally responsible for what you post.
- Do not post content that contributes to a hostile work environment.
- Remember: You are a representative of the hospital.

Electronic Devices

- Cell phones can be on your person.
- Set to vibrate or silent.
- May only be used in areas designated by director/supervisor.
- Must NOT interfere with patient care or work duties.

Internal Reporting Requirements for Adverse Patient Events

Adverse Events

- Medicare Conditions of Participation (CoPs) require healthcare facilities to have a quality assessment and performance improvement (QAPI) program. This program tracks and reviews adverse events to improve the safety of the people we care for.
- For details of our hospital specific QAPI plan, when on-site:
    - Click on the Lippincott Procedures icon
    - HVCH - Hospital Wide Policies folder
    - Performance Improvement Plan, Hospital-Wide

Incident/Occurrence Reporting

- Purpose
    - To provide a process for reporting and documenting potential and actual errors, incidents, variations, or identified issues.
    - To highlight opportunities to improve the safety and well-being of patients, employees, visitors, and providers at Hocking Valley Community Hospital.
- Policy
    - This reporting includes, but is not limited to, falls, medication events, unanticipated outcomes, patient complaints, HIPAA, billing related events, employee related events, equipment supplies/device failure, healthcare associated infection/condition, procedure/test related events, theft/loss related events.
    - All incidents/occurrences should be reported in a timely manner, which is considered within 24 hours.
- Process
    - Occurrence reporting is completed in an electronic platform called SQSS.
    - The icon can be found on computers within the organization.
    - User needs a profile created in system to submit incident/occurrence via SQSS.
- Downtime
    - Downtime forms include the falls report, medication error, and incident/occurrence report and should only be utilized in instances when the SQSS system or internet are not functioning.
    - The incident/occurrence report form is a two-copy form, both copies are to stay together.
    - Under NO CIRCUMSTANCES is the completed report to be copied.
    - Visitors are not permitted to complete an incident/occurrence report. The supervisor or the department director will interview and do so.
- Disclosure of Adverse Events
    - In certain circumstances, the Risk Manager and/or Chief Nursing Officer should be involved in the physician disclosure of events to patients and/or families. Please see the *Disclosure of Adverse Events* policy for details.

Patient Safety

Age-Specific Care

- Care and safety are not the same for every person.
- Understanding age differences helps healthcare workers give safe, quality care to everyone.
- People who need care expect to feel better and restore to wellness in a safe place.
- Facilities and healthcare providers are responsible for meeting the needs of the people they serve.

Ways staff can provide safe care:

- Follow standards of practice.
- Keep the environment safe, secure, and free from infection.
- Protect vulnerable people.
- Ensure dignity and comfort.
- Provide respect.
- Respect privacy.
- Provide pain control.
- Allow the person receiving care to make decisions.
- Include the person's family or partner in their care.

Ways the facility can provide safe care:

- Identify people at risk for harm to self or others.
- Identify environmental safety risks.
- Educate staff to identify people at risk of harm to self or others.
- Educate staff to identify environmental safety risks.

Patient Safety Plan Policy

- The purpose is to improve patient safety and reduce risk to patients through an environment that encourages:
  - Recognition and acknowledgment of risks to patient safety and medical/health care errors;
  - The initiation of actions to reduce these risks;
  - The internal reporting of what has been found and the actions taken;
  - A focus on processes and systems;
  - Minimization of individual blame or retribution for involvement in a medical/health care error;
  - Organizational learning about medical/health care errors;
  - Support of the sharing of that knowledge to effect behavioral changes in itself and other healthcare organizations.

For the plan to be effective, it takes EVERYONE!

- Senior Leadership
- Governing Body
- Medical Executive Committee
- Administration
- Clinical, Operations and other Patient Safety Teams
- Hospital Staff and Support Personnel
- Directors/Managers

For a detailed explanation of the responsibilities, refer to the Hospital's policy on-site.

Types of patient safety and medical/health care errors reviewed are:

- No Harm Errors
- Mild-Moderate Adverse Outcome Errors
- Medication Errors
- Adverse Drug Reactions
- Transfusion Reactions
- Hazardous Condition

Prevention of Abuse and Neglect

- Purpose: To have a mechanism in place to screen, educate, and promote prevention of abuse and neglect for patients/residents/family members and staff.
- Type of abuse:
    - Verbal
    - Sexual
    - Physical
    - Mental
    - Neglect
    - Involuntary seclusion
    - Misappropriation of patient's/resident's property

*A trained Sexual Assault Nurse Examiner is available 24 hours/day, 7 days/week at the Hospital.

Safe Medical Device Tracking

- The Hospital tracks medical devices and reporting any incidents which may have caused or contributed to serious injury, illness, disability, or patient death from failure/malfunction.
- The Hospital ensures that hazardous devices are removed from the patients and hospital's clinical areas in a timely manner, to ensure reporting/investigation of, and to ensure proper action is taken for the situation.

General Safety (Work Environment)

Basic Fire Prevention

- Prevention is the best defense against fire:
  - Smoking
    - HVCH is a smoke-free environment. Follow facility's *Tobacco Use and Smoking* policy
  - Electrical malfunction
    - Inspect equipment prior to use
    - Remove damaged or faulty equipment from service
    - Submit a maintenance request
  - Equipment misuse
    - It is important to have training on a piece of equipment prior to using

Be familiar with the location of the pull stations and fire extinguishers. As well as the emergency exits.

Fire Safety

Remember the R.A.C.E. acronym:

- **R**escue all persons from the area of the smoke or fire. Call aloud "code red".

- **A**larm - Pull the nearest fire alarm box. The switchboard operator will announce over the paging system the signal for a fire and the specific location given by the fire alarm box.

- **C**ontain fire and smoke by closing all windows and doors. Be sure fire doors are closed and remain closed.

- **E**xtinguish the fire. If possible, put out the fire with a fire extinguisher. If fire is intense, the safe action is to leave area and wait for assistance.

Remember the P.A.S.S acronym:

- **P**ull the pin
- **A**im the nozzle at the base (bottom) of the fire. You should stand eight to ten feet from the fire.
- **S**queeze the handle.
- **S**weep the nozzle from side to side across the base of the fire.

Remember to use the acronym P.A.S.S. to safely and correctly use a fire extinguisher.

<u>Electrical Safety</u>

Electrical shock can cause: Burns, muscle spasms, heart fibrillation, respiratory arrest, and death.

- Prevention is key!
    o Remove and report electrical hazards.
    o Use electrical equipment properly.
    o Use cords and outlets properly.
    o Turn equipment off before plugging or unplugging.

<u>Safety Data Sheets</u>

- Hazard communication is an OSHA requirement

- Be knowledgeable of the location of the Safety Data Sheet (SDS), which lists the specific hazards of the chemicals located in your area

- Some of the information listed on the SDS could be as follows: first aid measures, fire-fighting measures, accidental release measures, handling and storage, personal protection, disposal considerations, transport information, regulatory information, etc.

<u>Medical Equipment Use and Safety</u>

- Proper training prior to using equipment is essential.
- Turn equipment off before plugging and unplugging.
- Be cautious with each use because medical equipment is an electrical hazard and safety issue.
- Remove defective or faulty equipment from service immediately, attach a red tag to the equipment, and submit a Plant Operations request.

<u>Body Mechanics and Ergonomics</u>

- Best practices:
    - Avoid fixed or awkward postures.
    - Use proper posture and body mechanics when sitting, standing, or lifting.
    - Avoid reaching, twisting, and bending for tools. Keep tools close to you.
    - Take proper care of the spine while:
        - Standing
        - Sitting
        - Lifting a static load vertically

<u>Functional Demands</u>

Working Conditions and Physical Environment

- In a patient care setting where there is potential exposure to blood, body fluids, infectious materials; and electrical, fire, chemical, physical contact and equipment hazards.
- Fast-paced setting with rapid patient turnover.
- High patient traffic.
- Close-quartered and shared workspace.
- Sufficient mobility to negotiate physical plant.
- Strength and endurance are sufficient enough to perform physically for long periods of time without sitting (four to eight hours). May include: walking; lifting 25 – 50lbs with or without assistance; bending; twisting; standing; sitting; reaching; stair-climbing and descending.
- Physical dexterity and psychomotor skills to respond adequately and appropriately to routine and emergency patient care needs.
- Visual and auditory capabilities sufficient to read information and respond to patient care needs.
- Ability to work in a computerized environment that includes prolonged sitting and use of keyboard, mouse, and monitor.
- Cognitive ability to accurately observe, analyze, and interpret general and technical data both verbal and written to accurately communicate this information.

<u>Violence in the Workplace</u>
- It is the policy of HVCH that workplace violence, whether physical or verbal, shall not be tolerated and that this facility is committed to create and maintain a safe and peaceful environment for our patients, visitors and staff while providing quality healthcare.
- If any type of workplace violence occurs, the individual should immediately report it to the Department Director or Nursing Supervisor at X-5510.
- If an emergency situation arises, call "911". And if necessary, page "Code Violet" or "Code Silver".

<u>Bloodborne Pathogens</u>

- Bloodborne disease are spread from person to person when there is exposure to infected blood or certain other body fluids or tissues.
- Bloodborne diseases include: HIV/AIDS, Hepatitis B and Hepatitis C
- Standard precautions are the best way to protect yourself from exposure.
- Everyone within the facility have responsibilities related to the Hospital's bloodborne Exposure Control Plan, as follows:
    - Understand the principles of hospital Standards Precautions and infection control policies and procedures and routinely apply.
    - Report incidents to their supervisor of actual exposure to blood or body fluids.
    - Report incidents to their supervisor when other individuals are noncompliant with Standard Precautions or infection control policies and procedures.
    - Protect self with Personal Protective Equipment (PPE) provided by the hospital.
    - Practice proper hand hygiene
    - Submit an Incident/Occurrence Report following all incidents of actual exposure to blood or body fluids.

Emergency Procedures

Ohio Emergency Codes

Code Name	Event
Code Red	Fire
Code Adam	Infant/Child Abduction
Code Black	Bomb/Bomb Threat
Code Gray	Severe Weather
Code Orange	Hazardous Material Spill/Release
Code Blue	Medical Emergency – Adult
Code Pink	Medical Emergency – Child
Code Yellow	Disaster
Code Violet	Violent Patient/Combative
Code Silver	Person with a Weapon/Hostage Situation
Code Brown	Missing Adult Person

- *Specifics related to each of the Ohio Emergency Codes can be located on-site in the Hospital's policy and procedure platform.*

Emergency Paging – Press the **Page** *Soft Key* and enter **45# for any telephone within the facility** and you will be heard on the overhead paging system. Announce your emergency three times.

Emergency Management Plan

- In the event of an emergency:
    - Listen to announcements and directions from the PA system
    - Follow instructions given by supervisors/directors
    - Shelter in place –or– evacuate, depending on the situation and area affected

Active Shooter Response

Active Shooter – An individual actively engaged in killing or attempting to kill people in a populated area.

- Everyone is responsible for knowing the facility's safety plan – this includes what **they need to do** in the event of an active shooter.

- **RUN-HIDE-FIGHT**
    - If you hear gunfire, leave the area immediately and evacuate (RUN)
    - If you are unable to evacuate safely, seek shelter in a room or storage area away from windows, barricade the door and stay quiet (HIDE)
    - Be prepared to fight if your hiding place is compromised (FIGHT)

Infection Prevention and Universal Precautions

Personal Responsibility

- Wash your hands
- Get vaccinated!
    - Influenza, MMR, DPT, Pneumococcal, Shingles, etc.
- Stay home if you're ill

Infection Control

- Infections (germs that cause problems in the body) can be transmitted (transferred) quickly between people. Finding an infection early in a person can prevent others from being harmed.

- Infection control is a group of guidelines used to stop the spread of infection.

Hand Hygiene Policy

The #1 to prevent the spread of infection is hand hygiene.

- When hands are visibly soiled, wash hands with soap and water following these steps:

    1. Wet hands with warm, running water
    2. Apply soap
    3. Rub hands together vigorously for 20 seconds
    4. Don't forget to wash under the fingernails
    5. Rinse away all soap
    6. Dry hands thoroughly with a paper towel or hand dryer

- If hands are not visibly soiled, use an alcohol-based hand rub for routine decontamination of hands.
- Decontaminate hands after using the restroom, wash hands with soap and water.

Cleaning Computer Devices

- The purpose is to decrease potential cross contamination via the high touch use of computer devices.
- Computer devices include but are not limited to computer mouse, keyboards, bar code scanner, etc.
- Cleaning or disinfecting of computer hardware on a regular basis should be done by each department using an EPA-registered hospital detergent/disinfectant (Sani Wipes-Purple Top)

Universal/Standard Precautions

- The minimum infection prevention practices that apply to all patient care, regardless of infection status, in any setting of healthcare delivered.

- Standard precautions include:
  - Hand hygiene
  - Use of personal protective equipment
  - Safe handling of contaminated materials
  - Respiratory hygiene and cough etiquette

Personal Protective Equipment

- Protects from exposure to or contact with infectious agents.

- PPE examples:
  - Gloves
  - Gowns
  - Facemasks
  - Respirators
  - Goggles
  - Face shields

Floor Plan and Facility Specifics

1. **CIC Building**
2. **Outpatient Psychiatry**
3. **Outpatient Clinics**
4. **ER, Urgent Care, Outpatient Testing**
5. **Patient Accounts**
6. **Pain Clinic**
7. **Logan Physicians Building**
8. **Kachelmacher Memorial**
9. **Medical Arts Building**
10. **Rural Health Clinic**
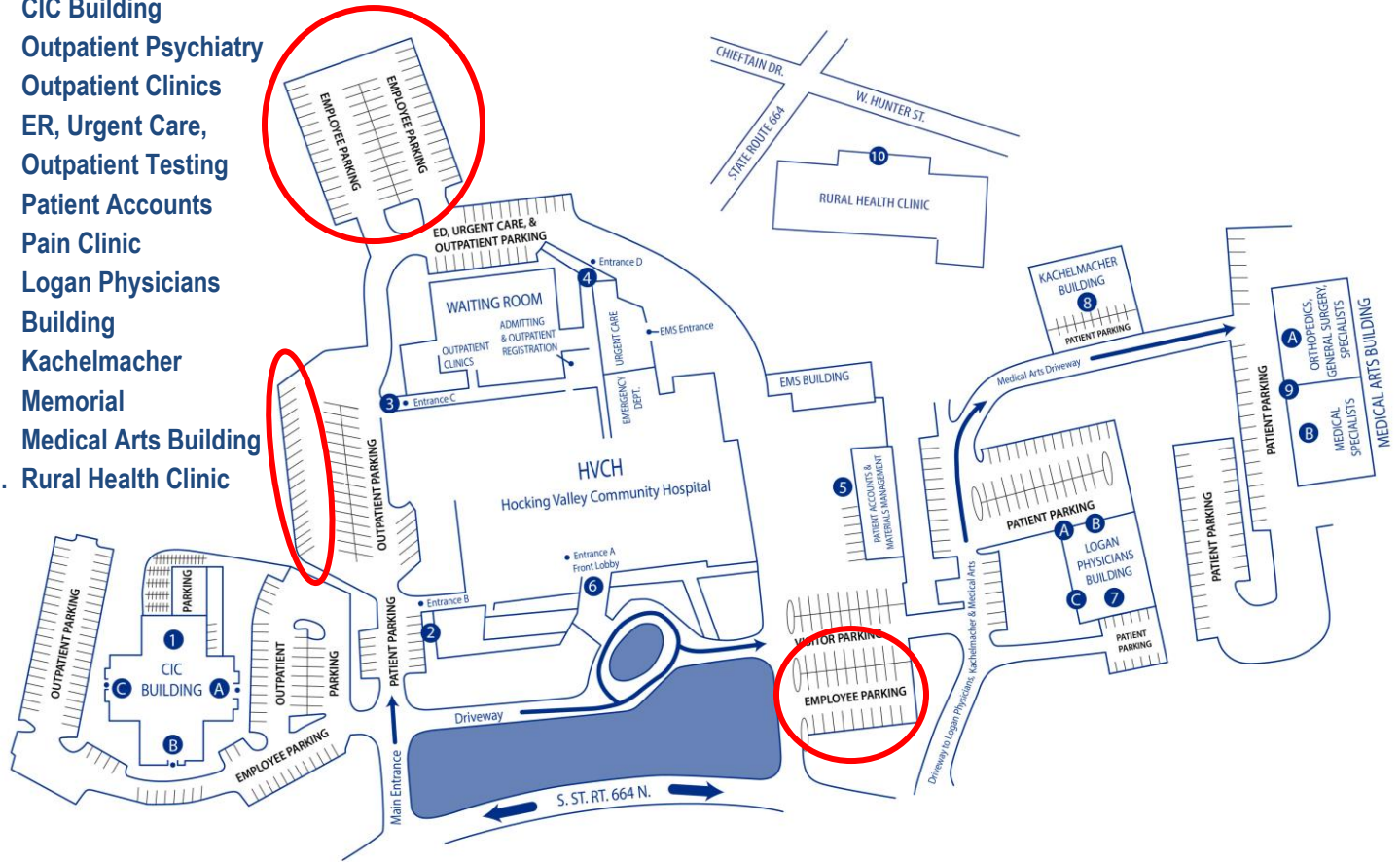
Please park in spaces away from the hospital. Parking spaces closer to the hospital are reserved for our patients and visitors.

Smoke-free environment

- Smoke-free environment: this includes any type of tobacco or nicotine product in any form other than a patch used to aide cessation.

- If you wish to smoke, you must physically leave the hospital grounds.
    - You may not smoke in your vehicle on campus.
    - You may not smoke on any adjacent properties of any of the hospital's buildings.
    - This includes eCigarettes and vaporizers.

<u>Additional information</u>

<u>Policies and Procedures</u>

- Lippincott Procedures is a platform with evidence-based procedures for nursing, respiratory therapy, physical therapy, and unlicensed assistive personnel. This platform also includes hospital specific policies and procedures for emergency preparedness, infection control, human resources, education, medication management, hospital wide, wound care, just to name a few.
- Lippincott Procedures is accessible from the computers on wheels and most hospital computers.

<u>Electronic Health Record</u>

Integrated Health Information System (IHIS)
- The facility's Electronic Health Record (EHR)
- IHIS is *The Ohio State University Wexner Medical Center's* version of Epic
- MyChart
  - Offers patients personalized and secure on-line access to portions of their medical record.

Questions regarding general hospital orientation:

- Contact your director, supervisor, manager, or preceptor
- Contact Human Resources at X8330
- Contact Education at X8384