

CREDENTIALLED, CONTRACT AND OTHER
STAFF ORIENTATION
TO THE
ENVIRONMENT OF CARE and HIPAA COMPLIANCE
Revised 5/15

Southeast Health has an active multidisciplinary Environment of Care Committee (Safety Committee) which oversees the Environment of Care. The Environment of Care Committee is established with the primary function to assist the Quality Council in fulfilling its oversight responsibility of promoting and providing a safe, functional and supportive environment at all hospital owned and operated facilities in Cape Girardeau County. The primary duties of the Committee are to develop, implement and maintain an organization-wide safety program in the areas of Safety & Security, Utility Systems, Hazardous Materials & Waste, Medical Equipment Management and Fire Safety (including Life Safety). The Safety Officer chairs this committee which meets monthly. Specific areas of safety are reviewed each month and are briefly noted below. Physician and other credentialed individuals, contract workers, or other workers or volunteers are invited to meet with the Environment of Care Committee to discuss safety issues. The seven areas of safety are briefly discussed below.

1. GENERAL SAFETY

Each department in the Hospital has a written plan which discusses the five areas of safety. The Hospital has in place policies and procedures for patient, employee, visitor and other staff injury reporting and written protocols for exposures to blood and body fluids, infectious disease and sharps.

If you discover an unsafe situation, report it to the appropriate department, the Safety Officer, Hospital Administration or the Quality Management Department as soon as possible. If you have an on-the-job injury, report it to your employer or to Employee Health Services, as may be applicable to your position at Southeast Health.

Southeast Health has assessed the known risks present on its grounds and within its facilities. These risks are listed below. Your exposure to these risks will vary depending on your occupation, work area, or as you move through the facility.

Potential Risks:

- Hot surfaces
- Uneven walking surfaces
- Temperature extremes
- Violent or combative visitors
- Violent or combative patients
- Heavy lifting
- Hazardous chemicals
- Exposure to blood or OPIM
- Repetitive motion
- Ergonomics (office setting)
- Slips and falls
- Excessive noise
- Sharps/ Needle sticks
- Anesthetic waste gases
- Cuts, abrasions and puncture wounds
- Exposure to chemotherapeutic agents
- Exposure to latex
- Exposure to lead

- Flammable items
- Heavy pushing
- High oxygen environment conducive to fire and explosion
- Laser fire, burns and plume
- Electrical shock
- Fire
- Wet floor
- Exposure to radiation/radioactive materials
- Exposure to airborne biohazard particulate
- Exposure to nuclear medicine
- Confined spaces
- Exposure to disease or infection
- Terrorist events: chemical, radiological or bio-hazardous
- Lacerations

2. FIRE SAFETY

Written fire plans are located in all departments and Quick Reference posters are posted in all departments. To report a fire in the hospital, pull the nearest fire alarm and then call the switchboard by dialing 5200 from any hospital telephone or 573-334-4822 from a cell phone. All other Southeast Health facilities should dial 911 and evacuate the facility.

The Hospital promotes the R.A.C.E. acronym:

R - RESCUE anyone in immediate danger

A - Turn in the ALARM

C - CONFINE the fire and smoke by closing all doors

E - EXTINGUISH the fire with a fire extinguisher

The Hospital coded fire page is "CODE RED" followed by the fire location.

Example: "CODE RED - 3 West".

Note: a) Facilities Management and Security staff will respond to a fire page by bringing portable fire extinguishers to the location of the fire page, and evacuate patients if necessary from the areas of the fire.

b) If not at the location of the fire, Medical staff, LIP's and others who are not Hospital employees should remain in the area they are located at the time an alarm sounds and render assistance under the direction of the manager or employees in the area as needs arise.

Do not use elevators during a fire alarm situation.

Tobacco use is not permitted within any Hospital owned or operated facility, grounds, or vehicle at any time by any caregiver, employee, visitor, vendor, or patient.

Hazardous conditions, such as blocked corridors or exits, missing fire extinguishers, burned out exit lights, etc. should be immediately reported to your manager, Security or the Safety Officer.

3. HAZARDOUS MATERIALS AND WASTE

A written hazard Communication Plan is located in all departments which use chemicals. The plan contains a written policy, a department specific chemical inventory, and corresponding Safety Data Sheets (SDS). Safety Data sheets can also be accessed on the Compass through a link to MSDSONline located on the Safety Tab.

Infectious waste and sharps require special handling and disposal which are described in the written OSHA Exposure Control Plan/Infection Control Plan. Infectious waste should only be placed in infectious waste containers. Sharps should only be placed in specially designed sharps containers. Personal protective devices are available to you so you may handle hazardous material and waste safely.

Certain hazardous wastes are collected and recycled by the Hospital.

"Code ORANGE" is the emergency page for a suspected or real Bio Terrorism Event or large chemical or biological event in the building. "Code BT" warns you not to respond to the area. To report a "Code ORANGE", dial extension 5200 from a Hospital phone or 334-4822 from a cell phone and ask the Operator to page a "Code ORANGE".

Hazardous chemicals or waste conditions of chemical exposures should be immediately reported to a Department Director, the Safety Officer, or the Employee Health Service, as may be applicable.

4. EQUIPMENT SAFETY

All SoutheastHealth owned patient used electrical/electronic equipment is inventoried, monitored and maintained by the Biomedical Department or through outside maintenance contracts. Equipment problems, failures, or user errors should be reported to the Biomedical Department. Equipment which does not work or has caused a shock, malfunction or failure must be tagged as defective and taken out of service.

Patient owned Equipment is limited to convenience items and medical devices that the patient typically uses daily at home for the direct support and relief of a medical condition.

1. Patient care areas: Patient-owned grooming equipment is strongly discouraged. Lap top computers have no inherent risks that suggest across-the-board prohibition. These devices can be permitted depending on the patient's medical condition. The nursing staff should be alert to the patient's ability to use the equipment safely.
2. If any patient-owned electrical device is observed by staff to be damaged in any way (ex. frayed cord, damaged cord cap, cracks, broken/missing parts) or unclean, the patient will be strictly prohibited from using the device.
3. Small battery-powered devices such as clocks, radios, and tape players are permitted.
4. The following patient owned devices are prohibited:
 - Televisions
 - Extension cords

- Devices including electric heating pads, electric blankets, space heaters, coffee pots, and coffee makers
 - Radio communications devices, radio-controlled toys, remote control devices, etc
 - Under no circumstances should patients be permitted to plug line-powered video or electronic games into hospital-supplied televisions.
5. In ICU/CTU any patient-owned electrical line cord operated devices of any kind are strictly prohibited.

Safe Medical Devices Act (SMDA) - Any medical device malfunction or user error which causes the death, serious injury or illness of a patient must immediately be reported to the Quality Management Department. It is extremely important to document the event and save all defective devices and any packaging material.

Safe Use of Wireless Communication Devices-- Wireless Communication Devices (WCD) are defined as one way pagers, cellular phones, cordless phones, two way radios, internal mini-cellular phones, wireless personal data assistant devices, and any other kind of WCD used at Southeast Health Facilities. Whenever possible, two way radios and walkie-talkies should not be used to transmit when they are within 3 feet of electronic medical devices in use or patient connected to such devices. This is due to the possible electromagnetic interference that could affect sensitive electronic medical equipment.

All other WCD's may be used without restriction.

5. EMERGENCY PREPAREDNESS

The Hospital has a written All Hazards Plan Manual that contains written plans for responding to any type of emergency situation. These plans are contained in a single red 3 ring binder and are located in all departments and nursing stations.

Through a joint effort of Southeast Hospital, Saint Francis Medical Center and The Cape Girardeau County Area Medical Society, physicians are assigned to provide specific types of services in designated areas. The assignments are used to provide guidance; the Medical Staff President will make on-the-spot, just-in-time assignments utilizing services of the practitioners who report to Southeast Hospital.

The severe weather plan primarily addresses the hospital response to the threat of tornados. Two overhead pages warn staff of this threat:

"TORNADO WATCH" indicates a tornado watch is in effect. No action is required of staff under a "TORNADO WATCH"

"TORNADO WARNING" indicates a tornado warning is in effect. All patients, visitors, and staff should move to the central corridors away from exterior glass.

6. SECURITY

The Hospital has a Security Department which is staffed 24 hours a day, seven days a week. Security regularly makes walking patrols through the Hospital and motor patrols through parking areas.

All Hospital employees and contract staff are to wear photo ID's while on duty in the Hospital. Visitors remaining in the Hospital after regular visiting hours must wear temporary identification.

Access to the Hospital is strictly limited after regular visiting hours each day.

If you need to report a security problem or failure, you may call the Security Office at Ext. 5525 or call the switchboard at ext. 5200 and ask that Security be paged.

"Code Adam" is an emergency page indicating an infant or child patient or visitor is missing. Selected departments have assignments under a "Code Adam" to observe Hospital exits for suspicious activity and/or possible abduction. If you see the child or infant described in the overhead page, do not try to apprehend the abductor. Watch and follow if necessary and contact security as soon as possible with the location and description of the child, abductor, clothes, vehicle, etc. To report a "Code Adam", dial extension 5200 from a Hospital phone or 334-4822 from a cell phone and ask the Operator to page a "Code Adam".

NOTE: Security is not available at off-site facilities. Dial 911 for all emergencies.

7. UTILITY SYSTEM FAILURE OR INTERRUPTION MANAGEMENT

The Hospital has redundant utility systems to reduce the impact of system failure or interruption to patients. In addition, a written plan addresses these issues on a Hospital-wide basis and at department levels. Emergency procedures have been developed to continue care and minimize the risk to patients should utility systems be interrupted or fail.

A utility system problem or failure should be immediately reported to the Facilities Management Department by dialing extension 6001

8. HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) was passed into law on August 21, 1996, and established standards for privacy of Individually Identifiable Health Information which is referred to as Protected Health Information (PHI). PHI is considered all individually identifiable information that is transmitted or maintained in electronic, paper, oral or any other form. It is created or received by the provider, health plan, employer, or health care clearinghouse; and it relates to the past, present or future physical or mental health care of the individual and can identify the individual.

Release of PHI is prohibited except for specific disclosures as outlined by the regulations such as to the individual; for treatment, payment or operations (TPO) with consent from the patient; and certain circumstances as specified such as to Business Associates. The Hospital has specific policies and procedures in place in

accordance with HIPAA regulations; these can be accessed on the SoutheastHEALTH Compass. HIPAA violations should be reported to the Hospital's HIPAA Compliance Officer.

9. INFECTION PREVENTION

INFECTION Prevention

Infection Prevention measures are required both by law and professional standards. Participation in the infection prevention program is an "unwritten" part of every job description. Good infection prevention principles and practices must be established and adhered to by all personnel in various office and department settings to assure a safe environment by decreasing the spread of germs from one person to another, directly or indirectly. Good hand hygiene using Hospital-approved products is the most effective way to prevent the spread of infectious microorganisms. Infection Prevention standards and policies for specific departments and procedures may be accessed through the Hospital Intranet. Each patient care unit will also have access to a copy of the OSHA Exposure Control Plans that includes "Bloodborne Pathogens and Tuberculosis Control". Infection Prevention questions may be answered by contacting the Infection Prevention Department at 651-5548 or by paging 573-278-8957 or 573-278-8682.

Infection Prevention problems or failures should be reported to the Infection Prevention Department.

10. EDUCATIONAL RESOURCES

Additional printed materials, videos or computer accessible safety information are available through the Hospital's Education Department and Education Library.

11. EMERGENCY CODES

To request an emergency overhead code in the Hospital, dial extension 5200 (from a hospital phone) or 334-4822 and ask the operator to overhead page the appropriate code listed below. If there is no answer at extension 5200, dial 7711# from any hospital telephone and announce 3 times, "CODE " and your location (if appropriate).

The table below gives a short description of each Emergency Code that may be paged, and what staff response is expected when each are paged.

CODE BLUE	RESPIRATORY or CARDIAC ARREST
ACTION	This could happen to a patient, visitor, employee or volunteer. Call 5200, stay calm, direct traffic and keep visitors away from the area so that the Code Team can work.
CODE ADAM	INFANT or CHILD MISSING or ABDUCTED
ACTION	Look and listen down hallways, in stairways, in restrooms and exit doors in your area for anything strange or out of the ordinary and for information matching the description of the child or abductor.

TORNADO WATCH	TORNADO Watch in effect.
ACTION	Staff should be ready to act. Keep patients and visitors away from windows. Close curtains to windows.
TORNADO WARNING	TORNADO Warning in effect.
ACTION	Move patients and visitors into interior corridors and away from windows. Close all curtains TAKE COVER.
CODE RED	FIRE
ACTION	If you are the one who finds the fire, stay calm, help anyone in the immediate area, call for help, pull the fire alarms, and call 5200. Evacuate the area and await instructions.
CODE ORANGE	BIOLOGICAL or CHEMICAL THREAT
ACTION	Stay calm and await instructions from your manager. You will hear the fire alarms go off and the fire doors will close. Do not respond to the location of the page.
CODE BLACK	BOMB THREAT
ACTION	Department Directors, Nurse Managers, Supervisors and Security personnel should immediately report to the Harrison Room. All other staff should remain in their assigned area and stand by for further instructions.
CODE SHOW-ME	UNANNOUNCED SURVEY. JOINT COMMISSION, CMS or DHSS SURVEYORS ARE IN THE HOSPITAL.
ACTION	Report to a supervisor or manager for instructions.
CODE OUTLOOK	IMMEDIATE ATTENTION IS NEEDED OF ALL STAFF.
ACTION	Check with nearest hospital staff for details regarding this code and how it affects you.
CODE STARR	STARR TEAM MEMBERS RESPOND TO VERBALLY/PHYSICALLY DISRUPTIVE PERSON
ACTION	Move away from the area once STARR trained personnel arrive Only STARR trained personnel are to respond to disruptive person
CODE SILVER	ARMED-ACTIVE VIOLENT INTRUDER
ACTION	Refer to Hospital Policy; Remain Calm
CODE SECURE	EXTERNAL THREAT TO FACILITY OR STAFF
ACTION	All exterior entrances and exits secured. Refer to Hospital Policy
MEDICAL ALERT- MASS CASUALTY	MASS CASUALTY EVENT

ACTION	Hospital Incident Command will be set up to coordinate response. Check Outlook messages for level of response required.
Rapid Response Nurse	FOR ANY PATIENT, VISITOR OR EMPLOYEE WITH STROKE SYMPTOMS, OR FOR ANY VISITOR FALL WITH POSSIBLE INJURY
ACTION	Page 278-8628 to notify Rapid Response Nurse.