

Baton Rouge General

A Community of Caring

Orientation Packet for Clinical Student Rotations

WELCOME!!

The Baton Rouge General Medical Center is proud to have you as a member of our team. The BRGMC has prepared an orientation packet to meet your needs as a clinical student. Please read the orientation packet carefully and follow the directions listed below.

Instructions:

1. Please review ALL information provided in your orientation packet. This information is provided to ensure that you are knowledgeable of the rules and regulations mandated by BRGMC. If you have any questions or concerns, contact the Education Department at 381-6594.
2. Complete the General Orientation for Clinical Students Post Test.
3. Sign and date the General Orientation for Clinical Students Acknowledgment form.
4. Sign and date the Non-Workforce Member Confidentiality Agreement form.
5. Once you have completed ALL of the required documents, please return them to your instructor PRIOR to beginning your clinical rotation. If these documents are not returned in a timely manner, it may delay your start of clinical.
6. You may choose to keep this orientation booklet accessible during your clinical rotations as a reference.

Again, welcome to the Baton Rouge General!!!

General Health System

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Our Vision, Mission, and Values

We as individuals, and together as an organization that cares for our community, share values and a code of conduct that guides our actions and decisions. These values include: caring, excellence, service, and integrity. These values shape how we treat each other, our patients and their families, physicians, and our community.

Living with these values and following the code of conduct is more than a goal, it is our responsibility and obligation. Our commitment to Teamwork and Collaboration among our employees set us above all other organizations.

Our Vision

We will lead the region in exceptional patient experiences.

Our Mission

We will preserve and restore health, one person at a time.

Our Values

Caring

A deep abiding belief that showing genuine concern and kindness to everyone reflects our compassion and respect, fostering a loving, healing environment.

Excellence

We commit to the relentless pursuit of perfection, continuously improving individual and organizational performance to enhance the outcomes, process, experience and affordability of care for our patients.

Service

The honor and privilege of giving of ourselves, creating one-on-one connections, responding to the deepest human needs of everyone we serve.

Integrity

Doing what is right in all situations; ascribing to the highest standards and responsibly using all the resources and talents entrusted to us.

Innovation

Transforming our approach, design and delivery of care through creativity, new ideas and leading-edge technology for creating the highest value for our patients.

Respect

We treat all customers with respect, dignity and kindness, regardless of their race, religion, culture or socioeconomic background.

Professionalism

We exemplify professionalism through our attitudes, spirit, and considerations, which portray our character in everything we do.

Professionalism

Professionalism Expectations:

- Be on time and ready to work wearing your ID badge.
- Take pride in your appearance. Always come to work neat and clean.
- Speak to everyone with respect and discuss differences discretely.
- Respect the privacy of others. Do not engage in gossip.
- Respond to each other's needs.
- Communicate with everyone in a manner they will understand.

Attitude

We are committed to providing excellent service to our customers, who include: our patients and their families; physicians; members of our community; and each other. We will meet all of our customers' needs by treating each and every interaction as an opportunity to serve.

Expectations of Attitude:

- Greet everyone with a smile.
- Introduce yourself.
- Rudeness is NEVER acceptable.
- Seize the moment to make the customer feel welcome.
- Answer the phone promptly with a pleasant voice. Respond to the caller's needs.
- Customers are not interruptions; they are why we are here.
- Show the customer; don't tell them.
- Maintain enthusiasm.
- Show compassion. Remember, people visit us in their time of need.

Safety

We will consistently exceed customer needs and expectations by maintaining all aspects of our environment in a clean, safe, orderly and attractive manner. We will take personal ownership in the appearance of our work environment; when we see a problem, wherever it is, we will take the necessary steps to fix it immediately.

Safety Expectations:

- Respond to call lights immediately, even if it is not your area of expertise.
- Always refer to patients by their name, not their room number.
- Pick up litter and dispose of it appropriately.
- Prevent slips, trips and falls. If a problem exists, fix it.
- Identify hazards and report them to the proper department.
- Know and follow policies and procedures.
- Communicate effectively with all disciplines.

Accountability

We look beyond our assigned tasks. Our responsibility does not end where our co-workers' responsibilities begin. In most situations, responsibilities merge and blend.

Accountability Expectations

- Take ownership in your work.
- If you hear about a problem, you own it. Be a part of the solution.

- Create a blame-free environment.
- Follow through with what you say you will do.

Access Control

Borrowing or sharing ID's is prohibited under the HIPAA Security Rule. Your user ID has been created to provide you with the access level you need to do your job. If you login using a different ID, then you may not have the appropriate access level you need to properly do your job.

Organizational Culture

CORPORATE COMPLIANCE CODE OF CONDUCT

*At General Health System, we have developed a Code of Conduct to guide our everyday actions.
(Corporate Compliance Policy # CC 101-00)*

We/I shall:

1. Comply with all applicable federal, state and local laws and regulations, being guided by the basic principles of honesty and fairness.
2. Deliver medically necessary healthcare in a compassionate, respectful and ethical manner without regard to race, creed, color, religion, national origin, gender or disability; treat patients with dignity and respect at all times; provide each patient with information regarding their rights and responsibilities, endeavoring to protect those rights throughout their care and treatment.
3. Maintain accurate and reliable patient and organizational records; and prepare records honestly and in accordance with established finance and accounting procedures.
4. Maintain contacts with government officials and personnel in a professional manner, affirming the high integrity of the organization.
5. Provide patients with understandable explanations of services rendered; hold responsible parties financially accountable only for care rendered; and seek to resolve business conflicts in a fair and equitable manner.
6. Carry out our organization's public and commercial communications in a manner consistent with our mission; and ensure that our marketing and advertising statements are accurate and sensitive to community culture without false or misleading statements.
7. Continually examine our practices to identify, avoid or eliminate potential conflicts of interest.

CONFLICT OF INTEREST

Corporate Compliance Policy # CC 101-07

Standards of loyalty and ethics must be maintained to enable General Health System to conduct its business effectively and to fulfill its mission. It is the policy that no employee, contract or otherwise, shall have a business relationship that shall conflict with, their responsibilities

BRGMC Ethics

The four guiding principles of medical ethics are:

- Beneficence - healthcare providers have a duty to do good, act in the best interest of their patients, and act in the best interest of society as a whole.
- Non-maleficence - healthcare providers have the duty to do no harm to their patients and/or society.

- Respect for patient autonomy - healthcare providers have a duty to protect the patient's ability to make informed decisions about his or her own medical care.
- Justice - healthcare providers have a duty to be fair to the community. In particular, providers have a duty to promote the fair distribution of healthcare resources

The Ethics Committee is both a policy-making and consultation committee. It makes recommendations and works with physicians and hospital staff when necessary in their teaching, education, research and clinical care activities. The committee is also available to assist patients and their family members with difficult issues.

To access the Ethics Committee:

The attending physician, hospital staff members, the patient or the patient's family may seek an ethics consultation. Nursing and other hospital staff can access Ethics Committee through their immediate supervisor, who in turn refers the case to a staff member of Pastoral Care (Ext. 7742 [MC] or 4697 [BB]) or Medical Social Work (Ext. 7738 [MC or BB]).

Discrimination & Harassment

At the General Health System and Baton Rouge General Medical Center, we strongly believe in providing all employees with a positive work environment free from any form of discrimination or harassment. It is company policy that all employees be treated fairly without regard to race, color, religion, sex, national origin, veteran status, disability or age in matters of internal recruitment, job assignments, pay, training, promotion, participation in programs or activities, and terms and conditions of employment.

The organization also strictly prohibits sexual harassment of employees, patients, guests or any associate.

Sexual harassment includes such behavior as:

- Abusing the dignity of an individual through insulting or degrading sexual remarks or conduct.
- Threats, demands, or suggestions that an individual's work status is contingent upon the individual's toleration of or acquiescence to sexual advances.
- Retaliation against an individual for complaining about the behaviors described above.

Any employee who believes that he or she is the victim of discrimination or sexual harassment or believes he/she have witnessed discrimination or sexual harassment should immediately notify his/her Supervisor or Human Resources.

Any reported allegations of discrimination or harassment will be investigated promptly. Confidentiality will be maintained throughout the investigation process to the extent that is consistent with appropriate investigation and corrective action.

Any individual who wishes to file an appeal in regards to discrimination or harassment should do so with the Vice President of Human Resources or a Senior Executive of the organization.

Patient Rights and Responsibilities

Patients have the right to access healthcare, which includes:

- Receiving treatment without discrimination as to age, race, color, religion, gender, national origin, disability or sexual orientation.
- Receiving treatment for any emergency medical condition regardless of ability to pay.
- Being given a complete explanation if there is a need for them to be transferred to another facility, the alternatives to such a transfer, and the identity of the accepting physician at the accepting facility.
- Access to protective services, either for themselves, their child or any member of their family, who is a patient in our hospital. The social worker will assist them to make contact with such community resources.
- Knowing about hospital resources that are available to them.

Patients have the right to participate in their care, which includes:

- Development, implementation and revision of their plan of care. This includes treatment plans, discharge plans, and pain management plans.
- Having a family member or representative of their choice and their physician notified promptly of their admission to the hospital.
- Being informed about and participating in decisions regarding their care. This information shall include the possible risks, burdens and benefits of the procedure or treatment. This information will be given to them in a language and words that they can understand.
- Consent to or refuse treatment as permitted by law. The effects of treatment will be explained to the patient. Therefore, the patient will be able to make an informed decision regarding their care.
- Consent to decline to participate in experimental treatment. Requesting a second opinion regarding any treatment. If the patient insurance does not cover this cost, the patient will be responsible for payment.
- The patient should discuss resuscitative measures and formulating a living will with their physician. The patient should be aware that the Ethics Committee is available for help with difficult medical decision (Ethics Representative- 387-7742).

The Patient has the right to information regarding their care, which includes:

- Knowing the name and the roles of the people treating them.
- Being informed of their health status, diagnosis and prognosis.
- Knowing about hospital billing policies that affect your charges and payment options. Lodging a concern or grievance about care or service.
- The licensing agency for our facilities.

The Patient have the right to maintain dignity which include:

- Receiving considerate and respectful care in clean and safe environment.
- Privacy and confidentiality during consultation, examination, personal hygiene activities, treatments, discussions concerning their diagnosis and treatment and their medical record.
- Respect for their dignity and worth regardless of their diagnosis. Being free from all forms of abuse, neglect and harassment. Being free from restraints that are not medically necessary.

The Patient's Responsibilities are:

- To the best of their knowledge, provide accurate and complete information about present and past medical conditions.
- Ask questions when they do not understand information or instructions.
- Follow the treatment plan recommended by the physician or to inform the physician if they do not believe they can follow through with the treatment.
- Notify the physician or nurse of any unexpected change in your condition.
- Be considerate and respectful of the rights and needs of other patients and healthcare workers. This includes being sensitive to noise level, respectful of others' property, limiting the number of visitors and abiding by the hospital's smoking policy.
- Provide the hospital with a copy of your most current Advanced Medical Directive if you have one.
- Assure that financial obligations of your healthcare are fulfilled. Follow hospital policies regarding patient care and conduct.

What is PHI and HIPAA?

Protected Health Information (PHI)

Not only are patient charts PHI, but anything containing patient information (billing information, phone messages, letters, emails, memos, schedules, packing slips, patient labels, *etc.*) is considered PHI.

Health Insurance Portability Accountability Act (HIPAA)

Laws designed to protect patient's healthcare information.

What does HIPAA and PHI mean at GHS/BRGMC?

- Conduct discussions concerning patients discreetly and appropriately. Do not discuss patient information in the elevator, lunch line, *etc.*
- Keep charts and/or computer screens secure and out of view at all times. Never leave PHI unattended for any length of time.
- Utilize appropriate document destruction methods
- Do not gossip with your co-workers about a patient.
- Do not blog, take photos, Twitter, Facebook, or use any other forms of social media to discuss/share ANY information regarding a patient.
- It is best if you utilize a check-in service (within social media) that you refrain from mentioning anything about the hospital.
- Refer to the GHS/BRGMC HIPAA Policies for additional information.

Privacy

While GHS/BRGMC has always worked to ensure patient privacy, the regulations require increased efforts on our part. As they relate to most employees and workforce, these regulations focus primarily on the following areas:

- Notice of Privacy Practices
- Minimum Necessary
- Business Associates

- Release and Accounting of Disclosures of Protected Health Information
- Amendment of Protected Health Information
- Required Training for Workforce
- Sanctions

Additional details and information on how HIPAA affects your department can be obtained by contacting the Privacy Officer (ex. 1589).

Notice of Privacy Practices

The Notice of Privacy Practices will give the patient instruction on how to access several rights concerning his/her information:

- Right to request limited access and/or disclosure of his/her information
- Right to inspect or receive a copy of his/her information
- Right to receive an accounting of disclosures made of his/her information
- Right to request amendments to his/her information

In order to receive these rights, however, a patient or his/her legal representative ***must complete a form*** requesting these rights. These forms are located on the GHS/BRGMC Intranet or can be received by contacting the Privacy Officer at ex.1589.

What is Minimum Necessary?

Under the HIPAA regulations for privacy, a concept has been adopted and put into the regulations regarding Minimum Necessary. As it relates to employees, this term is defined that as an employee, you can only access the Minimum Necessary patient information in order to perform your job.

Minimum Necessary also relates to information requested and provided to others. All requests for information by non-employees should be routed through appropriate channels and only the minimum necessary should be provided.

Although the Minimum Necessary requirement is a key concept in privacy, patient safety and well-being should always be considered first. If information disclosed is above the typical minimum necessary for whatever reason, appropriate documentation should be completed and retained.

What happens if I, or someone I know, violates the HIPAA Policy?

There are specific consequences if the privacy policies are not followed. This would include disciplinary action, which could lead up to or include termination from employment and the inability to obtain or maintain your license. Here are a few examples that could lead to sanctions from the government, as well as from GHS/BRGMC:

- Discussing a patient, his/her condition, or PHI with one of your friends or family members is a violation. This could be often an unintentional or well meaning disclosure, but is still inappropriate and not allowed.
- Using the computer system to check the status of a patient (regardless if they are friend or family) is also considered a violation. An example could be checking to see if your co-worker or neighbor had her baby.
- If you pretend to be someone else in order to get patient information, your actions could result not only in disciplinary action by your employer, but also a fine or jail time by the government.

- Looking through patient charts, or allowing someone to look through charts, in order to sell information to a vendor who may market to the patients is a major violation. This could result in a fine of up to \$250,000 and up to 10 years in jail.

As you can see, Patient Privacy is serious business!

DO RIGHT

The Privacy & Security Officer can also serve as a resource or Advocate for privacy and security issues or concerns you may have. You may call the Privacy & Security Officer directly by calling 237-1589 or you may use GHS/BRGMC's anonymous reporting line, The Do Right Line, at 1-866-737-4448 (1-866-73RIGHT).

When faced with a problem or situation, asking yourself these questions can help you decide if you're doing the right thing.

- Am I following the law?
- Am I treating others as I would like to be treated?
- Am I setting a good example?
- Will I feel good about my actions tomorrow?
- Would my actions look good in print or on the 6 o'clock news?

If you find yourself, or another employee, saying any of the following, you should consider it a warning sign. Consider whether you have a potential issue you may want to report.

Warning Signs

- Well, maybe just this once....
- We didn't have this conversation.
- Everyone does it.
- What's in it for me?
- No one will ever know

INFORMED CONSENT

(BRG Policy # RI-245: Informed Consent)

Healthcare professionals must discuss ALL treatment options with their patients. This includes the option of no treatment.

For each treatment option, the patient needs to know:

- Risks
- Benefits
- Potential medical consequences

The patient can then give informed consent or refusal for treatment. Minors do not have the right to consent for treatment. Parents must accept or refuse treatment for their minor children.

Informed Consent according to BRG's policy # RI-245:

- The patient or patient representative is given, in a language or meaning of communication he/she understands, the information, explanations, consequences and options needed in order to consent to a procedure or treatment.
- The physician(s) responsible for the procedure is/are responsible to inform the patient of the risks, benefits, and alternatives of the planned procedure.
- Emergent Situations: If, in the opinion of the treating physician, there exists an emergency situation requiring surgical/medical treatment, the physician should note this situation in the medical record and proceed with the surgery/medical treatment. La. RS 40:1299:54

ADVANCED DIRECTIVES

An advance directive is a legal document that helps protect patients' rights to make decisions about their care, including when they are no longer able to communicate those decisions directly.

BRG PolicyTX-120: Death: LaPost and DNR Guidelines was established to provide practitioners with guidelines and requirements for issuing LaPost or Allow Natural Death/Do Not Resuscitate (DNR) orders when patients have a life limiting diagnosis or irreversible condition.

DEFINITIONS:

Life Sustaining Procedure: any medical procedure or intervention which, within reasonable medical judgment would serve only to prolong the dying process for a person diagnosed as having a terminal and irreversible condition, including such procedures as the invasive administration of nutrition and hydration and the administration of cardiopulmonary resuscitation

According to LA revised statute RS 40:1299.58.1. The legislature finds that all persons have the fundamental right to control decisions relating to their own medical care, including the decision to have life-sustaining procedures withheld or withdrawn in instances where such persons are diagnosed as having a terminal and irreversible condition. The statutes also describes the right of such a person to make a declaration instructing his physician to withhold or withdraw life-sustaining procedures or designating another to make the treatment decision and make such a declaration for him, in the event he is diagnosed as having a terminal and irreversible condition.

Louisiana Physician Order for Scope of Treatment (LaPost): a form which documents the wishes of a qualified patient in a physician order and documents the decisions of a patient relative to withholding or withdrawal of medical treatment or life-sustaining procedures. The form (original or photocopies) are legal and valid and are to be recognized by all health care providers in the continuum of the patient's care. The LaPost document can be revoked at any time. (RS 40:1299...64.1-6.

Advance Directives or Declaration is a legal document that allows the patient to make his health care choices known in advance of an incapacitating illness. *Declaration* means a witnessed document, statement, or expression voluntarily made by the declarant, authorizing the withholding or withdrawal of life-sustaining procedures. Any adult person may, at any time make a written declaration directing the withholding or withdrawal of life-sustaining procedures in the event such person should have a terminal and irreversible condition.

Living Will is a document associated with terminal illness in which the patient states what types of health care are wanted or not wanted. It is an older term that has largely been replaced by Advance Directives.

Durable Power of Attorney (POA) or Health Care Surrogate is the patient's legal designee or person authorized to make their health care decisions when the patient is incapacitated and can't make medical decisions.

Resuscitation Orders:

These orders were established as guidelines for use in resuscitation of patients. The orders are placed on the patient's medical record and remain in effect until rescinded by a new order regarding resuscitation.

FULL CODE - The following measures will be instituted:

- Chest compression
- artificial ventilation
- Emergency medication for arrhythmia and shock
- Electrical cardioversion

MODIFIED CODE - The following measures indicated below will be instituted (will have a "✓" or "x")

- Intubate
- Defibrillate
- Emergency medications
- Basic Life Support (CPR)

DO NOT RESUSCITATE - No Code Blue

To support the patient's right to make healthcare choices:

- Offer information about advance directives to all adult patients.
- Help patients who wish to complete an advance directive.
- Treat all patient fairly and equally, regardless of advance directives.

Healthcare personnel must respect the decision in a patient's advance directive. They must do the following:

- Place a copy of the directive in the patient's chart. If a copy is not available, the important points of the directive should be documented in the medical record.
- Follow the directive, after it has taken effect.

EMTALA

The Emergency Medical Treatment and Active Labor Act (EMTALA) is commonly known as the Patient Anti-Dumping Statute. This statute requires Medicare hospitals to provide emergency services to all patients, whether or not the patient can pay. Hospitals are required to:

- When a patient comes to the emergency department, the hospital must screen for a medical emergency.
- If an emergency medical condition is found, the hospital must provide stabilizing treatment.
- Patients with emergency medical conditions may not be transferred out of the hospital for economic reasons.

GRIEVANCES

Patients have the right to complain about the quality of their healthcare. Many patients complaints can be addressed quickly. When complaints cannot be resolved quickly and easily, patients have the right to file a grievance. A grievance is a formal complaint.

If a patient wants to file a grievance:

- Explain the grievance process at your facility. This includes the name of the staff person the patient should contact. Refer to ***BRG Policy A-110: Grievance Process***
- Explain that grievances may be filed with state agencies. This is true whether or not the patient has already used the facility's internal grievance process.
- Give the patient the phone number and address for filing a grievance with the state.

PATIENT SAFETY& INCIDENT REPORTING

Patient Safety is the responsibility of ALL employees at the BRGMC. Our goal is to create an environment in which all employees, as well as patients and their families, work as a team to identify and manage actual or potential risks to patient safety.

Important steps to make this happen are:

- It is important to identify and report any event or near miss that resulted or could have resulted in harm to a patient. These events are reported through the BRG Incident Reporting System located on the Intranet home page.
- In the event the computer system is down, contact the Safety Hot Line at 237-1SFE (237-1733).
- Any immediate risk that you identify should be reported to appropriate personnel as soon as possible. For example, if you see a spill in the hallway, please be sure to call Environmental Services (EVS). Stay at the sight of the spill until EVS has arrived.
 - Important phone numbers:
 - EVS: x7620 (Mid-City) or x4115 (Bluebonnet)
 - Facilities Maintenance: x6285 (Mid-City) or x4188 (Bluebonnet).

Do not blame individuals, even if a mistake has been made. Instead, work as a team and look at processes to eliminate or reduce the risk and for opportunities to improve patient care. Learning from mistakes often leads to beneficial changes in systems and management processes

The Joint Commission - National Patient Safety Goals

Identify patients correctly

- Use at least 2 ways to identify patients
- Label specimens in the presence of the patient

Improve staff communication

- Get important test results to the right person on time

Use medications safely

- Label medications prior to procedure
- Take extra care with patients who take blood thinners
- Record and pass along correct information about a patient's medicines, including at home medications

Prevent infection

- Use hand cleaning guidelines from CDC and WHO. Set goals to improve hand cleaning
- Use proven guidelines to prevent infections that are difficult to treat
- Use proven guidelines to prevent infection of the blood from central lines
- Use proven guidelines to prevent infection from surgery
- Use proven guidelines to prevent infections of the urinary tract that are caused by catheters

Identify patient safety risks

- Find out which patients are most likely to commit suicide

Prevent mistakes in surgery

- Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body
- Mark the correct place on the patient's body where the surgery is to be done
- Pause before the surgery to make sure that a mistake is not being made

DEVELOPMENTALLY APPROPRIATE CARE

At each stage of life, human beings exhibit predictable:

- Characteristics
- Needs
- Developmental challenges
- Milestones

Understanding these challenges and milestones helps you provide developmentally appropriate care.

A provider is competent in providing developmentally appropriate care if he or she can:

- Utilize patient data to determine a patient's health status, such as illness or injury, chronic conditions, and ability to manage daily activities.
- Interpret patient information to identify healthcare needs, such as changes in medication or nutrition,
- Provide appropriate care according to a patient's age and developmental needs.

CULTURAL COMPETENCE

We provide care and services to a very culturally rich and diverse community. Respect for this diversity is critical to our mission. By embracing people's differences we gain the value of each individual's unique ideas and perspectives. We also foster a secure and healthy atmosphere for patient care and healing.

Diversity transcends race and gender, affirmative action, and Equal Employment Opportunity. It means respecting and valuing differences such as those based on age, disability, ethnicity, gender, language, race, and socio-economic status, as well as respecting each individual's right to privacy in areas such as religious faith, politics, and personal beliefs.

Examples of culturally competent care include:

- If a patient values spirituality, find a way to integrate spiritual and medical practices for healing.
- If a family elder must participate in all medical decisions in a patient's culture, be certain to involve the elder in the care of that patient.

All employees are expected to be respectful and accommodating of diversity and cultural differences.

PATIENT SATISFACATION &HCAHPS SURVEY

Caring for our community with the highest of quality in the most compassionate environment is top on our priority list. We are committed to continuously monitoring and improving, even in areas where we are better than the national average. HCAHPS is a patient satisfaction survey sent to patients when discharged. It assists the hospital in obtaining feedback from patients and improves payment from Medicare. Baton Rouge General's HCAHPS goal score is 75%. Every employee and student at Baton Rouge General has a role in improving HCAHPS patient survey scores.

Upon discharge every patient is sent a national survey. This survey is called the Press Ganey Patient Satisfaction Survey. Questions on the survey include:

- How often did nurses treat you with courtesy and respect?
- How often did nurses listen carefully to you?
- How often did nurses explain things in a way you could understand?
- After you pressed the call button, how often did you get help as soon as you wanted it?
- How often your room and bathroom were kept clean?
- How often was the area around your room quiet at night?
- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
- How often was your pain well controlled?
- How often did the hospital staff do everything they could to help you with your pain?
- Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- Before giving you any new medicine, how often did hospital staff describe possible **side effects** in a way you could understand?
- During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
- During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

SAFETY

General Safety

Healthcare facilities have many potential hazards.

Occupational Safety and Health Administration (OSHA) separates these hazards into five general categories:

- Biological
- Chemical
- Psychological
- Physical
- Environmental/mechanical

It is important to take the appropriate measures to eliminate as many of these hazards as possible and safeguard against exposure to the hazards that cannot be eliminated.

Hazard Category	Definition	Examples	Safeguards
Biological	Infectious agents	HIV, VRE, MRSA, HBV, HCV, TB	Infection control measures (PPE, hand hygiene, etc.)
Chemical	Toxic or irritating materials	Detergents, solvents, disinfectants, sterilizing agents, waste anesthetic gases, hazardous drugs, mercury	Engineering controls, work-practice controls, appropriate PPE
Psychological	Factors that create or increase emotional stress or strain	Working with terminally ill patients, patients deaths, overwork, understaffing, tight schedules, equipment malfunctions	Stress management, relaxation exercises, meditation
Physical	Agents with the ability to cause physical harm	Radiation, lasers, noise, electricity and electrical equipment, extreme temperatures	Various, depending on the hazard
Environmental & mechanical	Factors that cause or increase the risk of accident, injury, strain, or discomfort	Lifting and moving patients, tripping hazards, poor air quality, slippery floors, cluttered or obstructed work areas or passageways	Maintenance of a safe work environment, prompt reporting of hazardous conditions

Fire Safety

Prevention is the best defense against fire.

To help prevent fires related to the common cause of smoking:

- Follow your facility's smoking policy.
- Smoke only in designated areas.
- Instruct visitors and authorized patients to smoke only in designated areas.

To help prevent fires related to the common cause of electrical malfunction:

- Remove damaged or faulty equipment from service.
- Submit malfunctioning equipment for repair.

To help prevent fires related to the common cause of equipment misuse:

- Do not use any piece of equipment that you have not been trained to use.

In the event that a fire occurs, your facility is equipped with the following features:

- Fire alarm systems
- Fire extinguishers
- Emergency exit routes and doors
- Smoke and fire doors and partitions
- A fire plan

Electrical Safety

There is a risk of electric shock from medical equipment. Electric shock can cause burns, muscle spasms, ventricular fibrillation, respiratory arrest, and even death. Report any issues or concerns with electrical safety to the Biomedical Engineering Department.

To help prevent electrical accidents in your facility:

- Remove and report electrical hazards - remove electrical equipment from service if it and report per hospital protocol:
 - malfunctions
 - shows signs of damage
 - shows signs of unusual heating
 - produces a burning smell during operation
 - shocks staff or patients
- Use electrical equipment properly
 - Learn proper equipment operation before use.
 - Do not use damaged equipment.
 - Do not use equipment on which liquid has been spilled.
 - Do not operate electrical equipment with wet hands or when standing in water.
 - Do not stack anything on or behind electrical equipment.
 - Turn equipment off before plugging in or unplugging.
- Maintain, test, and inspect all equipment regularly
- Use power cords and outlets properly
 - Do not use outlets or cords with exposed wiring.
 - Report damaged outlets or cords.
 - A hot outlet can be an indication of unsafe wiring. Unplug the cords from the outlet. Report the hazard.
 - Do not bend, stretch, or kink power cords excessively.
 - Do not jerk cords from outlets. Pull on the plug.
 - Do not staple, tack, or nail power cords to walls or floors. Use tape, if necessary.
 - Do not rest equipment on power cords.
 - Use only power cords with three-prong plugs. Never use adapters, two-prong plugs, or broken three-prong plugs.
- Use circuits safely
 - Do not overload circuits.
 - Label each circuit breaker clearly.
 - Breaker boxes should be accessible at all times.
- Protect Patients
 - Place electrical equipment at a distance from patients.
 - Maintain patient areas, keeping floors dry at all times.
 - Do not touch patients and electrical equipment at the same time.

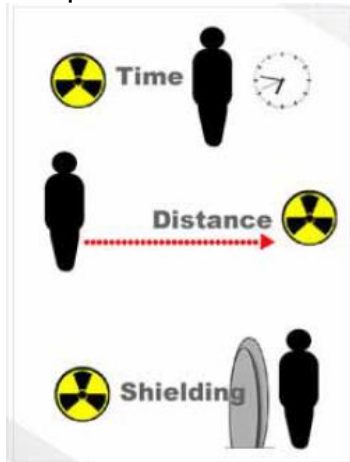
Radiation and MRI Safety

Exposure to radiation can increase the risk of cancer. It is important to protect against exposure.

Three key factors for limiting exposure are:

- Minimize the amount of time you are exposed.
- Maximize your distance from the radiation source.
- Use appropriate shielding to absorb the energy of radioactive particles.

The goal is to keep your radiation exposure As Low As Reasonably Achievable (ALARA).



Magnetic Resonance Imaging (MRI) is not an inherent biological hazard; however, hazards can arise when certain items enter the MRI system. Items can become projectiles, electronic devices can malfunction, and metal implants or wires can conduct electrical currents resulting in burns.

MRI safety is largely a matter of ensuring that potentially hazardous items stay outside the MRI field. Therefore:

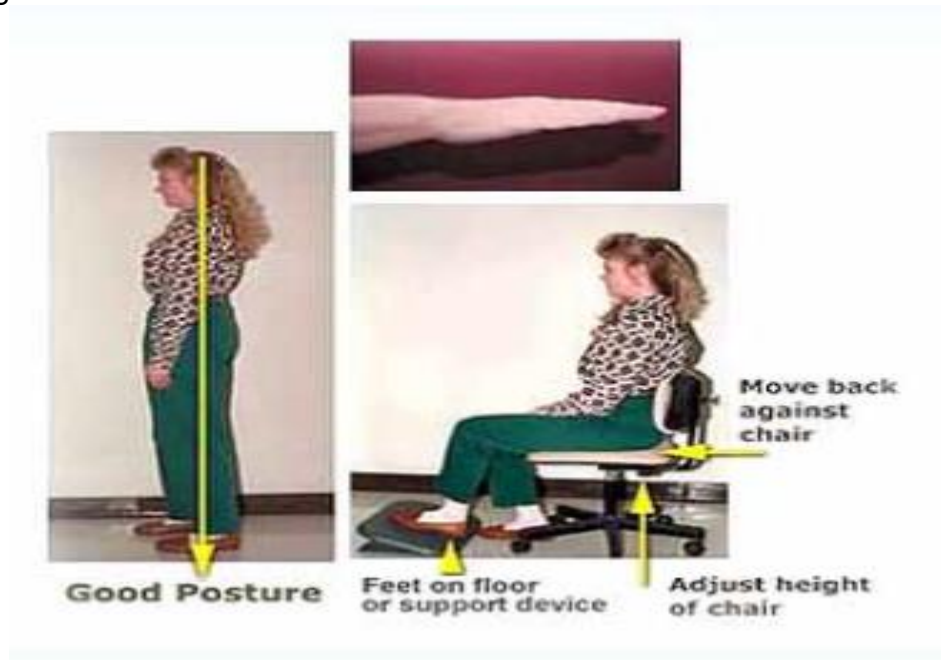
- Control access to the magnetic field.
- Post signs outside the magnetic field, warning of the projectile effect and the danger of metallic implants.
- Remove metallic objects from clothing and pockets before entering the magnetic field.
- Thoroughly screen patients prior to MRI. Ensure that patients do not have MRI-unsafe implants or embedded objects.
- Properly position patients for MRI so that electrically conductive loop are not formed. This will prevent burns.
- Use equipment approved for MRI.
- Restrict access to the MRI suite.

Ergonomics

Good ergonomic practices can lead to fewer work-related injuries. Best practices include:

- Avoid fixed or awkward postures.
- Avoid lifting without using proper devices or equipment.
- Avoid highly repetitive tasks.
- Avoid forceful exertions.
- Provide support for your limbs.
- Use proper posture and body mechanics when sitting, standing, or lifting.

- Keep tools close to you to avoid reaching, twisting, and bending.
- Use supportive equipment and ergonomic tools (e.g. wrist supports for keyboards).
- Respond promptly to aches and pains to prevent slight injuries from becoming severe or debilitating.

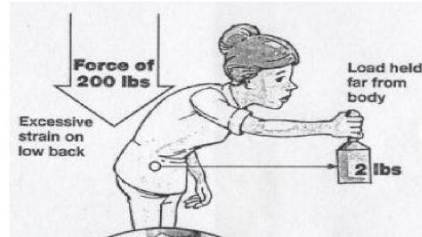
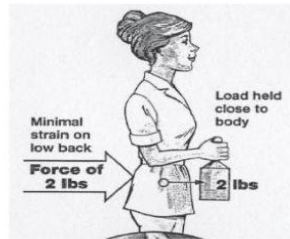


Back Safety

Healthcare is a high-risk setting for back pain and injury. Healthcare workers who lift and move patients are at especially high risk for injury. Injury may be prevented through: proper care and operation of the spine, proper posture, and regular exercise.

Proper Care and Operation of the Spine:

- Wear good, comfortable shoes.
- Stand straight up.
- Keep the knees flexed.
- Use a footrest, alternating feet every few minutes if you must stand for long periods of time.
- When sitting, form 90-degree angles at the knees and hips. When hands are on a desk or keyboard, also form a 90-degree angle at the elbows.
- When lifting a load vertically:
 - bend at the hips and knees
 - keep the head up
 - maintain the three natural curves of the spine
 - hold the load close to the body
 - lift with the muscles of the legs
- When lifting or transferring a patient:
 - Avoid manual lifting.
 - Use motorized lifts or other assistive devices.



Proper Posture:

- To stand with proper posture, imagine a cord dropped through the center of your head to your feet. To practice good posture, imagine the cord attached to the crown of your head. As the cord pulls up, it holds the head high and pulls the three natural curves of the spine into alignment.

Regular Exercise:

- Aerobic exercise to contribute to the overall fitness and increase blood flow to the spine.
- Stretches are gradual, gentle exercises that lengthen important muscles, increasing their ability to be put through range of motion for which they are designed.
- Strengthening exercises help build muscle mass and definition by forcing the muscles to work against weight or resistance.

Lifting and Transferring Patients

Healthcare staff who lift and transfer patients are repeatedly exposed to the three major risk factors for injury during physical tasks:

- Awkward posture – example: bending and reaching while lifting or lowering creates awkward posture
- Force – how hard the muscles have to work. A lot of force is required to lift patients who typically weigh 100 pounds or more.
- Repetition – performing the same motion or series of motions over and over again.

Workers risk injury even if they use proper body mechanics. OSHA recommends that manual lifting should be minimized, and if possible, eliminated. Using devices to help with patients lifts and transfers can assist with manual lifting. These devices include: motorized lifts, non-motorized transfer devices such as gait belts, transfer boards, etc.

Before any lift or transfer, the patient should be assessed to determine how to do the transfer safely. Patient factors (such as the patient's ability to bear weight and environmental factors should be looked at. Staff can then decide on:

- The best method for transfer
- What equipment or devices will be needed
- How many staff members will be needed

Preventing Slips, Trips, and Falls in the Workplace

Slips, trips, and falls in the workplace cause injuries and deaths every year.

To help prevent slips:

- Keep floors clean and dry.
- Increase the friction of floors with abrasive coatings, non-skid strips, or rubber mats.
- Secure rugs with skid-resistant backing
- Choose slip resistant shoes with: soft rubber soles, a large amount of surface area in contact with the floor, or patterned soles that increase friction.
- Post safety signs around the slip hazards (icy sidewalks, wet floors, etc.)

To help prevent trips:

- Keep floors clean and uncluttered
- Repair uneven flooring, or post safety signs.
- Use proper lighting (not too bright and not too dim).

Most falls in the workplace are foot-level falls. In a foot-level fall, a person slips or trips on a walking or standing surface. This results in a short fall.

Falls-to-below carry a higher risk of injury. Danger zones for falls-to-below are stairs and ladders. Strategies to prevent falls for each of these are listed below:

Stairs:

- Keep staircase clean and well lit.
- Staircases should have sturdy handrails on both sides.
- Take one step at a time.
- Maintain your center of balance when stepping.

Ladders:

- Use a ladder of the height you need.
- Lock the spreader into position before climbing the ladder.
- Climb straight up and do not lean on either side.
- Hold onto the side rails with both hands while climbing up or down.

When conditions are hazardous (icy sidewalks, wet floors), avoid slipping and falling by walking like a duck:

- Keep your feet flat and slightly spread apart.
- Point your toes slightly outward.
- Take slow, short steps.
- Keep your center of balance under you.
- Make wide turns at corners.
- Keep your arms at your sides. This gives you additional balance and makes them available for support if you do fall.

*****All falls, whether patient, visitor, or employee, should be reported through the Incident Reporting System located on the BRG Intranet.*****

CODE BLUE

CPR will be initiated by any BLS-trained staff member, for applicable areas. CPR and initial defibrillation with the AED/defibrillator will be initiated as soon as possible.

If a Code Blue occurs in a non-clinical area, excluding off-site campus areas, a code will be called overhead and paged to that area. The code blue team will respond and begin CPR. The House Supervisor will delegate appropriate staff to obtain a stretcher for immediate transport to the Emergency Department.

The following individuals will carry code pagers:

- Respiratory
- Emergency Department
- ICU (Advanced Cardiac Life Support responder)
- House Supervisor

Guidelines for responding to victims of cardiopulmonary arrest

- The first responder, upon finding an individual in cardiopulmonary arrest, will initiate cardiopulmonary resuscitation (CPR) and call for additional help
- Staff to dial "20" and communicate the following:
 - For adult code – state "Code Blue, unit, location/room number, and campus"
 - For pediatric code – state "Code Blue PALS and unit, location/room number, and campus"
- The operator/security will call the code overhead stating Code Blue (PALS if pediatric) and unit location. At the same time, they will send out a Code Blue page to team members notifying them of the room number/location
- If additional staff is needed, the pager system fails, or the code team has not responded, dial 20 and request the code be paged and called again

MEDICAL RESPONSE TEAM (MRT)

The Medical Response Team is designed to intervene with patients BEFORE they reach a "CODE BLUE" status. Research shows almost all critical inpatient events are preceded by warning signs. We can help our patients more if we can get assistance or a 2nd opinion earlier.

The MRT includes an ICU nurse, Respiratory Therapists and the House Supervisor, who will respond to the page once an MRT is called. The MRT does not take over the patient's care. The MRT gathers information, support the primary nurse, and assist in contacting the physician.

Who, When and How to Contact the MRT?

- **Who**
 - Any staff member or family member finding an individual experiencing a medical emergency or noticeable medical changes/concerns may initiate a MRT to receive additional help.
- **When**
 - Changes in Blood Pressure < 90 or > 170
 - Changes in Heart Rate < 40 or > 130 per minute

- Changes in Respiratory Status < 8 or > 24 breaths per minute; shortness of breath; O2 sat < 90% or need to increase FiO2 > 50%
- Change in Level of consciousness (LOC) – lethargic, confused, unresponsive, agitated/restless
- Chest Pain – new or recurring
- Staff Worried – patient does not look right; unexpected change in patient's condition
- **How**
 - Dial 20 and communicate, "MRT and room number/area".
 - Communication will dispatch pages simultaneously to all designated code pagers to notify them of the MRT and the room number.
 - If additional staff is needed, the pager system fails, or the MRT has not responded, dial 20 and request that the code be paged overhead.

CODE FAST

Stroke is the third leading cause of death and the leading cause of long-term disability in the United States. 700,000 people suffer from a new or recurrent stroke each year. The adoption of a consistent assessment tool plays an important role in the stream lining of Acute Stroke Care. We are in what's called the "Stroke Belt".

BRG has adopted "Code F.A.S.T." as a Stroke Response to ensure that stroke symptoms are recognized as a medical emergency and that anyone presenting with stroke symptoms receives care in a prompt and appropriate manner.

Think FAST to remember the 4 warning signs of stroke:

- **Face** – Does the face look uneven? Does one side of the face droop? Ask them to smile.
- **Arms** – Does one arm drift down or hang down? Is there arm weakness or numbness? Ask them to extend their arms.
- **Speech** – Do they slur their words or use the wrong words? Can they
- **Time** is critical!!! If any of these symptoms are seen, tell the nurse or contact Hospital Medicine Group (HMG) Physician on-call IMMEDIATELY! Ask when was the last time the person was seen normal or without symptoms.

Code FAST is initiated by the HMG Physician. Code F.A.S.T. is activated by dialing 20 within the hospital & stating Code F.A.S.T., unit name and location.

EMERGENCY CODES & PROCEDURES

There is an Emergency Code flip chart in each department at BRGMC. These charts serve as reference tools in the unlikely event an emergency situation or disaster should occur within our facilities or our community. During an event, the emergency code will be announced overhead so that all employees will know how to react accordingly. Locate the Emergency Code Chart in your area.

CODE RED - FIRE

In the event of a fire, pull the nearest fire alarm.

Staff in the area of the fire: R-A-C-E

- **Rescue** anyone in immediate danger
- **Alarm** others by activating the nearest fire alarm pull station.
- **Confine** the fire by closing all doors and restricting traffic by manning entrances. Move equipment out of corridors.
- **Extinguish** the fire. If necessary, evacuate to the nearest safe area.

Horizontal Evacuation: Patient's and staff will be evacuated away from the danger area to the other side of a corridor fire door, but will remain on the same floor.

Vertical Evacuation: Patients and staff will be evacuated away from the danger area down the stairwells to another floor or outside the facility if the entire facility is affected.

How to Use a Fire Extinguisher: P-A-S-S

- **P**ull the pin.
- **A**im the nozzle at the base of the fire.
- **S**queeze the handle.
- **S**weep from side to side.

Code Red Response Team

Includes Security, Maintenance, Respiratory, and House Supervisor or designee:

- Report to the location of the fire
- Charge Nurse and Respiratory are responsible for shut off of medical gases.

Staff In All Other Areas: P-A-U-S-E

- Pay attention to overhead paging of the location of the fire.
- Await instructions from Incident Commander.
- Use your senses:
 - Look for proper function of fire doors and strobe lights
 - Listen for proper function of alarm and paging systems
 - Smell for possible smoke.
- Stay clear of the fire area. Do not use elevators!
- Ensure patient care.

Report any problems to the following departments: (If no answer, contact the operator and have them page the on-duty maintenance personnel.)

- Security:
 - Mid City: 387-7741
 - Bluebonnet: 763-4100
- Facility Maintenance:
 - Mid City: 381-6285
 - Bluebonnet: 763-4100

CODE YELLOW- MASS CASUALTY

Code Yellow 10

The facility will be receiving up to 10 patients as a result of a mass casualty event.

Code Yellow 20

The facility will be receiving up to 20 patients as a result of a mass casualty event.

Code Yellow 50

The facility will be receiving more than 20 patients as a result of a mass casualty event.

Staff in Patient Care Areas:

- Report to your department or area as soon as possible.
- Send one nurse and one PCA with available equipment (V.S. machine, I.V. poles, wheelchair, stretcher, etc.) to the emergency room.
- Prepare for extended assignment:
- Prepare yourself and your family for an extended assignment.
- Notify your department or unit supervisor of childcare and /or pet care needs.
- Prior to returning to work, pack an overnight bag with essential items (prescription medicines, change of clothing, toiletries, sleeping bag or blanket and pillow, and a battery operated radio).
- Conduct "Business as usual".
- Await instructions from the Incident Command Center

Staff in All Other Areas:

- Report to your department or area as soon as possible.
- Prepare for extended assignment.
- Prepare yourself and your family for an extended assignment
- Notify your department or unit supervisor of childcare and/or pet care needs
- Prior to returning to work, pack an overnight bag with essential items (prescription medicines, change of clothing, toiletries, sleeping bag or blanket and pillow, and a battery operated radio)
- Conduct "business as usual"
- Await instructions from the Incident Command Center

CODE PINK- INFANT/CHILD ABDUCTION

Any employee or department who suspects an infant or child has been abducted or is missing. Immediately dial "20" to report with following information:

- Area/unit where abduction occurred
- Description of the child
 - hair, eyes, skin, color, any distinguishing marks or characteristics, approximate age, height and weight of child and clothing worn
- Child's name
- Description of suspect (if available) who may have abducted the child
- Time the child was last seen

*****Knowing the approximate age of the child is critical in the organization's attempt to locate him/her.*****

When a Code Pink Is Called:

- Listen to the description via the overhead page.
 - Race
 - Age
 - Sex
 - Identifying Information
- Close and man all entrances and exits in your area.
- Be on the lookout for anyone carrying or concealing a child, especially if that child fits the description
- Stop anyone with an infant or child and request that they remain in the facility. If they refuse call Security:
 - Mid-city: 387-7741
 - Bluebonnet: 763-4100
- Request to search any large bags, boxes or packages. If they refuse call security.
- Search assigned work areas if you believe you have found the infant/child, contact security.
- Complete the “Department Search Form” (available online and in the “Forms” section of the emergency code book) and fax or deliver to the Incident Command Center:
 - Mid-city fax- 381-6129
 - Bluebonnet fax- 763-4039

CODE BLACK- BOMB THREAT

If an individual makes threatening comments regarding a bomb or explosion either in person, via the telephone or through the mail, obtain as much information as possible from the individual and dial “20” to report the incident.

Staff in Each Department/Unit:

- Look for any unfamiliar or suspicious items. Do not touch or move suspicious items.
- Search all adjoining areas.
- Call the Incident Command Center if you identify an unfamiliar or suspicious item:
 - Mid City 387-7767
 - Bluebonnet- 763-4040
- Make a copy of and complete the Department Search Form and Fax or deliver to the Incident Command Center:
 - Mid City fax- 381-6129
 - Bluebonnet fax- 763-4039

CODE GRAY- SEVERE WEATHER

Code Gray Stage I- A tropical weather system has entered the Gulf of Mexico

Code Gray Stage II- A tropical storm or hurricane watch has been issued for the Gulf Coast.

Code Gray Stage III- A tropical storm or hurricane warning has been issued for the Gulf Coast OR evacuations have been ordered for any part of Louisiana

Code Gray Stage IV- A tropical storm or hurricane warning has been issued for the Gulf Coast and the impact of the storm is expected to reach the local area within 24-36 hours.

Code Gray Stage V- A tropical storm or hurricane warning has been issued for the Gulf Coast and the impact of the storm is expected to reach the local area within 12-24 hours **OR the local area has be impacted by a severe weather event.**

- When instructed to do so by Corporate Communications, advise patients and family members of the steps being taken to ensure their safety for the coming severe weather event.
- If directed by the Incident Command Center:
 - Preparations should be made to move patients away from windows or protect them from debris.
 - Unplug all unnecessary items from the emergency electrical outlets.
 - Relocate equipment away from windows.
 - Inform Incident Command Center of any storm damage in your area.

CODE ORANGE - HAZARDOUS MATERIALS

Emergency Department staff should dial “20” to report Code Orange when:

- Notification is made that BRG Mid City and/or Bluebonnet will receive patients exposed to hazardous materials.
- Patients exposed to hazardous materials have presented in the Emergency Department.

Decontamination Team:

- Report to the decontamination area and follow the instructions of the Decontamination Supervisor

Staff in All Areas:

- Conduct “business as usual”.
- Await instructions from Incident Command Center.
- If a Code Yellow (Mass Casualty) is activated, follow the instructions on the flip chart.

CODE GREEN- RADIOLOGICAL EXPOSURE

Hospital staff should dial “20 to report Code Green when:

- Notification is made that BRG will receive patients exposed to hazardousradioactive materials
OR
- Patients exposed to Hazardous Radiological Materials present to the EmergencyDepartment

Staff trained in decontamination site setup and radiological decontamination:

- Report to the decontamination area and follow the instructions of the Decontamination Supervisor.

Nuclear Medicine Department or Designee:

- Send two employees to decon area with Geiger counters to monitor levels of radioactive contamination before and after decontamination under the direction of the Decontamination Supervisor.

Radiation Safety Officer:

- Report to decontamination area.

Staff in all other areas:

- Conduct “business as usual”.
- Await instructions from Incident Command Center.
- If a Code Yellow (Mass Casualty) is activated, follow the instructions on the flip chart.

CODE WHITE - VIOLENT INDIVIDUAL/HOSTAGE SITUATION**Any employee or department who witnesses a violent individual:**

- Immediately dial “20” to report the incident
- If you suspect the individual has a weapon, indicate this to the operator and instruct them to call “911”

Code White Response Team:

- Code White Team consists of staff members trained in Non Violent Physical Crisis Intervention (NVPCI). This includes Emergency Department Staff, Psych Unit Staff, Security and the House Supervisor
- Report to the area immediately upon hearing the Code White overhead page.

Staff in Area of Incident:

- Make an attempt to clear area of all patients, visitors and staff, if this can be done without presenting additional risk.
- Restrict incoming traffic to the area.
- Follow instructions of Code White Response Team

Hostage Situation:**Any employee or department who witnesses a hostage situation**

Immediately dial “20” to report the incident with the following information:

- Location
- Number of hostages
- Number of hostage takers and a description
- Type and number of weapons present
- Injuries
- If you suspect the individual has a weapon, indicate this to the operator and instruct them to dial “911”.

Code White Response Team:

- DO NOT report to location of incident unless text page received instructing you to do so.
- Restrict traffic to hostage situation area
- Only Security will report to the area of the incident in the event of a hostage situation.

Security:

- Report to hostage situation area.
- Restrict traffic to hostage situation area
- Listen to and follow instructions of law enforcement officers.

Staff in Area of Incident:

- Make an attempt to clear area of all patients, visitors and staff if this can be done without presenting additional risk.

- Restrict incoming traffic to the area.
- Follow instructions of Security and law

CODE SILVER – ACTIVE SHOOTER

ACTIVE SHOOTER – Definition:

Individual actively engaged in causing or attempting to kill people
Individual has a firearm(s) with the intent or has actually used the weapon

Staff Notification:

An Overhead Announcement will be made by the Operator that will state “Code Silver followed by the Campus/Department/Room Number”.

WHO SHOULD RESPOND TO A CODE SILVER?

Only the Code Silver Response Team who are specially trained

WHAT SHOULD STAFF DO IF THE ACTIVE SHOOTER IS IN THEIR DEPARTMENT?

- Remain calm
- Warn others of situation: Dial 20 & state “Code Silver, campus, dept, room”
- Non-patient care areas: Evacuate if possible; leave belongings
- Patient-care areas: Notify patients of situation & to stay behind closed doors
- Seek cover in a patient room, under furniture
- Take instructions from Code Silver Response Team & Law Enforcement
- Expect that a SWAT with weapons may search your area
- Be prepared for other emergencies: Fire, Evacuation

WHAT SHOULD STAFF DO IF THE ACTIVE SHOOTER IS IN ANOTHER DEPARTMENT?

- Stay away from the area of the incident
- Expect that a SWAT with weapons may search your area
- Non-patient care areas: Take cover behind locked doors
- Patient care areas: Notify patients of situation & to stay behind closed doors
- Take instructions from Code Silver Response Team & Law Enforcement
- Be prepared for other emergencies: Fire, Evacuation

CODE EVACUATE - FULL OR PARTIAL EVACUATION OF THE FACILITY

PARTIAL EVACUATION OF FACILITY

Horizontal Evacuation:

Patients and staff will be evacuated away from the danger area to the other side of a corridor fire door, but will remain on the same floor.

Vertical Evacuation:

Patients and staff will be evacuated away from the danger away down the stairwells to another floor.

Staff in Patient Care Areas:

If in affected area:

- Prepare patients for evacuation
- Explain the evacuation process to the patient
- Ensure the complete medical record accompanies the patient

If your area is not affected:

- Send one nurse, one PCA and one wheelchair from your unit to the Staging Area (the location of the staging area will be pages over-head).
- Await additional instructions from the Command Center.

FULL EVACUATION OF FACILITY

Staff in Patient Care Areas:

- If patients must be evacuated from the facility, do the following:
 - If possible, ensure at least 24 hours of medication and medical record accompanies the patient to their destination.
- In the event the entire facility must be evacuated:
 - An Evacuation Departure Coordinator (s) will be appointed by the Incident Commander to direct the evacuation of patients.
 - The Evacuation Departure Coordinator (s) will be responsible for filling out the Evacuation Departure log for each patient being evacuated.

SPILLS - BLOOD/ OPIM/ CHEMICAL/ MERCURY

Blood or Other Potentially Infectious Materials (OPIM) Spills

- Obtain a blood spill kit.
- Follow instructions found in the kit.
- For spills > 16 ounces (two cups) use two kits.
- Call EVS for final cleaning and disinfecting:
 - Mid City 387-7620
 - Bluebonnet 763-4115

Chemical Spill

- Restrict traffic to area
- Call Facility Maintenance to report spill, and for assistance
 - Mid City 381-6285
 - Bluebonnet 763-4188
 - If no answer, contact the operator to page the on-duty Facility Maintenance personnel.
- If chemical is known, call for Material Safety Data Sheet (MSDS) Information.

Mercury Spill

- Restrict traffic to area
- Call Facility Maintenance and report spill
 - Mid City 381-6285
 - Bluebonnet 763-4188

UTILITY OUTAGE

Ensure essential patient care equipment is connected to the (RED) emergency power outlet.

Call Facility Maintenance to report outage and/or problems specific to your areas

- Mid City 381-6285
- Bluebonnet 763-4188
- If no answer, contact the Operator to have the on-duty Facility Maintenance personnel paged.

PHONE OUTAGE

Listen to overhead page for instructions. If applicable for your department, pick up a charged cell phone and current cell phone department list at the following locations:

- *Mid City*: Hospital Operator
- *Bluebonnet*: Security Dispatch
- Refer to Emergency Codes and Procedures Manual on unit for emergency disaster cell phone listing.

When phone service is restored, return all cell phones to pick up location.

REGULATORY CLINICAL COMPLIANCE

HAZARD COMMUNICATION

OSHA (Occupational Safety Hazard Administration) requires all employers to develop written hazard communication programs.

The purpose of this program is to protect workers from exposure to hazardous chemicals. The following groups of people have hazard communication duties:

- Manufacturers
- Employers
- Employee

Employees who work with hazardous chemicals must:

- Know which hazardous chemicals are used in their clinical work area(s)
- Know where Safety Data Sheets (SDS) are located on their unit
- Know how to read the SDS
- Read all relevant SDS before starting a job that may require the use of a hazardous chemical
- Read product labels carefully, follow all directions, and heed all warnings
- Attend all required hazardous chemical training sessions

WORKPLACE VIOLENCE

Workplace violence is any violence committed in a work setting.

To help keep the workplace safe from violence:

- Recognize aggressive behavior and warning signs of potential violence
- Respond appropriately to the level of aggressive behavior
- Report all unsafe situations immediately

PATIENT ABUSE/ASSAULT/NEGLECT

Recognizing/reporting abuse/neglect/exploitation is everyone's responsibility. When staff suspects a patient may be the victim of Abuse/Neglect, Medical Social Work is notified. The social worker will assess the situation and make the appropriate recommendations.

High Risk Conditions and Stressors may promote abuse and neglect:

Abuser may be: young, immature, unemployed or without sufficient funds; poor self-image; forced to care for the patient due to circumstances; does not know how to care for the patient/and has numerous demands on his/her time.

Victim may be: demanding, overly critical, never satisfied, disoriented, confused, depressed, totally dependent, disabled. Most often they may be female, child or elderly

Abuser and/or victim may be: socially isolated, alcohol and/or drug abuser, mentally ill and used to violence being used to solve problems in the family.

“Red Flag” Behaviors for the Victim of Abuse:

- Unwilling to discuss problem/injuries if caretaker is present
- Fearful of caretaker
- Fearful of outside contacts
- Overly passive/quiet
- Looks to caretaker to provide the “right answers”
- Unable to relate financial information
- Isolated from family and friends

“Red Flag” Behaviors for the Abuser:

- Demanding
- Critical
- Accusing towards victim
- Doesn't allow victim to speak for himself/herself
- Attempts to isolate victim from family/friends
- Lacks physical/eye contact with victim
- Unwilling/reluctant to comply with planning/delivery of care for the victim

Signs and Symptoms of Abuse and Neglect:

Child:

- Nail biting, thumb sucking, bedwetting
- Repeated injuries and visits to the emergency room for unexplained accidents
- Soiled clothes, insufficient/inappropriate clothing for the weather

Preteen/Adolescent:

- Underweight and not on schedule developmentally
- Withdrawal, depression, prolonged interval between injury and treatment
- Lacks medical attention and appropriate interventions
- Running away, trance, stealing, substance abuse

Elderly:

- Underweight, sudden weight loss, bedsores, other physical changes
- Lacks eyeglasses, hearing aide, false teeth, walker, wheelchair or other needed prosthetic devices
- Medication not properly taken or not taken at all
- Lacks awareness of personal financial affairs; failure to meet basic needs

Signs and Symptoms of Domestic Violence:

- Repeated injuries or injuries that are difficult to account for as accidental
- Strokes in young adults (blow to the head)
- Isolation of the victim, no access to money, transportation, family friends, jobs or school
- Frequent referral to partner's "anger" or "temper;" fears being harmed by partner
- Reluctant to speak/disagree in the presence of the abuser; reluctance to speak to those in authority because of reprisals from the abuser

Signs and Symptoms of Sexual Abuse:**Children:**

- Sexual behavior/knowledge that falls far above the child's development
- unexplained abdominal pain
- Increased attention to private body parts
- Acting out or overly withdrawn
- Behavior problems at school.

Children/Adolescents:

- Depression
- Isolation from peers
- Drug, alcohol use/abuse
- Chronic runaways
- Sudden drop in academics/work performance
- Sexual promiscuity/child prostitution; repeated truancy; overly seductive behavior.

LATEX ALLERGY SENSITIVITY**Who is at risk for latex allergy?**

- Those who have had jobs in rubber factories, hospitals, clinics and dentist offices
- Patients with a history of spina bifida
- Presence of a VP Shunt (for dialysis)
- Those who have had multiple surgeries especially for the bladder or kidneys
- Those who have had spinal lesions or paraplegia.
- Those who are allergic to the following foods: avocados, papayas, chestnuts, kiwi, apples, melons, bananas, potatoes, tomatoes, celery, and carrots

What do we do at the BRGMC for patients with a latex allergy?

- All patients are to be assessed for latex allergies.
- Standard latex free gloves are to be worn for routine purposes.
- Place a latex free cart near the patient room.
- Place a yellow “Latex Allergy Precaution” sign on the patient door.
- Place a “Latex Allergy” label on the patient’s ID band, kardex, medication cart drawer, OR scheduling board and all documentation records
- Use latex free products, equipment and supplies.
- Ensure “Latex Allergy” is entered in patient profile records for dietary, pharmacy, lab, central supply, radiology, and physical medicine.
- Schedule the patient first for OR and procedures.
- Notify House Supervisor and bed board of allergy.
- Provide for patient and family education.
- For multi-dose vials, remove rubber stopper to withdraw medication.

What should you do if your patient experiences a reaction to latex?

- Immediately stop treatment.
- Notify MD for treatment options.
- Monitor for anaphylactic reaction.

Treatment for a reaction to latex:

- IV fluids: Ringers Lactate
- Medications:
 - Epinephrine
 - Diphenhydramine (Benadryl)
 - Corticosteroids (Solu-Medrol)
 - Ranitidine (Zantac) or Famotidine (Pepcid): both inhibit the action of histamine (H2) at receptor sites.
- *Other methods of treatment depend of the symptoms of the reaction.*

INFECTION CONTROL

The infection control program is designed to prevent or reduce the risk of transmission of infection from patients known or suspected of being infectious or colonized with epidemiologically important pathogens that can be spread by airborne or droplet transmission or by contact with skin or contaminated surfaces. This includes blood borne pathogens such as Hepatitis B, HIV, Hepatitis C, and AIDS. These pathogens can be transmitted from the patient to you by contact with blood or other body fluids – known as other potentially infectious material (OPIM).

These pathogens can be transmitted through the following:

- Percutaneous injury – Needlesticks
- Cuts, scratches or abrasions with sharps or human bites
- Direct contact between broken or chapped skin and blood or OPIM splash to mucous membranes such as your eyes, nose or mouth

BRG has an Exposure Control Plan(***BRG Policy IC-240 – Exposure Control Plan***) that is designed to eliminate or minimize occupation to bloodborne pathogens in accordance with OSHA's Bloodborne Pathogen Standard. The following are methods of implementation and control:

- Standard Precautions& PPE
- Work Practices
- Engineering Controls
- Hepatitis B Vaccine Program
- Post Exposure Follow-up

Standard Precautions

Standard precautions is an approach to infection control in which all human blood and certain bodily fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

Standard precautions apply to ALL patients regardless of their diagnosis or presumed infectious status.

Personal Protective Equipment (PPE) is used as part of standard precautions to help prevent against infections. PPE is provided at no cost to employees and clinical students and is located in all patient care areas or can be obtained through the Central Supply Department.

PPE includes:

- Disposable gloves
- Masks
- Eye protection
- Face shields
- Gowns

Work Practices

- **Handling of Sharps** – Never bend, break or recap needles or other sharps.
- **Personal Hygiene** – Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is occupational exposure.
- **Specimen Handling** – Place all specimens in leak proof containers to avoid exposure from leakage or breakage.
- **Equipment Handling** – Equipment must be emptied of blood and/or OPIM.
- **Proper Hand Hygiene** – Employees **MUST** wash their hands with soap and water if visibly soiled. Artificial fingernails and/or acrylic on fingernails are **NOT** allowed- see Contact Precautions (Hand Hygiene and/or Hand Washing) for further details.

Engineering Controls

Engineering controls, labels and work practices are in place to prevent or minimize exposure to bloodborne pathogens. It is important to perform hand hygiene after handling any soiled items. Engineering controls and labels include, but are not limited to, the following:

- ***Blue linen bags for all soiled linen***

- Handle all soiled linen in a manner that prevents contact to skin or contamination of mucous membranes.
- Never place linen in a Red Biohazard bag.
- **Red biohazard bag for all medical waste (except sharps)**
 - Handle all biohazard waste in a manner that prevents contact to skin or contamination of mucous membranes.
 - Place all biohazard wastes in the appropriate RED biohazard bag (see “Sharps” section for sharps waste).
- **Sharps containers with biohazard label**
 - Do not recap, bend, or break a needle. If recapping is absolutely necessary, use a one-handed scoop method or a mechanical device designed for recapping or removing.
 - Place all sharps into a sharps container.
 - Fully engage the safety mechanism on all applicable sharps.
- **Yellow chemotherapy bags or containers**
- **Cleaning blood or OPIM spills**
 - Blood spill kits are used for cleaning all blood or OPIM spills.
 - One spill kit can accommodate 16 ozs or less of fluid. For spills greater than 16 ozs, use an additional kit.
 - Contact Environmental Services for disinfecting after the spill has been cleaned.
- **All other trash should be placed in clear bags**
- **Steri-cycle Pharmaceutical Waste (BRG Policy TX-329: Pharmaceutical Waste Disposal)**
 - Pharmaceutical waste is medication that is no longer used for its intended purpose that needs to be discarded.
 - It is leftover or unused medication including: vials, IVs with tubing, oral medications, ointments and creams, physician samples.
 - Entire hospital formulary analyzed to determine disposal method.
 - Disposal container is communicated to staff via a sort code and descriptor in the " ".
 - Non-hazardous drugs are not given a sort code or message as they make up the majority of the formulary.
 - Some items cannot go into the containers on your unit, these will be marked to seal in a zip lock bag and Send to Pharmacy.

Message or Code	Action
No code	Dispose in Blue Container
BKC & PBKC	Dispose in Black Container
SP, SPC, SPO, SPLP	Seal in ziplock bag and send to pharmacy

Non-Hazardous – BLUE Container

Hazardous – BLACK Container



Non-Hazardous
Non-Sharps



Hazardous
Non-Sharps



Sharps with leftover
medication.

Do I really need to take the Hepatitis B shots?

- It's free to all employees AT RISK for blood or OPIM exposure, and it could save your life!
- Call the Employee Health Department (381-6811) for more details.

Where can I get an Exposure Control Plan?

- It is available any time day or night, just go to the GHS INTRANET under BRGMC Policies & Procedures. **BRG Policy IC-240 – Exposure Control Plan**
- The Exposure Control Plan was written to address issues related to occupational exposure to blood or OPIM in accordance with OSHA's Blood Borne Pathogen Standard, Part 1910.1030, Title 29 of the Code of Federal Regulations. (A copy is available by contacting the EHD.) The Standard was updated in April 2001 and now mandates that healthcare facilities must evaluate and select safer medical devices. These evaluations and selections (if appropriate) must involve front-line or non-managerial employees.
- Call the Employee Health Department (381-6811) for more details.

What happens if I do all those things, and I still get exposed to blood or OPIM?

- Get first aid.
- Tell your supervisor about the incident.
- Report the incident through the online Incident Reporting System
- During normal business hours call the Employee Health Department. After hours, go to the Emergency Department.
- If you have been exposed to blood or OPIM, the Employee Health Department may monitor you for several months if indicated.
- If you have had an exposure and you have any of the following symptoms call the Employee Health Department as soon as possible:
 - Fever
 - Feeling tired
 - Flu-like symptoms
 - Rash
 - Muscle pain

ISOLATION PRECAUTIONS

Gown and Glove - Hand Hygiene or Hand Washing

- Place a contact precautions sign on the outside of the patient's door
- Keep the door to the patient's room closed at all times.
- Follow instructions on the sign for hand hygiene and PPE use
- Limit the movement or transport of the patient from the room for essential purposes only. During transport, take precautions to minimize the risk of transmission of microorganisms.
- Dedicate the use of noncritical patient equipment to single-patient use. Common equipment must be cleaned and disinfected between patient use.

Gown and Glove - Hand Hygiene is used for the following patients:

- Multi-drug resistant organism (MDRO) found in wound or trach

Gown and Glove - Hand washing:

- Used for patients with watery diarrhea, suspected or confirmed *Clostridium difficile* infection (CDI)
- EVERYONE WILL wash hands with soap and water prior to leaving the patient's room
- *C. diff* spores can be carried on your hands and clothing and can be spread to family and friends. Appropriate hand washing and PPE use are extremely important.
- Patient care equipment must be cleaned with a bleach-based product. Leave the isolation sign on the door to indicate to housekeeping the type of cleaning that is required after the patient is discharged.
- Hands must be washed - *C. diff* spores cannot be killed using alcohol-based hand sanitizer.

Hand hygiene is the single best way to prevent the spread of infection to you, the patient and your family. Hands should be washed or decontaminated before and after each patient contact, and after the removal of gloves.

Hand hygiene can be accomplished by washing your hands with soap and water using friction for at least 15-30 seconds, or by using waterless hand sanitizer and rubbing hands together until dry.

Hand washing Instructions:

- Turn on faucet
- Wet hands under running water - choose a temperature that is comfortable. Hot water can dry hands and cause cracking.
- Apply soap
- Work soap into a lather for at least 15-30 seconds using friction cleaning the palms, back of hands, between fingers and wrists
- ***Do not remove rings***
- Rinse hands and wrists thoroughly keeping elbows up and hands down
- Dry hands with a clean paper towel and discard paper towel in proper receptacle
- Use a clean paper towel to turn off faucet.

Perform hand hygiene using alcohol-based rubs as follows:

- Apply one shot of product into palm of hand
- Rub product over hands including the palms, back of hands, between fingers and wrists
- ***Do not remove rings***
- Allow product to dry on hands, do not dry hands with a paper towel
- Never use alcohol-based rubs to perform hand hygiene on visibly soiled hands

Artificial and acrylic fingernails are not allowed at BRG.

Droplet Precautions

- Place a Droplet Precautions sign on the patient's door.
- Keep the door to the patient's room closed at all times.
- Follow instructions on the sign for hand hygiene and PPE use
- A surgical mask is required when working within three (3) feet of the patient.
- Used for patients with:
 - Seasonal flu.
 - Suspected or confirmed Meningococcal meningitis
 - Pertussis (whooping cough)
 - Scarlet fever

Airborne Precautions

- Move the patient to a negative pressure room as soon as possible, if a negative pressure room is not available, request a hepa filter machine from Facility Maintenance.
- Place an Airborne Precautions sign on the patient's door.
- Follow instructions on the sign for hand hygiene and PPE use
- Entry into the negative pressure room should be accomplished through the anteroom and close door from hallway to anteroom. A N95 particulate respirator must be worn at all times while in the patient's room.
- Exit the negative pressure room through the anteroom and close the patient's room, discard all PPE, exit from anteroom into hallway and close door to anteroom.
- Limit the movement or transport of the patient from the room for essential purposes only. During transport, place a surgical mask on the patient.
- Perform hand hygiene (waterless hand or wash with soap and water) immediately after removing any personal protective equipment.
- Used for the following patients:
 - Suspected or confirmed pulmonary tuberculosis
 - MD order of sputum for Acid Fast Bacillus (AFB) X 3
 - Chicken Pox
 - Measles

Gown and Glove Precautions NICU

- Used for NICU patients only
- Follow the instructions on the sign for hand hygiene and PPE use
- Used for the following NICU patients:
 - Methicillin-resistant Staphylococcus aureus (MRSA)
 - Multidrug-resistant gram negative microorganisms (MDRO).

HEALTHCARE ASSOCIATED INFECTIONS (HAI)

Healthcare Associated Infection (HAI) is an infection that develops after contact with the healthcare system. It is not present or incubating at the time healthcare services are delivered, and presents symptomatically 48 hours or more after admission or provision of care.

HAI can be very costly in terms of patients' life, health, and healthcare dollars.

The causes of HAI are commonly spread by environmental sources, patients, staff members, and hospital visitors. These causes include the following:

- Bacteria
- Viruses
- Fungi
- Parasites

The prevention of HAI is an important focus of The Joint Commission (TJC), with focus on:

- Central line associated blood stream infection (CLABSI)
- Infections due to multidrug resistant organism (MDRO)
- Surgical site infection(s)
- Catheter associated urinary tract infections (CAUTI)

RESTRAINT/SECLUSION

Philosophy: The Baton Rouge General Medical Center supports the mission statement "We exist to improve the quality of life of the people we serve" by adopting the philosophy of preventing or minimizing the use of restraints through the use of alternatives and ongoing education of staff in preserving dignity, rights, and well-being of patients. We believe that the patient has the right to be free from restraints of any form that are not medically necessary or are used as means of coercion, discipline, convenience, or retaliation by staff.

The Two Kinds of Restraints

Medical-Surgical Application: The use of restraint to directly support the patient's medical healing and well-being because of the patient's continuous detrimental disruption of their medical healing and well-being.

Behavior Management/Seclusion Application: The use of restraint/seclusion to protect the patient against serious injury to self and/or others because of an emotional or behavior disorder.

Only an MD or RN can determine clinical justification for restraint use.

Patients have a right to know why they are in safety restraints. Baton Rouge General Medical Center staff members will talk with the patients, family members, and friends about the use of safety restraints and alternatives.

Reasons safety restraints may be necessary include;

The patient pulls at their medical equipment.

The patient becomes hostile or creates a harmful situation for themselves or others

The patient becomes agitated and treatment cannot be delivered safely.

When patients are placed in restraints, they must be secured in such a manner that they can be easily removed in the event of a fire or other emergency; therefore a quick-release knot must be used.

- Patients in Medical/Surgical restraints must be monitored every 2 hours.
- Patients in behavior management seclusion restraints must be monitored every 15 minutes.
- An RN must perform and document an evaluation of a patient in restraints (regardless of what type) at least every 4 hours.

If the use of safety restraints becomes necessary, a member of the nursing staff will contact a family member. BRGMC supports family and staff working together to find alternative ways to reduce the need for restraints. We pledge to do everything possible to ensure every patient's safety. Staff will work together with patient family to deliver appropriate medical care.

BRG PRACTICES & GUIDELINES

SECURITY PRACTICES & PARKING POLICY

It is the Baton Rouge General Medical Center's intent to safeguard all employees while on the job, as well as protect company property. Therefore, every employee is encouraged to report to any Supervisor any concern regarding personal or property security.

Be familiar with your work area, emergency exits, closets, fire extinguishers, fire alarms and locations of phones.

- Be familiar with the people who work with you. Look for identification badges or ask those who do not have identification who they are and where they work. Do not allow unauthorized persons into restricted work areas.
- Keep personal items locked in a desk, cabinet or locker.
- Minimize the number of personal items you bring to work. Personal items of value should be locked in your vehicle when possible.
- Report lights that are not working or other safety hazards.
- Appropriate ID badges are to be worn visible above the waist at all times while on GHS property. All contract workers are to obtain an ID badge from the appropriate department.
- Security Services should be contacted in the event of any accident, suspicious or potentially violent individuals, and unusual circumstances or for escorts. Contact *Security Dispatch*.
- All contract workers and vendors are to park in the appropriate parking areas; i.e., parking garage, loading dock and designated lots. No vendor will be allowed to park on the front drives except to unload.

Baton Rouge General Medical Center will not be responsible for any loss or damage to the personal property or valuables of employees or others using the premises.

Inspection of Parcel and Vehicles - Employees are discouraged from bringing personal items to work. Baton Rouge General Medical Center may, from time to time, search and/or require employees to allow searches of parcels, bags (including handbags and briefcases) and/or other personal items, and/or personal vehicle brought onto property.

Company Property - All Baton Rouge General Medical Center property, including but not limited to, lockers (whether secured by employees' locks or otherwise), desks, file cabinets and vehicles used by employees, is subject to being searched and the contents held by company personnel at any time.

Theft - Most of the Baton Rouge General Medical Center's buildings are open at all times during normal business hours. Due to the nature of our business, public use is frequent and the security staff challenges only persons acting suspiciously. Employees are urged to be alert to the entry of unauthorized persons in any area. Every employee is encouraged to report to security and their Supervisor any suspicious individual or happening on or near Baton Rouge General Medical Center property.

The cooperation of all employees is essential if the problem of theft is to be minimized. Be sure supplies and equipment are stored in approved areas and the appropriate security measures are observed. Employees should not bring excessive amounts of money or valuables with them to their work areas. Baton Rouge General Medical Center will not be responsible for loss or theft of

personal items. Baton Rouge General Medical Center property may not be removed from the premises except by written authorization in advance from your supervisor.

Parking Lot Security – Employees are encouraged to be particularly observant of their surroundings when walking to and from their automobile. A security representative is available to escort employees leaving work after normal working hours or upon request. Contact security for arrangements. To discourage theft of articles inside automobiles, packages and other articles should be placed out of sight or in the trunk.

It is MANDATORY that ALL employees (including clinical students & instructors) park in the designated parking areas at each campus. All employee parking spots are yellow striped at both campuses.

Bluebonnet - parking located across Peyton Dr.

Mid-City - parking within the garage is located on the ground, 3rd and 4th levels.

Parking in an unauthorized parking area is a violation of BRGMC parking policy. Any vehicles found in violation of BRGMC parking policy shall be fined accordingly.

SMOKING POLICY

Smoking and tobacco use (including dipping, vaping, and chewing tobacco) is prohibited on all BRGMC property and in company vehicles.

Remind visitors who are smoking of the smoking policy.

Notify the Manager/House Supervisor and physician of any patient who persists in smoking outside of designated smoking areas.

Request that security accompany any family/visitor off the premises who persist in smoking outside of designated smoking areas after notification of smoking policy.

DRESS & APPEARANCE

At BRG, pride in appearance on duty and observance of the rules of good grooming are necessary. Employees should look professional and dress appropriately according to their department/company scope of service.

Proper Appearance:

- ID badge must be visible and worn above waist level at ALL times.
- Hair should be neat, clean, and well groomed. Ponytails, cornrows and dreadlocks are acceptable but must be pulled back from the facial area and should not interfere with patient care or other job responsibilities.

- Jewelry is acceptable but should be minimal in size and must not interfere with patient care or other job responsibilities. Appropriately conservative earrings (no more than 2 earrings per lobe) is acceptable. Visible body piercing outside of the ear lobe area is prohibited (this includes tongue piercings).
- Visible tattoos are prohibited.
- Artificial fingernails are prohibited for any employee involved in direct patient care.
- Tank tops or spaghetti strapped shirts of any kind are prohibited.
- Sweatpants, yoga pants, cargo pants, jeans and lounge pants are prohibited. Pants with elastic bottoms are also prohibited.
- Under garments should not be visible. Under garment colors should be matched appropriately for the color being worn.
- Professional style skirts and gauchos are acceptable. Mini skirts are prohibited.
- Zip front hooded jackets, pullover hooded sweatshirts and fleece hooded jackets are not acceptable.
- Use of iPhones, iPods, MP3 Players, walkmans, personal laptop computers & Bluetooth cellular phone devices are prohibited in the work environment.
- In direct patient care areas, appropriate uniform scrub tops and bottoms must be worn. White lab coats and appropriate colored scrub jackets may be worn. Closed toed shoes and socks must be worn. Tennis shoe and croc type shoes are acceptable. Shoes that are fluorescent or brightly colored are not acceptable.

SAFE BABY SITE

SAFE BABY SITE



As a designated emergency care facility, Baton Rouge General and its employees are Safe Haven providers, where parents can relinquish the care of an infant less than 30 days old in safety, anonymity and without fear of prosecution. The intent of the parent is to forego all parental responsibilities for that child.

The facilities within GHS and BRGMC include Mid City, Bluebonnet, the Diabetes Center, Occupational Health, Pediatric Rehabilitation, Bluebonnet Rehabilitation, Sleep Center, Family Health Center, First Care Physicians, and Advanced Medical Concepts.

If an infant is relinquished to the care of an employee at any of the GHS/BRGMC sites noted above, and the parent does not indicate that they intend to return for the infant, GHS will comply with the Louisiana Safe Haven Law. **The infant must be released to an employee of GHS.** The person leaving the infant is not required to give his/her name, however, he/she does have the option of providing medical or genetic history to assist in caring for the infant. This policy covers infants that are transferred by EMS from another designated emergency care facility (i.e., fire station) that has dialed 911 to transport the infant to the hospital.

This policy does not apply if the infant is left unattended or has been abused (for example, if the baby is left in a bathroom).

PATIENT IDENTIFICATION

Before providing care, treatment or service, the patient's identity **MUST** be confirmed using two BRG approved patient identifiers. (***Refer to BRG Policy RI-255: Patient Identification***)

Positive patient identification through bar-coding technology is the most preferable method of confirming patient identity prior to providing care, treatment or services when available.

Identification bands or approved methods specific to the department will be utilized throughout the BRG to correctly identify patients.

Patient identification for **INPATIENTS** is **Patient Name** and **Medical Record Number**.

Patient identification for **OUTPATIENTS** is **Patient Name** and **Date of Birth**.

COMMUNICATION

Phone etiquette

Demonstrate a friendly, courteous tone of voice when speaking with customers on the telephone.

When answering the telephone:

- Don't allow the phone to ring more than 3 times
- Greet the customer with the name of the hospital, department/unit, your name, and "May I help you?".
- Demonstrate attentive listening.
- Respect the patient's rights to privacy when questioned about condition and treatment.
- Respect the right to privacy of other employees on the unit.

When taking a message gather the following data: caller's name, department, telephone number, nature of the call, time and date of the call, and the person recording the call.

When placing a call on hold: Ask, "May I place you on hold please? I will be right back with you." Always respond promptly to a customer on hold. When the customer is taken off hold state, "Thank you for holding, How may I help you?".

Always prioritize which customer call requires immediate attention.

COMMUNICATING WITH SBAR

SBAR is a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.

Situation

- What's going on with the patient?

Background

- What is the clinical background or context?

Assessment

- What is your assessment of the situation?

Recommendation

- What would you do to correct it?

S- Clearly state the situation:

- Identify yourself, the unit, the patient, the room number
- Briefly state the problem, what it is, when it started and severity

B- Provide the following background information:

- Admit diagnosis and admit date
- List of meds, allergies, IV fluids and labs
- Most recent set of vitals
- Code status and any other relevant clinical information

A- Be prepared:

- Assess the patient yourself before calling
- Discuss situation with available resource person or co-worker
- Read most recent progress note, have the chart available during call

R- What do you need?

- What is your recommendation, what do you want?
- Speak up! Do Not “Hint and Hope” that you will get what you need
- Focus on the solution to the problem, not who is right or wrong

What is AIDET?

- AIDET is a powerful communication tool that helps gain trust and communicate with people who are nervous, anxious, and feeling vulnerable.
- When interacting with patients, gaining trust is essential for obtaining patient compliance and improving clinical outcomes.

**Acknowledge
Introduce
Duration
Explanation
Thank You**

- **Acknowledge the customer:** smile, make eye contact and greet them in a pleasant manner
- **Introduce self:** State name and role in the organization: highlight skill and expertise of self and other healthcare team members
- **Duration:** Give the customer a time expectation. Keep the customer informed as to the amount of time a procedure or process will take. Include letting them know if there is a wait time; give an explanation of that wait.
- **Explanation:** Keep the customer informed by explaining all processes and procedures. Assist customers to have clear expectations of what will be occurring.
- **Thanks:** Consistently thank customers for their time and, if a patient, for choosing our organization. Express appreciation that they have chosen our organization as their health care facility. Ask if there is anything else he/she can do for the customer before ending the interaction

PAIN MANAGEMENT

The purpose of pain management guidelines is to enable that patient/resident to attain and maintain his or her highest level of well-being. (***Refer to BRG Policy PE-140: Assessment/Reassessment: Pain/Pain Scale***)

Assessment: Initial pain assessment will be conducted by licensed nursing personnel and will occur when the patient/resident is admitted to any patient care setting. When possible, the verbal pain scale will be used to assess the patient/resident's pain. Non-verbal cues will be observed and taken into consideration during the pain assessment and scoring. When possible, patients/residents will be taught and expected to verbalize understanding of the appropriate pain scale. The patient's/resident's, or proxy, report of pain will be accepted and respected as the best indicators of the amount of pain he or she is experiencing.

Plan: The pain management plan will be individualized based on the pain assessments and consider both pharmacological and non-pharmacological. The plan will include pain reduction strategies that focus on anticipating (prevention), minimizing and/or eliminating pain.

Intervention: Pain management interventions will focus on anticipation (prevention), minimization, and/or of patient/resident discomfort. Interventions, including pharmacological and non-pharmacological strategies, will be based on the patient's/resident's specific clinical assessment, pertinent clinical rational and goals. To the extent possible, interventions will treat the underlying cause(s) of the pain.

Evaluation: Reassessment of pain will be conducted by licensed nursing personnel and will occur timely based on unit specific guidelines (See PE-110 Assessment/Reassessment), PRN and 30 – 60 minutes after each pain intervention. The plan and interventions strategies will be modified as necessary. **NOTE:** PRN assessments include, but are not limited to, dressing changes, wound care, treatments, procedures and any activities which may cause pain. PRN assessments should be done prior to, during and after these situations.

Pain assessment includes:

- Verbal or non-verbal expression of pain.
- Pain characteristics (location, type, cause, duration, onset, frequency and timing, intensity using a pain score)
- Precipitating/exacerbating/alleviating factors
- Associated signs and symptoms
- Respiratory assessment
- Sedation level using the Pasero Opioid-induced Sedation Scale (POSS) - RASS scale will be used for critical care patients.
- Vital signs (including BP, heart rate, temperature)
- Expectation of pain and pain relief

MEDICATION ADMINISTRATION

Refer to BRG Policy TX-325: Medication Administration

- Administration of medications shall be in accordance with Louisiana law, federal law and other regulatory requirements.
- Medications shall be administered according to the approved standard dosing schedule by appropriately qualified individuals in accordance with the orders of the physician responsible for the patient's care and accepted standards of practice.
- Medications may be given 60 minutes before or after the dosing times.
- When two or more medications are scheduled to be administered at the same standard time, the first medication may be started slightly prior to the standard time, and the ensuing doses will be followed as allowed by the time(s) of infusion (if they are determined to be incompatible when infused via the same line or bag). NOTE: Begin the medication(s) with the shorter infusion(s), and progress to those medications with longer infusions(s).
- For any delayed or missed doses, the nurse shall give the dose as soon as it is reasonably possible. If there is concern regarding the scheduling of the ensuing doses, contact pharmacy for clarification.

Administration of medication to the patient

- Barcode scan the patients armband and Check the Medication Administration Record (MAR) to see where the drug is located.
- Order will be confirmed for accuracy with a physician order.
- Ensure that medication is not contraindicated by allergy, sensitivity or diagnosis.
- Do not administer medications to patients other than patients for whom they are ordered.
- Keep unit dose packages intact until just prior to administration. Barcode scan each medication prior to administration to confirm accuracy
- Read the label at least three times:
 - When picking up the medication
 - Just prior to administration
 - Just after administration
- Note: In emergent situations, the label shall be read out loud by the administering practitioner.
- Properly prepare the medication for administration (e.g. shake, crush, and obtain juice).
- Prior to administration, ensure the five rights of medication administration is followed:
 - Administer the right medication
 - To the right patient
 - In the right dose
 - By the right route
 - At the right time
- If there are any questions regarding medication, dose, route, calculation, consult pharmacist.
- Administer the medication as soon after preparation as possible
- The nurse who pulls the medications will administer medications.

- Use 2 patient identifiers to identify the patient. Both the ID bracelet and MAR must contain:
 - Name
 - Medical Record number
- For outpatients receiving medications, who do not receive armbands, it is acceptable for patients to be identified by verbally asking his or her:
 - Name
 - Date of birth
- For ED John Doe
 - Name
 - Medical record number
- Properly position the patient if necessary prior to administration.
- Administer the medication and barcode the patient armband.
- Observe the patient take the medication
- Return refused (but reusable) medications to the patient's supply. Destroy unusable refused medications.
- Return defective or questionable medications to the pharmacy.

KEY POINTS IN MEDICATION ADMINISTRATION

- Scan the patient, scan the meds/IV, address issues highlighted in yellow, scan the patient, give meds to the patient, hang IVs. When medications have been taken or are infusing, press confirm to document.
- Educate Patient on Medications especially reviewing side effects!
- Observe patient to ensure PO meds are consumed; IV/IM are administered
- Monitor effects of medication (Re-assessment to include how patient feels medication worked)
- Document effects of medication (Pain relieved, BP decreased, and any other descriptors)

HIGH-ALERT MEDICATIONS:

- Insulin
- Heparin
- Potassium Chloride or Phosphate (IV)
- Sodium Chloride Solutions above 0.9%
- Methotrexate (Oral)
- Phenergan (Promethazine) IV
- Dilaudid (Hydromorphone) IV
- Neuromuscular Blocking Junction Agents (NMJ)
 - Atracurium (Tracrium)
 - Cisatracurium (Nimbex)
 - Pancuronium (Pavulon)
 - Rocuronium (Zemuron)
 - Succinylcholine (Anectine)
 - Vecuronium (Norcuron)



Student Name: _____

School Facility: _____

Orientation Date: _____

- 1) During a Code Red, the R in RACE stands for _____.
 - a) Run or Reason
 - b) Remove or Rescue
 - c) Rescue or Reach
 - d) React or Run
- 2) To prevent patients from electrical shock or injury, the best practice is to _____.
 - a) Store manuals behind equipment, not on top of it
 - b) Store manuals on top of equipment, not behind it
 - c) Place all equipment within reach of the patient
 - d) Place all equipment at a distance from the patient
- 3) Projectile effects are hazardous in a(n) _____.
 - a) Operating theater
 - b) Pediatric unit
 - c) Emesis station
 - d) MRI field
- 4) Which practice is the safest way to sit at a desk while typing on the computer?
 - 5) Keep the knees and hips at 90-degree angles and the wrists straight.
 - 6) Elevate the knees, keep the hips at a 90-degree angle, and keep the shoulders back.
 - 7) Keep the monitor above the eyes and the keyboard slightly raised.
 - 8) Keep the monitor at eye level and the keyboard slightly raised.
- 5) Lifting or transferring patients is _____.
 - a) A risk for back injury; avoid manual lifting.
 - b) A risk for back injury; lift only when part of a team; learn the technique.
 - c) Not a risk for pediatric patients.
 - d) Not a risk when the health-care worker uses the leg muscles to power the lift.
- 6) On wet floors, the safest way to walk is to _____.
 - a) Point toes inward
 - b) Hug the wall at corners
 - c) Take quick, short steps
 - d) Make wide turns at corners

- 7) Latex allergies are more common in people who _____.
- a) Have sensitive skin
 - b) Have food allergies
 - c) Do not work in health care
 - d) Avoid vaccinations
- 8) The Joint Commission expects hospitals to implement practices to prevent healthcare-associated infections (HAI). One important practice is _____.
- a) Double-gloving to protect healthcare workers
 - b) Proper hand hygiene
 - c) Division of responsibility
 - d) Use of quarantine precautions for contagious patients
- 9) The CDC recommends that people _____ when their hands are visibly soiled.
- a) Rub their hands with alcohol-based rub
 - b) Wash their hands with soap and water
 - c) Wear gloves
 - d) Both B and C
- 10) _____ protect healthcare workers from exposure to bloodborne pathogens.
- a) Gloves and gowns
 - b) Standard precautions
 - c) Vaccinations
 - d) Isolation units
- 11) Which scenario is an example of sexual harassment under Title VII?
- a) Two people in the same department have an overt romantic relationship outside the workplace.
 - b) Jerry frequently chats with Susan when they are away from their desks. He asks her if she would like to go out for coffee.
 - c) Ted tells Laura that he'll help her get a raise if she will have sex with him.
 - d) Tricia always tells Lee how great he looks because it makes him smile.
- 12) Which scenario is illegal under the Emergency Medical Treatment and Active Labor Act (EMTALA)?
- a) Joanna comes to the emergency room with a possibly broken arm. She has no insurance and cannot pay for an X-ray. The emergency room doctor recommends that Joanna go to the neighborhood free clinic.
 - b) Mark has no insurance and is unemployed. He may have a broken ankle. At the emergency room, the doctor stabilizes the ankle and then suggests that Mark go to the neighborhood free clinic for an X-ray.
 - c) A hospital routinely e-mails copies of patient files to other providers. They use a standard, easily available e-mail program that comes with most personal or office computers.
 - d) Both A and B.

- 13) George is suffering from early dementia. While he has many moments of clarity, he is increasingly confused about “when” and “where” he is. He relies on his family for help with much of daily life. George has a kidney infection, discovered when his son brings George to the hospital. The guiding principles of medical ethics require that the hospital _____.
- a) Discuss treatment plans with George’s son alone, so as not to upset George
 - b) Give George palliative care, but not treat the underlying infection as it is not in the best interest of society
 - c) Tell George that he needs to take vitamins, but give him antibiotics
 - d) Talk to both George and his son about treatment options
- 14) Which of the following scenarios shows an appropriate use of restraint?
- a) Ameila needs antibiotics to treat a contagious respiratory infection. She is tired of waiting for a caregiver, so decides to go home and return when the clinic is less busy.
 - b) Danny is having a psychotic episode. He believes that the nurses and doctors are determined to hurt him and is violently trying to fend off their care and leave the hospital.
 - c) Rosalyn is a difficult patient who is condescending and rude. The staff members are tired of her behavior and want to teach Rosalyn that there are consequences for her actions.
 - d) Marvin tends to wander off if someone does not monitor him. The nurse needs a short break and does not want to wait for another nurse to stay with Marvin.
- 15) In regard to advance directives, healthcare professionals must _____.
- a) Follow the patient’s wishes, unless doing so would shorten the patient’s life
 - b) Respect the patient’s directives if the patient is conscious.
 - c) Place a copy of the directive (or its important points) in the patient’s chart
 - d) Provide legal aid to patients who need legal advice
- 16) Healthcare professionals should ask about domestic abuse _____.
- a) As a matter of routine healthcare
 - b) Only when a patient has physical injuries
 - c) If the patient is crying
 - d) If it will not embarrass the patient
- 17) I can anonymously contact the DoRight Line (1-866-73RIGHT) if I have knowledge of a HIPAA violation.
- a) True
 - b) False
- 18) Which of the following is (are) Joint Commission’s National Patient Safety Goal?
- a) Improve accuracy of patient identification.
 - b) Improve communication among caregivers.
 - c) Reduce health care acquired infection
 - d) All of the above
- 19) What are the two inpatient patient identifiers used at BRG?
- a) Name and SS#
 - b) Name and Room #
 - c) Name and date of birth
 - d) Name and medical record #

- 20) "Red Flag" Behaviors of the Abuser include:
- a) Critical towards victim.
 - b) Demanding or accusing towards victim.
 - c) Attempts to isolate victim from family/friends.
 - d) Unwilling/reluctant to comply with planning/delivery of care for the victim.
 - e) All of the above.
- 21) Which of the following is the acronym used for the Stroke Assessment tool adopted by BRG?
- a) F.A.C.E.
 - b) S.T.R.O.K.E.
 - c) R.A.C.E.
 - d) F.A.S.T.
- 22) A patient should be placed in restraints prior to trying alternative methods to prevent the patient from causing harm to himself.
- a) True.
 - b) False.
- 23) Which of the following describes the component of SBAR communication tool that explains what is occurring with the patient?
- a) Situation
 - b) Background
 - c) Assessment
 - d) Recommendation
- 24) Which action is the appropriate way to initiate a Code Blue?
- a) Page the Code Team
 - b) Dial "20"
 - c) Press the Blue Button
 - d) Call EMS
- 25) MRT stands for:
- a) Medical Rescue Team
 - b) Medical Respiratory Therapy
 - c) Medical Response Team
 - d) Medical Rescue Therapy
- 26) You should always inspect electrical equipment, cords, plugs and receptacles for damage prior to use.
- a) True
 - b) False
- 27) Broken or damaged equipment should be reported directly to the Biomedical Engineering Department as soon as possible.
- a) True.
 - b) False.

- 28) Standard Precautions should be practiced on every patient regardless of his/her diagnosis.
- a) True.
 - b) False.
- 29) If you are exposed to blood or OPIM, you should clean the area, go to Employee Health or Emergency Department (after hours) and file an Incident Report.
- a) True.
 - b) False.
- 30) What is the single best way to prevent the spread of infection?
- a) Wear personal protective equipment
 - b) Avoid taking care of patients who are infected.
 - c) Perform hand hygiene.
 - d) Rinse your hands with water after caring for any patient.
- 31) Artificial nails are allowed at BRG as long as they are not longer than ½ inch above the nail bed and clean.
- a) True
 - b) False
- 32) Where are the Emergency Code Flip Charts located?
- a) In the main lobby of each hospital.
 - b) On the GHS Intranet.
 - c) In every department.
- 33) Complete the following Emergency Codes:
- a) Code Red: _____
 - b) Code Yellow: _____
 - c) Code Pink: _____
 - d) Code Black: _____
 - e) Code Gray: _____
 - f) Code Orange: _____
 - g) Code Green: _____
 - h) Code White: _____
 - i) Code Silver: _____
- 34) All incidents and near misses are reported through the online incident reporting system.
- a) True
 - b) False
- 35) Smoking and tobacco use are prohibited on any GHS/BRG campus.
- a) True
 - b) False

General Orientation for Clinical Students Post-Test - Answer Sheet

Student Name:_____ **School:**_____ **Semester:**_____

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)
- 11)
- 12)
- 13)
- 14)
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- 26)
- 27)
- 28)
- 29)
- 30)
- 31)
- 32)

33) Emergency Codes

- a) Code Red: _____
- b) Code Yellow: _____
- c) Code Pink: _____
- d) Code Black: _____
- e) Code Gray: _____
- f) Code Orange: _____
- g) Code Green: _____
- h) Code White: _____
- i) Code Silver: _____

- 34)
- 35)

Please Print

Student Name: _____
School Facility: _____
Orientation Date: _____

General Orientation Information:

<ul style="list-style-type: none"> ✓ Our Culture – Vision, Mission, and Values ✓ Professionalism ✓ Code of Conduct ✓ Corporate Compliance ✓ Ethics ✓ Sexual Harassment ✓ Patient Rights ✓ HIPAA ✓ Informed Consent ✓ Advanced Directives ✓ EMTALA ✓ Grievances ✓ Patient Safety ✓ Developmentally Appropriate Care ✓ Cultural Competence ✓ General Safety ✓ Fire Safety ✓ Electrical Safety ✓ Radiation & MRI Safety ✓ Ergonomics ✓ Back Safety ✓ Lifting & Handling Patients ✓ Preventing Slips, Trips, & Falls in the Workplace 	<ul style="list-style-type: none"> ✓ Code Blue/MRT/Code F.A.S.T. ✓ Emergency Codes and Procedures ✓ Hazard Communication ✓ Workplace Violence ✓ Patient Abuse/Assault/Neglect ✓ Emergency Preparedness ✓ Hand Hygiene ✓ Latex Allergy ✓ Healthcare Associated Infections (HAI) ✓ Infection Control/Standard Precautions/Isolation Precautions ✓ Restraints/Seclusion ✓ Security Practices & Parking Policy ✓ Smoking Policy ✓ Dress & Appearance ✓ Safe Baby Site ✓ Patient Identifiers ✓ Communication ✓ Pain Management ✓ Medication Administration ✓ Influeza Vaccine ✓ CPR Card
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I acknowledge that I have read the information in this packet and am familiar with my responsibilities while working within the Baton Rouge General Medical Center Mid-City or Bluebonnet and/or other General Health System Facilities.

Student Signature

Date

Print Name

School Affiliation

NON-WORKFORCE MEMBER CONFIDENTIALITY AGREEMENT

I, the undersigned, understand that, although I am not a member of the workforce of General Health System, ("General Health"), I may acquire certain information during my visit at General Health facilities that constitutes information that must be kept confidential. I understand that General Health's patients expect confidential treatment of their medical information and other protected health information. I understand that I may have access to confidential medical, financial and proprietary operational information pertaining to General Health, its patients, or other persons.

I agree that I will not disclose confidential medical, financial, operational, or personnel related information to any person, corporation or entity unless General Health expressly permits it or unless required by law or legal process. Any disclosure made will be reported immediately to the General Health System Privacy Officer. Confidential information includes, but is not limited to, information relating to any and all medical treatment or protected health information of persons at General Health or affiliated companies, or anyone whose records are obtained by General Health in the course of treating a patient. I agree to treat all financial information as confidential unless I receive explicit instructions to disclose it. I agree that I will not disclose any confidential information of General Health after termination of my relationship with General Health, regardless of the circumstances of the end of my services with General Health, unless I have received prior permission in writing from General Health.

I understand that my entering this agreement is a condition of my continued relationship with General Health and its affiliates.

Signature

Date

Print Name

Company Name or Affiliation