

NEW HIRE / ANNUAL ORIENTATION

Student / Clinical Contractor



COOKEVILLE REGIONAL
MEDICAL CENTER

*It's the Way We***CARE**

STUDENTS / CLINICAL CONTRACTOR

**COOKEVILLE REGIONAL
MEDICAL CENTER
1 MEDICAL CENTER BOULEVARD
COOKEVILLE, TENNESSEE 38501
(931) 528-2541**

- Member of the American Hospital Association
- Member of the Tennessee Hospital Association
- Member of the Mid-East Tennessee Hospital District
- Fully accredited by the Joint Commission on Accreditation of Hospitals
- Approved by the Tennessee Board of Nursing for Clinical Affiliation
- Licensed by the Tennessee Board of Public Health
- Approved by the Joint Review Committee, American Registry of Radiologic Technology, and the American Medical Association for Clinical Affiliation of Radiologic Technologists in Training

WELCOME

On behalf of the Administration and 2,000+ employees of Cookeville Regional Medical Center, it is our pleasure to welcome you to our healthcare team. We hope that you will find great satisfaction in doing your part to serve the healthcare needs of the community and that your association with Cookeville Regional Medical Center will be a long and pleasant one.

In choosing to serve the healthcare needs of the community and promote wellness, we have an opportunity for gratification found in few other fields of endeavor. No matter what job we do here – that job, if done well, is indispensable in helping our patients to enjoy health and happiness. Without cooperation, our goals and purposes are not attainable.

MISSION - VISION - VALUES

MISSION

Building Healthier Communities

VISION

Exceptional Care to Every Patient Every Day

VALUES

It's the Way WeCARE

W – Working Together

- We create a culture of teamwork where we value and nurture our greatest assets – our physicians and staff – and build an environment of mutual trust, respect and best practices.

E – Excellence

- We consistently exceed expectations by representing the highest ethical and moral standards.

C – Compassionate Care

- We put others first in a spirit of warmth and friendliness that respects the dignity of all.

A – Accountability

- We remain financially strong and committed to ensuring sustainability as part of our community responsibility.

R – Regional

- We lead our region's healthcare with integrity, innovation, education and service.

E – Empowerment

- We empower our physicians and staff to do the right thing.

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GENERAL

A. BACKGROUND INVESTIGATIONS

All clinical contractors/students will be subject to a seven year county criminal background check, and competency in providing patient care services where applicable.

B. HEALTH SCREENING

Clinical contractors/students are required to submit documentation of the following prior to any work, clinical or volunteer hours at Cookeville Regional Medical Center.

- Drug Screen (twelve panel)
- MMR (Measles, Mumps, Rubella) x 2
- Varicella
- Hepatitis B
- TB Skin Test (within last twelve month period)
- Flu Vaccine or documented declination required for anyone present in the Medical Center between October and March

C. ORIENTATION PROGRAM

Clinical contractors/students are required to complete an initial General Orientation Packet.

- CRMC Orientation

Clinical Contractors are also required to complete a Clinical Competency Packet.

D. MEDICAL CENTER EXPECTATIONS

Cookeville Regional Medical Center provides an open-door policy under which each contractor/student has the right to deal directly with members of management with reference to all working conditions. The medical center believes talking face-to-face, without third parties, is the best way to achieve mutual goals.

Doing a superior job requires you to think for yourself, to ask questions, and to make constructive suggestions. The medical center is interested in your comments and will appreciate your efforts in helping to achieve the medical center's overall goals of quality patient care.

Other obligations include: following the CRMC Customer Service Standards, using reasonable judgment, being prompt and regular in attendance, cooperating with other employees, supporting the medical center in achieving its mission and vision, and carrying out any/all duties in accordance with the needs and requirements determined by the department director. Above all else, you will be expected to cheerfully and competently serve the needs of the patients and to promote their safety, comfort, and convenience.

E. LOITERING

Loitering is defined as lingering on the premises without medical center business or interruption of another's work duties. Loitering on medical center premises is forbidden. Visitors in any department or area without business necessity are not permitted and will be requested to leave.

OTHER IMPORTANT INFORMATION

A. COMMUNICATION

Communication is a two-way process. The medical center makes every effort to communicate with you. You are also encouraged to communicate with us by offering suggestions, asking questions about your working conditions, getting problems off your chest, and simply letting us know what you are thinking.

In addition the medical center will communicate with you through email, meetings, the Pulse and bulletin boards. These methods should keep you informed of CRMC events.

- 1) **Pulse:** The Pulse is CRMC's newsletter published by the Marketing Department. This newsletter discusses a variety of topics including activities throughout the medical center, benefits and policies and procedures. If you have ideas or suggestions for the Pulse contact Marketing. The Pulse is distributed via email, throughout the facility and is also located on the Intranet.
- 2) **Information Center:** The bulletin boards located in the Employee Dining Room will house important and interesting information for employees.

B. PERSONAL VALUABLES

The medical center cannot accept responsibility for the loss of any personal items. Valuables you bring with you should be kept with you at all times. Any lost article you find should be returned to the cashier. You are urged to use a locker if available.

C. IDENTIFICATION BADGES

All contractors/students will be issued an identification badge upon arrival, which shall be worn at all times while on the medical center's premises. The medical center reserves the right to send contractors/students home who are not in compliance.

Badges shall be worn conspicuously on outer clothing, above the waist, picture forward, to be readily identifiable.

Contractors/students may be asked to present badges upon parking in the employee parking lot, entering the building, making purchases and upon request by security or any department director. Badges are the property of CRMC and must be surrendered upon termination of clinical or assignment or upon demand.

Non-professional insignia, patches, emblems, buttons and pins shall not be worn; however, insignia which recognizes national health care activities and are issued by health care professional organizations or any insignia purchased and distributed by the hospital are acceptable.

A replacement fee of \$10 will be charged for lost badges.

D. PARKING

Park only in areas designated for contractor/student parking. Any violation could result in corrective action, wheel lock which carry a fine of \$50 or towing of vehicle.

E. ELECTRONIC COMMUNICATION/ CELL PHONES

Use of personal electronic communication devices/cell phones is limited during work/clinical hours. Contractors/students may use electronic communication devices/cell phones for personal use during lunch or break periods in private spaces away from all patients and common work areas. Personal electronic communication devices/cell phones are to be turned to silent if the contractor/student is carrying his/her electronic communication device/cell phone on them. If a contractor/student must utilize his/her electronic communication device/cell phone due to an emergency situation at an unauthorized time period, he/she must utilize it in an approved area away from patient care. A contractor/student may elect to use his/her personal electronic communication device/cell phone for medical center business purposes only in a patient care area. Employees not adhering to this policy are subject to disciplinary action.

F. INTERNET/E-MAIL USE

All Internet and email use should be limited to the duties of the job you are performing.

All communications systems, including electronic mail, Internet access, and voice mail, are the property of the organization and are to be primarily used for business purposes. Highly limited reasonable personnel use of CRMC communications systems is permitted; however, you should assume these communications are not private. Patient or confidential information should not be sent through the Internet until such time that its confidentiality can be assured.

CRMC reserves the right to periodically access, monitor, and disclose the contents of e-mails, and voice mail messages. Access or disclosure of individual employee messages may only be done with the approval of the Counsel general of the hospital.

Colleagues may not use internal communication channels or access to the Internet at work to post, store, transmit, download, or distribute any threatening materials knowingly, recklessly, or maliciously false materials, or obscene materials including anything constituting or encouraging a criminal offense giving rise to civil liability, or otherwise violating any laws. Additionally, these channels of communication may not be used to send chain letters, personal broadcast messages or copyrighted documents that are not authorized for reproduction; nor are they to be used to conduct an external job search or open miss-addressed mail.

Colleagues who abuse our communications systems or use them excessively for non-business purposes may lose these privileges as a clinical student or assignment as a contractor.

G. SMOKING POLICY

Effective July 1, 2010, the use of all tobacco and smoking products (cigarettes, cigars, pipes, smokeless tobacco and e-cigarettes or their equivalent) is prohibited in Cookeville Regional Medical Center buildings and on Cookeville Regional Medical Center properties.

Communication of this policy will be made through education for associates of Cookeville Regional Medical Center, by appropriate signage in buildings and on properties, upon admission and assessment processes, and by reminders from Cookeville Regional Medical Center and medical staff, when necessary. Department Directors will be responsible for staff, patients and visitors in their area; however, it is everyone's responsibility to see that the policy is followed.

SCOPE: The policy applies to everyone working, using, or visiting our buildings and properties.

PROCEDURES:

1. **Clinical Contractors/Students:** Violation of this policy by contractor/student may result in dismissal from Cookeville Regional Medical Center.
 - a. Contractors/students are prohibited from using tobacco products on hospital property, including Cookeville Regional parking areas.
 - b. Contractors/students with offensive tobacco odor in their clothing will be asked to change into a set of hospital-issued scrubs or sent home on their own time to change. Repeated incidents also will subject the contractor/student to dismissal.

H. DRUG FREE WORKPLACE

CRMC is committed to providing a safe work environment and fostering the well-being and health of its employees, contractors/students. That commitment is jeopardized when any CRMC contractor/student illegally uses drugs on the premises, reports to Medical Center under the influence, possesses, distributes or sells drugs in the workplace, or abuses alcohol on the premises.

*Safety-sensitive position is a position in which a drug impairment constitutes an immediate and direct threat to public health or safety, such as a position that requires the employee to carry a firearm, perform life-threatening procedures, work with confidential information or documents pertaining to criminal investigations or work with controlled substances, or a position in which momentary lapse in attention could result in injury or death to another person. Due to the confidential nature associated with CRMC, all employees are considered safety sensitive employees.

(For complete copy of the policy is located on the (public drive/hw policies/drug free workplace HR-060)

I. DRESS CODE

PURPOSE:

To define the medical center's standards for appearance of clinical contractors/students.

POLICY:

CRMC is committed to maintaining a professional workplace. Many factors contribute to this, one of which is the professional appearance of anyone representing the Medical Center. This policy will provide guidelines for proper business attire and the professional appearance expected of staff members. Management reserves the right to determine what is acceptable and not acceptable in terms of professional image. Individual department/schools may enforce more strict regulations than those defined in this policy given the nature of their services. Regulations for a department that is less strict than this dress code must be approved by the Administrator. This policy applies to all employees, contractors and students.

Appearance

When considering dress, keep in mind requirements of your job. Safety and professional image must be maintained at all times. Please exercise good judgment.

Clothing In General

The general guiding principle for appropriate dress at CRMC is **neat, clean, modest and in good repair**. The safety of each individual staff member is also of utmost concern. Therefore, clothing and the accessories associated with dress (ex. Badge necklaces, pins, jewelry, etc.) shall never promote an unsafe situation.

Footwear

Footwear must be clean, polished, and in good repair. Footwear must be appropriate to the work duties and responsibilities performed. Heels must not be greater than three inches. Athletic shoes must be professional looking and appropriate with outfit. In most work areas, open-toed shoes should be avoided. Flip-flops, recreational or beachwear of any kind are prohibited. Employees involved with direct patient care should wear footwear having enclosed toes. Crocs (closed toed) are acceptable in most areas. (Croc Jibbitz jewelry is prohibited).

Professional Hygiene

Clinical contractors/student must maintain excellent personal habits of cleanliness.

- *Hair:* Hair must be clean, combed and neat. Extreme hairstyle or unnatural hair color is not appropriate. Anyone working with food must secure their hair under a hairnet, bonnet, or cap as approved. Clinical contractors/student in patient care areas must make sure that their hair does not interfere with good patient care. If longer than shoulder length, it must be secured.
- *Facial Hair:* Facial hair including beards, sideburns, and mustaches must be kept clean and neatly trimmed.
- *Gum Chewing:* No gum chewing while on duty.
- *Cosmetics:* Makeup shall be applied in moderation and good taste.
- *Fingernails:* Fingernails must be kept clean and offer a professional appearance. Nail polish must be in good repair. Direct caregivers shall not wear acrylic, glass, gel overlays or any other form of artificial nails and must maintain their fingernail length not greater than ¼ inch beyond the fingertip.
- *Tattoos:* Tattoos are permitted below the base of neck. Any tattoos located above the base of the neck must be covered while on duty. Any tattoo expressing foul language, crude jester, nudity or sexual in nature, must be covered regardless of placement. Good personal hygiene shall be observed. The body shall be clean/free of body odor and/or strong fragrances. Due to the allergic nature of some patients and other staff members, perfumes, colognes or scented lotions are not to be used while on duty.

Accessories

- *Dark glasses:* Dark glasses shall not be worn unless prescribed by a physician to correct vision.
- *Jewelry:* Jewelry must be modest and appropriate for the professional work setting. Rings, hoops, studs, disk, gauges, tongue rings or other jewelry worn in a non-traditional manner are not acceptable. This includes nose rings, tongue rings or other visible body piercing such as lips, tongues, etc. other than ears. No more than three earrings per ear.
- Clinical contractors/student located in patient care areas must not wear dangling or oversized earrings. No more than two bracelets or rings per hand.
- *Hats/Caps:* No hats, baseball caps or other caps shall be worn inside of the building (except as approved when working with food). Nursing caps are optional.

Uniforms

Clinical contractors working in a patient care area must wear scrub attire. CRMC does not have specific scrub color requirements. However, scrub tops and bottoms must match or have a coordinating printed top. If an employee does not wear a scrub top, the employee must wear an approved branded CRMC apparel top/shirt. Fleece attire (including jackets and pullovers) is considered unacceptable in clinical and patient care areas.

Students will comply with individual schools scrub requirement.

Procedure for Improper Dress

If a contractor/student reports to work improperly dressed or groomed, their supervisor or department director will instruct them to return home to change. Repeated violation of this policy may result in termination of contract or clinical hours.

LACTATING EMPLOYEES / CONTRACTORS

CRMC shall provide reasonable unpaid break time each day to an employee who needs to express breast milk for her infant child. The break time shall, if possible, run concurrently with any break time already provided to the employee. CRMC is not required to provide additional break time under this section therefore would unduly disrupt the operations of the employer.

CRMC shall make reasonable efforts to provide a room or other location in close proximity to the work area, other than a restroom, where the employee can express her breast milk in privacy.



COOKEVILLE REGIONAL MEDICAL CENTER STAFF LACTATION ROOM LABOR & DELIVERY DEPARTMENT



CRMC has a designated lactation room for employees to use.

The following guidelines outline the proper steps
for utilizing the Lactation Room as needed.

1. LABOR AND DELIVERY

Use the main entrance into the Labor and Delivery area and “ring” in. Remember, we are a locked unit. Even if you have badge access, due to security concerns, we want you use the doorbell when entering the department to pump.

2. CHECK-IN AT THE NURSES’ STATION

Check-in through the Labor and Delivery Nurses’ station.

3. BRING YOUR OWN SUPPLIES

You must bring your own pump and supplies. We do not have anything to loan you or “just let you use for the day.”

4. SIGN IN LEDGER

Sign the ledger at the nurses’ station with your name (printed and signature) and your time in. There is a “do not disturb” sign we will have for you to use while pumping.

5. DESIGNATED LACTATION ROOM

Observation Room 1 in L&D Triage is the designated staff lactation room. Place the sign on the door for privacy.

6. PULL THE CURTAIN

Remember, this is a patient room so the door does not lock. Remember to pull the curtain.

7. BE CONSIDERATE OF OTHERS

Remain in the room long enough to prepare, pump, and pack up to leave. Be considerate! It is not intended to be a break room and others may be waiting to pump.

8. CLEAN UP

You must clean up after yourself. This is your responsibility.

9. REMEMBER WHAT YOU BRING

You must not leave any of your equipment or supplies in the room. Everything will be sent to lost and found.

10. SIGN OUT LEDGER

When finished you are expected to go by the nurses’ station, return the door sign, and put your time out in the ledger.



MARKETING AND PUBLIC RELATIONS



If you are approached or contacted by a member of the media regarding Cookeville Regional Medical Center, please instruct the reporter to contact the Marketing & Public Relations department.

Do not comment or attempt to answer questions from the media. If a patient contacts the news media, please notify Marketing & Public Relations staff immediately. Staff in Marketing & Public Relations are available to assist with news media requests and must accompany any member of the press including reporters, cameramen, etc. while on hospital property. The reporter may contact Marketing & Public Relations staff through the hospital operator.

CUSTOMER SERVICE



Customer Service - Interpreter Services
(931) 783-2020 or (931) 783-2733

FORMAL PATIENT GRIEVANCES

The Customer Service Manager (ext. 2020) will be responsible for processing grievances, have the authority to act across department lines, and have access to management as necessary.

In the absence of the Customer Service Manager (after standard business hours, weekends, and holidays) the Nursing Supervisor will be available to handle complaints.

CRMC Customer Service Standards Commitment

Cookeville Regional Medical Center is committed to providing the highest possible quality of care and services and to improving the health of the Upper Cumberland. In order to meet our customer's needs and expectations, a set of standards for customer service has been established for all employees, contractors and students at Cookeville Regional Medical Center.

These standards reflect specific behaviors that staff members are required to practice and promote while on the Cookeville Regional Medical Center campus.

I, as a Contractor/Student at Cookeville Regional Medical Center, understand and acknowledge that the Customer Service Standards outlined below are a part of my daily performance.

- Maintain the Attitude of Service Excellence
- Identify & Anticipate Customer Needs
- Practice Excellent Service with Every customer Contact – Internally & Externally
- Handle Difficult Customers with Care
- Exceed Customer Expectations
- Always Offer Way Finding, Asking “May I help you find something?”
- No Pass Zone – All staff members are asked to answer all call lights all the time.
- Hallway Tips
 - o Do not look down at the floor while walking down the hall
 - o Walk visitors to their destination
 - o Smile
- 10/5 Rule
 - o 10 feet from a Customer – Eye Contact MUST be made
 - o 5 feet from a Customer – Greet with a friendly gesture, smile and eye contact

KEY WORDS AT KEY TIMES



10/5 RULE



Make eye contact
and smile



Greet and welcome each
and every customer



Look for ways to
help customers



WHO ARE OUR CUSTOMERS?

Patients, visitors
and employees



Provide immediate service
recovery - if needed



Display appropriate body
language at all times



Thank each and every customer
for choosing CRMC

10/5 RULE:

At CRMC we want to make our patients,
visitors and coworkers feel welcome.

One way to give excellent customer service and give
a welcoming environment is utilizing the 10/5 Rule.



10 FEET from a Customer

All staff members **MUST** make
EYE Contact and smile



5 FEET from a Customer

All staff members **MUST** greet our customers
with a friendly gesture, smile and eye contact.

HALLWAY TIPS:



Do not walk down the halls
looking down at the floor



Smile!



Walk visitors to
their designation

KEY WORDS AT KEY TIMES

AIDET WITH A PROMISE

AIDET is a framework for staff to communicate with patients and their families as well as with each other. It is a simple acronym that represents a very powerful way to communicate with people who are often nervous, anxious and feeling vulnerable. It can also be used as we communicate with other staff and colleagues, especially when we are providing an internal service.



A= ACKNOWLEDGE

Greet people with a smile and use their names if you know them. Attitude is everything. Create a lasting impression.

Example: "Good morning, Ms. Smith. We've been expecting you and we're glad you are here."

I= INTRODUCE

Introduce yourself to others politely. Tell them who you are and how you are going to help them. Escort people where they need to go rather than pointing or giving directions.

Example: "Mrs. Smith, my name is Kim I am going to be your nurse today. I have five years of experience in nursing. You will be seeing Dr. Vaughn today. He is an excellent physician. He is very good at listening and answering patient questions."

D=DURATION

Keep in touch to ease waiting times. Let others know if there is a delay and how long it will be. Make it better and apply service recovery methods when necessary.

Example: "Dr. Terry had to attend an emergency. He was concerned about you and wanted you to know that it may be 30 minutes before he can see you. Are you able to wait or would you like me to schedule an appointment for tomorrow?"

E= EXPLANATION

Advise others what you are doing, how procedures work and whom to contact if they need assistance. Communicate any steps they may need to take. Talk, listen and learn.

Example: "The test takes about 30 minutes. The first step is drink this solution and the we'll have you wait 20 minutes before we take a blood sample. Would you like to read while you wait?"

T= THANK YOU

Thank somebody. Foster an attitude of gratitude. Thank people for their patronage, help or assistance.

Example: "Thank you for choosing us. It has been a privilege to care for you."

P= PROMISE

Make a statement of your personal commitment to the patient's/customer's care and experience.

Example: "I promise to provide you with excellent service today."



MARCH: NO-PASS ZONE



**You have
ENTERED the...**



**Whenever you see a Call Light,
follow this simple rule:**

- N** – Never pass them by.
- O** – Observe patient privacy.
- P** – Provide what they are asking for, or
- A** – Access someone who can.
- S** – Safety First, never put patients at risk.
- S** – Smile and use AIDET.
(*Acknowledge, Introduce, Duration expectancy, Explain, Thank You*)

PATIENT EXPERIENCE TEAM



A multi-disciplinary team that meets monthly to review and implement possible patient satisfaction improvements within the organization.

Suggested behaviors to demonstrate courtesy and respect:

Essential Tips for a Great Patient Experience

Maintain the Attitude of Service Excellence

Identify & Anticipate Customer Needs

Always Practice Excellent Service with Every Customer Contact – internally & externally

Handle Difficult Customers with Care

Exceed Customer Expectations

Practice 10/5 Rule

NO PASS ZONE

All staff are asked to answer all call lights all the time.

Known as No Pass Zone.

CUSTOMER SATiSFACtiON

***Always offer way-finding assistance.
Ask “May I help you find something?”***



CULTURAL DIVERSITY



Culture often determines a person's health practices and their response to illness, injury and pain.

IT IS VERY IMPORTANT AT CRMC THAT WE:

- Remain non judgmental
- Do not make assumptions
- Are careful in the way we address a patient
- Are aware of an individual's personal space, eye contact and the use of touch
- Recognize that time orientation varies among cultures

CRMC has a DEI Committee as well as a variety of tools available to assist in our work with patients and families from other cultures.

Interpreting / Hearing Impaired Services:

Call ext. 2733, 8:00 a.m. - 4:30 p.m. Monday - Friday

CRMC provides Spanish interpreters 24/7

When interpreting services are needed, after hours please call the hospital operator

Most other languages are available by VRI or the ClearLink Blue Phones

After 4:30 p.m. contact the hospital operator

Patients with communication barriers will be provided interpreter services to assure that all patients have the ability to effectively communicate with their health care providers while at CRMC.

Contact the nursing supervisor – pager #646-6700 or interpreting service #2733 for assistance

Hearing impaired patients can be assisted by using the Video Remote Interpreting System (VRI). To access VRI call Interpreting Services at ext. 2733. After 4:30 p.m. call the hospital operator or contact the nursing supervisor pager #646-6700. Instructions for use are provided with the VRI equipment. The locations of the VRI Systems are ER, OB and the Discharge Center. The instructions for use are provided with the equipment.

CONDUCT

GUIDELINES

Cookeville Regional Medical Center (CRMC) is committed to conducting its affairs in compliance with applicable laws and regulations in accordance with our internal policies and procedures. Employees, applicants, contractors, customers, vendors and students are required to report good faith concerns about conduct which they believe to be a violation of applicable laws, regulations, or CRMC policy. CRMC is committed to protecting these individuals for illegal retaliation for having made a protected disclosure or for having refused to participate in illegal conduct.

Retaliation against an employee of or applicant for employment with CRMC for making a good faith report of potential illegal conduct or policy violations is prohibited and will not be tolerated. Retaliation is any reprisal or adverse employment action taken against an employee or applicant as a result of his or her utilization of the reporting procedures available under CRMC's policies and/or applicable law. For example, prohibited retaliation includes (but not necessarily limited to) any retaliation in connection with:

- Utilizing CRMC's internal reporting procedures to report, in good faith, conduct which the employee reasonably believes to be in violation of CRMC's policies or applicable law; or
- Opposing in good faith any act or practice made unlawful by federal, state, or local law, regulation or policy, provided that the manner of the opposition is reasonable and does not itself violate law; or
- Testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing, or disclosing information to a government or law enforcement agency, or in an internal investigation with CRMC; or
- Accessing CRMC's Human Resources, Compliance, or other management personnel concerning an employment, safety or other business-related concern, regarding legal obligations of CRMC.

REPORTING PROCEDURE

Pursuant to this policy, employees who believe they have been retaliated against in violation of this policy must submit a written or oral complaint to one of the following:

1. To their respective supervisor, who should immediately refer the complaint to the appropriate management office or to Human Resources for review and disposition. or
2. Contractor/students may also submit complaints directly to Human Resources or to any other member of management. Should the employee make a report or complaint to their supervisor or other member of management and then believe the complaint has not been adequately addressed, the employee must report this situation directly to the Human Resources Manager or the CEO of CRMC for further action. All employees are responsible for reporting conduct they believe to be in violation of this Policy, or
3. If the employee is not comfortable with reporting alleged retaliation in accordance with 1 and 2 above, reports may be made directly through CRMC's confidential, Helpline at 783-2999. The Helpline is available 24 hours a day; seven days a week and callers may utilize the Helpline anonymously. The Helpline may also be used by employment applicants, contractors, customers, and vendors to make good faith reports of alleged violations of this Policy.

CRMC will promptly review and investigate complaints of retaliation and any attempted or actual retaliatory action prohibited under this policy may result in disciplinary action being taken against the violator, up to and including termination of employment.

No one will not lose their job or benefits, or be demoted, suspended, threatened, harassed or discriminated against for raising a concern under this policy or other CRMC policies honestly, truthfully, and in good faith. If you believe someone is retaliating against you, you must report it as set forth above. All concerns and reports made under this policy will be fully and promptly investigated.

Reports and complaints that are knowingly false, made with malicious intent or reckless disregard for or willful ignorance of facts that would disprove the allegations made are not considered “good faith reports,” and are prohibited by this policy; such reports may subject the violator to disciplinary action up to and including termination of employment.

“Retaliation” will not include disciplinary action(s) (including employment termination) taken against an employee as a result of the employee’s violation of or failure to comply with applicable laws and/or CRMC policies and/or other legitimate, non-discriminatory, non-retaliatory actions taken by CRMC based on the employee’s work performance, conduct, or the business needs of CRMC. However, employees who believe such actions were taken in retaliation as prohibited by this policy must still notify Human Resources or other member of management for investigation.

This policy has been prepared to provide a better understanding of CRMC’s policies and expectations for ethical conduct, as well as its intolerance of retaliatory conduct which is prohibited by law. However, the statements in this policy are statements of principles and do not constitute a contract of employment or any other type of contract, nor is it intended to be an inflexible set of rules or procedures, as CRMC reserves the right, at all times, to take action which it deems to be in the best interest of CRMC and consist with applicable law. If any employee has any questions concerning this Policy, please feel free to contact the Senior Vice President of Administration.

Grievance Procedure

PURPOSE:

To provide an effective and acceptable means for employees to bring problems and complaints concerning their well being at work to the attention of management.

TEXT:

Definition

A grievance is defined as any complaint by employees that they have been treated unfairly or unlawfully under CRMC policies with regard to any matter pertaining to their employment with CRMC.

It is in the medical center's interest for employee to file grievances without fear of retribution or prejudice. Employees are encouraged to freely communicate with the immediate supervisor any suggestions or problems concerning their work.

PROCEDURE:

The presentation of a grievance should be made within 60 calendar days from the date the facts of the grievance become available to the employee.

First Step – Immediate Supervisor

In order to minimize the possibility of misunderstandings, employees should talk over problems with the immediate supervisor. The supervisor will investigate, evaluate and provide a solution or explanation within three days, excluding Saturday, Sunday and recognized holidays. If employees have not received a response in three days, they may consider their grievance denied and appeal to the next step. If the problem has to do with the supervisor, then this step may be bypassed.

Second Step – Department Manager or Director

If an employee feels that they have not received a satisfactory answer or settlement from their supervisor, they may refer the problem to their department manager. The department manager will also investigate, evaluate and provide an answer within three days of the presentation of the grievance. If an employee has not received a response in three days, they may consider their grievance denied and appeal to the next step. If the problem has to do with the department manager or director then this step may be bypassed.

Third Step – Senior Manager

If an employee feels that they have not received a satisfactory answer or settlement from their manager/director, they may refer the problem to their Senior Manager. The Senior Manager will also investigate, evaluate and provide an answer within three days of the presentation of the grievance. If an employee has not received a response in three days, they may consider their grievance denied and appeal to the next step. If the problem has to do with the Senior Manager then this step may be bypassed.

Fourth Step – Human Resources

If an employee continues to feel that they have not obtained a satisfactory answer or solution they may put their problem in writing and request an interview with the Sr. Vice President of Human Resources. This must be done within three days of the Step Two decision. The Sr. Vice President of Human Resources will carefully review all aspects of the problem including discussions with the supervisor, department manager, employee and others as indicated. The Sr. Vice President of Human Resources will render a decision to all parties concerned with in five working days of the final investigation.

Fifth Step – Administrator

If an employee is still not satisfied with the Sr. Vice President Human Resources recommendations they may request an appointment for a personal interview with the Administrator (or designee). Because the full responsibility for the operation of the hospital has been delegated by the Board of Trustees to the Administrator/CEO, any decision rendered in a problem situation will be regarded as final and binding. The Administrator/CEO will render a decision within five working days after the investigation. At that time the decision is final and closed.

CRMC may not be able to solve the problems of employees who do not follow the suggested time limitations as outlined above.

504 Grievance Procedure

CRMC has adopted an internal grievance procedure providing for the prompt and equitable resolution of complaints alleging any action prohibited by the United States Department of Health and Human Service regulations (45C.F.R. Part 84), implementing section 504 of the Rehabilitation Act of 1973, as an otherwise qualified handicapped individual "...shall, solely by reason of ... handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance"

All persons are encouraged to file grievance in order to resolve any disputes arising under Section 504. Filing a complaint will not subject the complainant to any form of adverse action, reprimand, retaliation, or otherwise negative treatment by CRMC personnel. The law and regulations are on file and may be examined in the office the Sr. Vice President of Human Resources who is designated to coordinate the efforts of CRMC to comply with the regulations.

Grievance Procedure under the Americans with Disability Act

The Grievance Procedure is established to meet the requirements of the Americans with Disability Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities programs, or benefits by Cookeville Regional Medical Center.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Angel Lewis
ADA Coordinator
1 Medical Center Blvd.
Cookeville, TN 38501

Within 15 calendar days after receipt of the complaint, ADA Coordinator or designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, ADA Coordinator or designee will respond in writing. The response will explain the position of Cookeville Regional Medical Center and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator or designee does not satisfactorily resolve the issue, the complainant and/or designee may appeal the decision within 15 calendar days after receipt of the response to the administrator or designee.

Within 15 calendar days after receipt of the appeal, the administrator or designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, administrator or designee will respond in writing with a final resolution of the complaint.



Performance Improvement is an ongoing effort to find better ways of doing things.

Providing the **RIGHT CARE**

In the **RIGHT SETTING**

By the **RIGHT PEOPLE**

In the **RIGHT WAY**

At the **RIGHT TIME**

Utilizing the **RIGHT TECHNOLOGY** and the **RIGHT SUPPLIES**

With the **RIGHT RESPECT & DIGNITY**

To achieve the **RIGHT OUTCOMES**

At the **RIGHT COST**

At the **RIGHT SATISFACTION**

Within the **RIGHT TIME FRAME**

CRMC HOUSEWIDE PI INITIATIVES:

Stroke • VTE • Immunization (Influenza) • Perinatal Care Measures (OB/NSY ONLY)

National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety.
The goals focus on problems in health care safety and how to solve them.

For more information on NPSG go to www.jointcommission.org

Goal 1 Improve the accuracy of patient identification

Goal 2 Improve the effectiveness of communication among caregivers

Goal 3 Improve the safety of using medications

Goal 6 Improve the safety of clinical alarm systems

Goal 7 Reduce the risk of health care acquired infection

Goal 15 The organization identifies safety risks inherent in its patient population

RISK



At CRMC we encourage the discussion and reporting of errors and near misses without fear of retribution.

MIDAS is a house-wide remote data entry system for all employees to report patient safety, system/process, clinical performance and behavioral issues. Patient safety is the foundation of high-reliability organizations and reporting adverse events is essential to maintain a Culture of Safety. The goal of Zero Harm requires a tool to report, collect, analyze and measure risk throughout the enterprise.

Reports can be submitted anonymously and are not punitive. All incidents reported in good faith are encouraged and appreciated! At CRMC, we recognize safety events and near misses as opportunities for improvement.

Topics Resolved in MIDAS

- Patient or visitor fall/injury
- Medication errors
- System and process improvement ideas
- Workplace Violence
- Broken or missing equipment
- Environmental safety factors
- Good catches/Near Misses
- Clinical performance issues

In the event of a serious adverse outcome, in addition to entering a MIDAS, the risk manager should be notified by telephone at extension 2022.

If a report is made anonymously, provide as much details as possible as we will not be able to inquire about missing details.

Do NOT reference the MIDAS in the patient's medical record. MIDAS is protected under Tennessee Code as a confidential quality improvement work product. If mentioned in the EMR, it may expose the system to discovery with potential litigation.

Be concise and objective. Describe what happened, where, how it happened and whom it impacted. Consider witness names and describe the level of harm if the event impacted patients, visitors or staff members.

ABUSE: PATIENT RIGHTS, ABUSE AND NEGLECT



It is the policy of Cookeville Regional Medical Center to report cases of suspected abuse or neglect.

Each patient has the right to be free from abuse and corporal punishment. Patients are not subjected to abuse by anyone, including CRMC employees, volunteers, providers and contractors serving the patient, family member or legal guardians, or others. Each patient has the right to be free from mistreatment, neglect and misappropriation of property. Each patient has the right to refuse treatment if deemed competent to make medical decisions.

Abuse is the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting harm, pain or mental anguish. This includes the deprivation of an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being.

Neglect means failure to provide goods and services necessary to avoid physical harm, mental anguish or

mental illness. Neglect occurs when health system staff fails to monitor and/or supervise the delivery of patient care and services to assure that care is provided as needed by patients.

Misappropriation of patient property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a patient's belongings or money without the patient's consent.

CRMC has a duty to protect children and adults whose physical or mental health and welfare are adversely affected by abuse or neglect. Cases will be reported to the Department of Human Services, law enforcement and required agencies in compliance with Tennessee Code.

See Patient Rights and Abuse policies for additional definitions.

PROTECTIVE SERVICES



To reach Protective Services for emergencies: call 8911 or the operator (0).

Protective Services Tips

Below is a list of protective services tips that will help you remain safe when walking to and from your car at work:

- Always lock your car
- Walk on the side of the street facing traffic
- Walk close to the curb and avoid bushes and alleys where an attacker could hide
- Walk confidently, directly and at a steady pace, especially if you are alone or at night
- Try to stay in well lit parking areas
- If in danger, scream, run or make a loud noise to attract attention
- Never leave anything of value in open view in parked vehicles



PLANT FACILITIES



Services that plant facilities provide:

- Repair of facilities
- Landscaping
- Maintenance requests
- Medical equipment repair by Biomed Department
- Construction projects

CONTACT PLANT FACILITIES:

Use TMS icon on Intranet

Call extension 2588

Call "0" for the operator after 4 p.m. or on weekends/holidays

Call 2088 for the Biomed Department

GENERAL SAFETY



Fire - You have a fire in your area - RACE

- R**escue the patient
- A**lert by pulling pull station
- C**ontain the fire to the immediate area
- E**vacuate patients and visitors of necessary

Pull stations are located by stairways, exits and nurses stations

Fire Extinguishers - PASS

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

Electrical Safety

Do not use extension cords

Only 3 prong plugs can be used in this facility

EMERGENCY PREPAREDNESS CODES



Emergency codes are overhead pages. The emergency operation plan is located on the Intranet CRMC Policies and Procedures Policy S-025.

- **STAT:** Immediate
- **CRMC TORNADO WARNING**
- **CODE RED:** Fire
- **CODE YELLOW:** Disaster
- **CODE 7:** Bomb Threat
- **CODE BLUE:** Life Threatening Emergency
- **CODE PINK:** Infant abduction
- **CODE ADAM:** Missing Child/Adult Patient
- **CODE 44:** Hazardous Material Spill
- **CODE: STEMI**
- **CODE: Stroke**
- **CODE: Sepsis**
- **MR. STRONG:** Staff member needs assistance. All male and security employees respond.
- **ACTIVE THREAT:** Active shooter or other threat at CRMC
- **RAPID RESPONSE**

To access overhead paging dial 701 - hear solid tone - then dial 00 for general housewide – then record your message - hang up, the message will play overhead.

HAZARDOUS COMMUNICATION



The Occupational Safety and Health Administration (OSHA) has issued a rule - The Hazardous Communication Standard - that helps employers keep employees safe and healthy.

You have a “RIGHT TO KNOW” what hazards you face on the job or doing clinicals and how to protect yourself against them.

Safety Data Sheets (SDS) give you everything you need to know to work safely with chemicals in your work area.

You can access the SDS online by clicking the icon on any hospital computer.

Globally Harmonized System of Classification and Labeling of Chemicals (GHS) - Standardizing, classifying and labeling of all chemicals by incorporating the use of pictograms and signal words to alert the user of the potential hazard and how to protect themselves to avoid injury.

Code 44 - Chemical Spill

RADIATION / MRI SAFETY



The Radiation Safety Program at CRMC is designed to keep all employee and patient exposure to ionizing radiation as low as reasonably achievable.

OUR PROGRAM CONSISTS OF

- Proper Badge Use • Education • ALARA

3 BASIC PRINCIPLES OF RADIATION PROTECTION:

- Time • Distance • Shielding

- **NEVER** enter rooms posted with radiation precaution signs without first checking with the nurse, radiation therapy department or radiation safety officer.
- **NEVER** enter the MRI scan room (ZONE IV) without a MRI technologist present.
- **DO NOT** enter the MRI room (ZONE IV) unless you have been screened by a LEVEL II technologist.
- **DO NOT** carry anything into the MRI room (ZONE IV). All things must be approved by LEVEL II technologist prior to items entering the MRI environment.
- Items like scissors, keys, ink pens, oxygen tanks, wheelchairs and stretchers can become **PROJECTILES** in the MRI environment and should not be taken into the MRI room (ZONE IV).

For additional information please contact the Radiation Safety Officer at 783-6205 or 931-267-4482.



INFECTION PREVENTION



There are many ways to prevent infections. Prevention is everyone's responsibility.

- At CRMC we can use: soap & water, antibacterial foam, or alcohol based hand gel to clean our hands. Hands should be washed for 15-20 seconds. Hand sanitizer should be rubbed until completely dry.
- Comply with Bloodborne Pathogen Exposure Control Plan. To access this plan go to "S" drive, Bloodborne Pathogen Exposure
- Use proper isolation precautions
- Educate patients and visitors on isolation precautions
- Assess the need for indwelling devices (central lines, urinary catheter etc) daily. If no longer needed, ask physician if it can be removed.
- Report hospital acquired infections
- Use personal protective equipment properly
- Clean equipment between each patient
- Get vaccinated
- Stay home if you are sick

AIRBORNE PRECAUTIONS in addition to Standard Precautions VISITORS: Report to nurse before entering

PATIENT PLACEMENT

Use **private room** that has:

Monitored negative air pressure and 6 to 12 air changes per hour.

Discharge of air outdoors or HEPA filtration if recirculated.

Keep room door closed and patient in room.



RESPIRATORY PROTECTION

Wear an **N95 respirator** when entering the room of a patient with known or suspected infectious pulmonary **tuberculosis**.

Susceptible persons should not enter the room of patients known or suspected to have **measles** (rubella) or **varicella** (chicken pox) if other immune caregivers are available.

If susceptible persons must enter, they should wear an **N95 respirator**.

(Respirator or surgical mask not required if immune to measles and varicella)

PATIENT TRANSPORT

Limit transport of patient from room to essential purposes only.

Use **surgical mask** on patient during transport.

DROPLET PRECAUTIONS in addition to Standard Precautions

VISITORS: Report to nurse before entering

PATIENT PLACEMENT

Private room, if possible. Cohort or maintain spatial separation of 3 feet from other patients or visitors if private room is not available.

MASK

Wear surgical mask upon entering room



PATIENT TRANSPORT

Limit transport of patient from room to essential purposes only.

Use **surgical mask** on patient during transport.

CONTACT PRECAUTIONS in addition to Standard Precautions

VISITORS: Report to nurse before entering

PRIVATE

PATIENT PLACEMENT

Private room, if possible. Cohort patients with the same illness if private room is not available.

GOWN



Wear gown when entering patient room. Remove gown before leaving the patient's environment and ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or environments.

GLOVES



Wear gloves when entering patient room. Change gloves after having contact with infective material that may contain high concentrations of microorganisms (fecal material and wound drainage). Remove gloves before leaving patient room. Removal order is gloves, face shield or goggles, gown, mask.

WASH



Wash hands or use hand sanitizer after glove removal. After glove removal and handwashing, ensure that hands do not touch potentially contaminated environmental surfaces or items in the patient's room to avoid transfer of microorganisms to other patients or environments.

PATIENT TRANSPORT



Limit transport of patient to essential purposes only. During transport, ensure that precautions are maintained to minimize the risk of transmission of microorganisms to other patients and contamination of environmental surfaces and equipment. Transport by wheelchair - cover patient with clean sheet during transport, cover any wounds, do not wear gown and gloves outside patient room. Transport by bed - wipe bed rails with disinfectant wipe, cover patient with clean sheet. Gloves and gowns are worn during transport by bed because you are removing a contaminated bed from the room. Double glove and remove outer glove to touch elevator button etc.

PATIENT - CARE EQUIPMENT



Dedicate the use of noncritical patient-care equipment to a single patient. If common equipment is used, clean and disinfect between patients.

Bloodborne Pathogens

CRMC Employee Training

BLOODBORNE PATHOGENS OSHA Standard

(29 CFR 1910.1030)

- Provides requirements to employer
- Requires identifying at-risk employees
- Requires training for at-risk employees
- Requires retraining annually
- Requires HBV vaccination opportunity
- Requires a written exposure control plan

Approximately 5.6 million workers in health care and other facilities are at risk of exposure to bloodborne pathogens. OSHA's Bloodborne Pathogens standard prescribes safeguards to protect all employees who could be "reasonably anticipated" as the result of performing their job duties to face contact with blood and other potentially infectious materials against the health hazards from exposure to blood and other potentially infectious materials, and to reduce their risk from this exposure.

Bloodborne pathogens are microorganisms that are present in blood, tissue, blood products, other potential infectious materials (OPIM). Pathogen: A micro-organism (virus, fungus, or bacteria) that can cause disease.

Occupational Exposure

Having a reasonable anticipation of coming into contact with blood or body fluids on a regular basis as part of one's job duties.

ILLNESSES PATHOGENS CAUSE

- Virus: Measles, Colds, Mumps, Influenza, Polio, Hepatitis A, B, & C, AIDS, Measles, Herpes
- Bacteria: Pneumonia, Tuberculosis, Typhoid, Tetanus
- Yeasts & Molds: Meningitis, Asthma, Allergies

Modes of Transmission

- Infected Blood or Body Fluid contact with your broken skin through punctures, cuts, abrasions and other and non-intact skin
- or mucous membranes (eyes, nose, or mouth)
- Sexual contact
- You can NOT be infected by the following: Casual contact, coughing, sneezing, a kiss on the cheek, a hug, or from drinking fountain or food
- Ingestion

Bloodborne Pathogens (BBP) are found in:

- Blood
- Spinal, pleural, peritoneal pericardial, amniotic, and synovial fluids
- Saliva from dental procedures
- Any body fluid visibly contaminated with blood

What Are Fluids NOT Considered a Risk for BBP Vomit

- Feces
- Urine
- Sweat
- Nasal discharges
- Saliva (non dental)
- Tears

Types of Bloodborne Pathogens

- Hepatitis B
- Hepatitis C
- Hepatitis D & E
- HIV

Hepatitis A

- Acquired primarily through the fecal-oral route - NOT A BLOODBORNE PATHOGEN
- The "restaurant" kind of hepatitis that causes an infection of the liver and cannot be distinguished from other hepatitis forms without testing
- Can be stable for up to 18 months
- Heating foods above 180° F. for 1 minute will kill
- Good hygiene (washing hands) can prevent infection
- A 1:10 solution of household bleach is a good and inexpensive disinfectant
- Persons with hepatitis A virus infection may not have any signs or symptoms of the disease.
- Older persons are more likely to have symptoms than children.
- If symptoms are present, they usually occur abruptly and may include fever, tiredness, loss of appetite, nausea, abdominal discomfort, dark urine, and jaundice (yellowing of the skin and eyes).
- Symptoms usually last less than 2 months; a few persons are ill for as long as 6 months.
- The average incubation period for hepatitis A is 28 days.

Hepatitis B (HBV)

- Very contagious, dangerous infection Causes serious liver disease
- 100 times more contagious than HIV (human immunodeficiency virus)
- Symptoms :Jaundice Loss of Appetite Nausea Fatigue Abdominal Pain, Vomiting
- May lead to chronic liver disease, liver cancer, and death
- HBV can survive for at least two weeks in dried blood
- Treatment: Vaccine AND Anti-Viral Drugs

HEPATITIS B VACCINE

- Provided at no cost to employees at risk of exposure
- Employee must take shots or sign a declination form
- Three shots given over six months
- 95% effective and few after-effects
- HBIG shot after exposure only

Hepatitis C (HCV)

- Hepatitis C is the most common chronic bloodborne infection in the United States
- Symptoms include: jaundice, fatigue, abdominal pain, loss of appetite, intermittent nausea, vomiting.
- 85% Infection rate – only 25% will show symptoms upon infection. The “Stealth Disease” – some may have no symptoms for 20 years or more.
- May lead to chronic liver disease and death
- Leading indication for liver transplantation
- Estimated 3.9 million (1.8%) Americans have been infected with HCV of whom 2.7 million are chronically infected
- Treatment: No Vaccine, Anti-viral Drugs

HEPATITIS C

You should contact your medical care provider for a blood test if you:

- were notified that you received blood from a donor who later tested positive for hepatitis C.
- have ever injected illegal drugs, even if you experimented a few times many years ago
- received a blood transfusion or solid organ transplant before July, 1992
- received a blood product for clotting problems produced before 1987
- have ever been on long-term kidney dialysis
- have evidence of liver disease

Hepatitis D and Hepatitis E

- Hepatitis D is a co-virus associated with Hepatitis B (HBV).
- Patients with HBV and HDV have an increased chance of developing liver cancer or cirrhosis of the liver.
- IV drug use or unprotected sex with multiple partners.
- HEV is transmitted primarily by the fecal-oral route and fecally contaminated drinking water is the most commonly documented vehicle of transmission
- Virtually all cases of acute Hepatitis E in the United States have been reported among travelers returning from high HEV-endemic areas

HIV and AIDS

Disease Process:

- Virus causes the immune system to breakdown
- Results in the bodies ability to fight diseases

Symptoms:

- Fatigue, Weakness, Loss of Appetite

Treatment:

- No Cure or Vaccine

The plan is:

Available to all employees on the S: Drive on the computer, Bloodborne Pathogen Exposure Control Plan

CRMC Exposure Control Plan

Available from the Infection Control Nurse
Stephanie Etter, RN ext. 2081 and can be found on the CRMC Intranet

Standard PRECAUTIONS

Treat all human blood and other potentially infectious materials (OPIM) as a possible source of contamination and infection

WASH YOUR HANDS!

How to Wash Hands

- Always use warm, running water and a liquid, soap. Antibacterial soaps may be used, but are not required.
- Wet the hands and apply a small amount of liquid soap to hands.
- Rub hands together vigorously until a soapy lather appears and continue for at least 15 seconds. (Or Sing Happy Birthday twice) Be sure to scrub between fingers, under fingernails, and around the tops and palms of the hands.
- Rinse hands under warm running water. Leave the water running while drying hands.
- Dry hands with a clean, disposable towel.

Workplace Practices

- Avoiding actions which may splash, spray, splatter, or create droplets
- Never pipette or suction infectious materials by mouth
- Always using appropriate personal protective equipment
- Using approved sharps containers whenever necessary; Do not bend or break sharps
- Disposing of glass, etc. in puncture resistant containers

Proper decontamination and sterilization

- Cleanup, care and maintenance of equipment
- No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses where there is a risk of contamination
- Food and/or drink will not be kept in refrigerators, freezers, shelves, cabinets, or on cabinets/countertops/benchtops where blood or other potentially infectious materials are present.
- Proper and timely handwashing (the single greatest deterrent to any infection)
- Decontaminating all surfaces, tools, and equipment that come in contact with blood or potentially infectious materials as soon as possible
- Specimens of blood and/or other infectious materials are placed in leakproof containers during collection, handling, processing, storing, transporting, and/or shipping.

Engineering Controls

- Any physical device or equipment used or installed to prevent occupational hazard exposure, illness, or injury
- Examples: gloves, eye wash stations, sharps containers, broom and dust pan
- Sharps disposal containers
- Self-sheathing needles
- Safer medical devices
 - Needleless systems
 - Sharps with engineered sharps injury protections

Safer Medical Devices

- **Needless Systems:** a device that does not use needles for the collection or withdrawal of body fluids, or for the administration of medication or fluids
- **Sharps with Engineered Sharps Injury Protections:** a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident

*ALWAYS close safety devices with one hand or on a hard surface.

*Never use 2 hands!

Personal Protective Equipment (PPE)

- | | |
|----------------|---------------------------|
| • Gloves | • Hoods |
| • Gowns | • Shoe Covers |
| • Aprons | • CPR microshield |
| • Face shields | • Particulate Respirators |
| • Masks | • Surgical Hoods |
| • Goggles | |

GLOVES

- Purpose – patient care, environmental services, other
- Glove material – vinyl, latex, nitrile, other
- Sterile or nonsterile
- One or two pair
- Single use

Change gloves

- During use if torn and when heavily soiled (even during use on the same patient)
- After use on each patient
- Discard in appropriate receptacle
- Never wash or reuse disposable gloves

Selection Of PPE

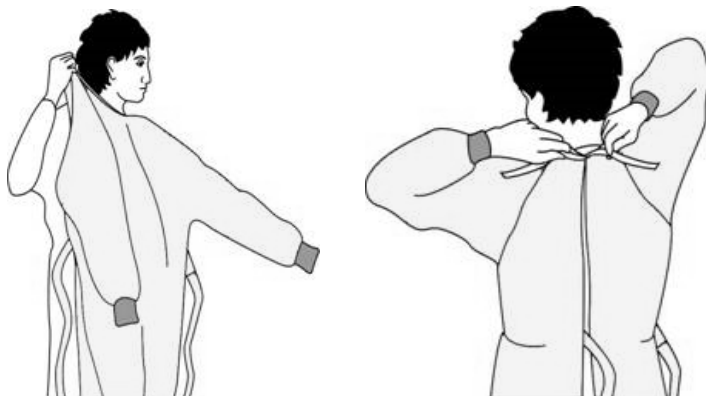
- The appropriate protective clothing and equipment depends upon:
- The type of fluid or tissue involved
- Potential exposure volume of the infectious material
- Probable route of exposure
- Overall working conditions and job requirements
- Protective clothing or equipment should not impede employee's work since this might actually increase the risk of an exposure. Clothing should also fit properly to provide adequate protection to the worker.

Sequence* for Donning PPE

- Gown first
- Mask or respirator
- Goggles or face shield
- Gloves
- Combination of PPE will affect sequence – be practical

How to Don a Gown

- Select appropriate type and size
- Opening is in the back
- Secure at neck and waist
- If gown is too small, use two gowns
 - Gown #1 ties in front
 - Gown #2 ties in back



How to Don a Mask

- Place over nose, mouth and chin
- Fit flexible nose piece over nose bridge
- Secure on head with ties or elastic
- Adjust to fit

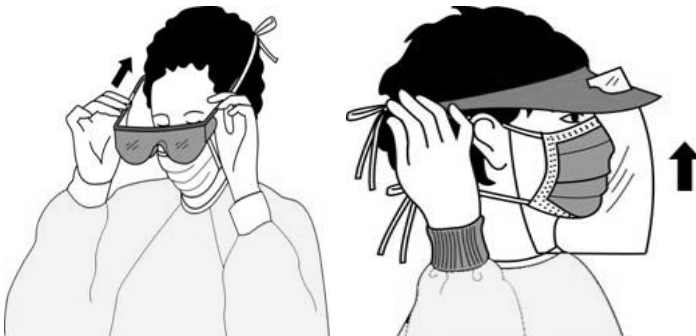


How to Don a Particulate Respirator (N-95)

- Select a fit tested respirator (must have had a fit test and know your size)
- Place over nose, mouth and chin
- Fit flexible nose piece over nose bridge
- Secure on head with elastic
- Adjust to fit
 - Perform a fit check –
 - Inhale – respirator should collapse
 - Exhale – check for leakage around face

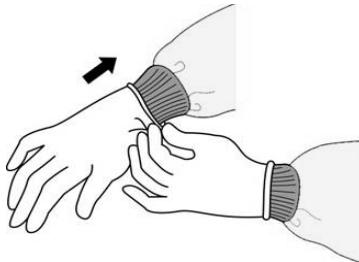
How to Don Eye and Face Protection

- Position goggles over eyes and secure to the head using the ear pieces or headband
- Position face shield over face and secure on brow with headband
- Adjust to fit comfortably



How to Don Gloves

- Don gloves last
- Select correct type and size
- Insert hands into gloves
- Extend gloves over isolation gown cuffs
- Keep gloved hands away from face, Avoid touching or adjusting other PPE, Limit surfaces and items touched
- Remove gloves if they become torn; perform hand hygiene before donning new gloves



“Contaminated” and “Clean” Areas of PPE

- Contaminated – outside front
 - Areas of PPE that have or are likely to have been in contact with body sites, materials, or environmental surfaces where the infectious organism may reside
- Clean – inside, outside back, ties on head and back
 - Areas of PPE that are not likely to have been in contact with the infectious organism

Sequence for Removing PPE

- Gloves
- Face shield or goggles
- Gown
- Mask or respirator
 - REMOVE At doorway, before leaving patient room or in anteroom*
 - Remove respirator (n-95) outside room, after door has been closed*

Location of PPE

On all nursing units in their supply closet

Check with your specific department for location of your supplies

If in doubt....refer to the Bloodborne Pathogen Exposure Control Plan located on the S: drive

Emergencies Involving Blood or OPIM

- Any employee receiving a percutaneous (needle stick or bite) ocular, or mucous membrane exposure to blood or other body fluids shall initiate the following first aid measures:
 - a. Needle stick Exposure: Clean the wound vigorously with soap and water for 15 seconds, using friction.
 - b. Mucosal Splash:
 - (1) Eye Exposure: Holding the eye open, flush immediately utilizing an eye wash station or an IV solution of 1000cc normal saline connected to standard IV tubing. This should be done immediately on the unit.
 - (2) Contamination of an Open Wound: Wash with soap and water for 10 to 15 seconds.
 - (3) Nasal or Oral Mucosal Exposure: Flush with saline and water.

Post-Exposure Procedure

- Report to the Employee Health Department during office hours or for after hours and weekends the Emergency Room for first aid treatment and medical evaluation for post exposure prophylaxis and evaluation for further testing. The employee may choose to waive the testing, however, if the employee agrees to have the blood drawn but not tested, Employee Health will notify the Lab to hold the blood for 90 days in the event the employee changes his/her mind.
- All needlesticks, mucosal splashes and contamination of open wounds must be reported to Employee Health by completing a Employee Incident Report and notifying the immediate supervisor.
- If the source of the contamination is known to be a specific patient's serum, a follow-up for possible exposure to serum hepatitis and HIV is required.
 - a. The patient's chart will be reviewed to see if HbsAg (hepatitis surface antigen), Hepatitis C antibody and an HIV antibody (HIV) have been performed. The review of the chart will be initiated by the patient's nurse. The nurse will notify the ER of the results.
 - b. If an HbsAg, Hepatitis C antibody and an HIV antibody have not been performed, the primary nurse will write a standing order for a stat HIV antibody. The results of the stat HIV must be called to Employee Health (ER after hours) as soon as possible. A Hepatitis C antibody and HbsAg will also be completed on the patient as a standing order. The nurse will notify the attending physician that the tests have been ordered.

Post Exposure Follow -UP

- Serological testing shall be available to all health care workers who are concerned that they have been infected
- If a patient has parenteral or mucous membrane exposure to blood or other body fluids of a health care worker, the patient shall be informed of the incident, and the same procedure outlined for management of exposure will be followed for both the source health care worker and the exposed patient.
- Follow-up documentation of each exposure incident will be completed as soon as possible after the incident.
****The employee shall be provided a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation. The follow-up results and counseling will be made available to the employee by the Occupational Health physician.
- *****An employee terminating prior to completion of the recommended exposure follow-up shall report to Occupational Health. The employee will be encouraged to complete the recommended protocol at no expense.

Exposure Control Plan

Gloves are required for all injections

Gloves are required for all bed baths

Masks with shields are required for changing dressings on wounds when splashing is anticipated

Things to Remember

- A person could be HIV or HBV positive and have no symptoms at all.
- You can't tell by looking.
- Treat every person, every needle, and every body fluid as if it's infected.
- Decontaminate contaminated surfaces
- Use PPE
- Report Exposure incidents
- Dispose of sharps yourself, after used
- USE STANDARD PRECAUTIONS EVERY TIME.

Questions and Answers

- Contact your immediate supervisor
- Call Infection Prevention at 783-2081 or 267-9738 or 783-2282
- You must complete and sign the two attached documents and return to your supervisor as applicable
- Your supervisor will send to HR

SAFE SHARPS



Sharp items (needles, scalpel blades, and other sharp instruments) should be considered potentially infective.

Use one hand closure technique or close on a hard surface when activating sharp safety devices. Never close a safety device using both hands.

Immediately after needle stick exposure an employee should clean the wound vigorously with soap and water for 15 seconds using friction.

All needle stick accidents, mucosal splashes, or contamination of open wounds with blood or body fluids must be reported to employee health by completing an employee incident report and notifying the immediate supervisor.

All sharp objects are kept separated from general waste by placing them in puncture-resistant containers that are clearly labeled for such disposal.

The sharp containers are changed by Environmental Services staff. All nursing units have extra sharps containers available and may change their sharps containers if Environmental Services is not available.



**For additional information go to CRMC P & P,
Bloodborne Pathogen Exposure Control Plan.**

ORGAN AND TISSUE DONATION



CRMC plays a crucial role in saving and enhancing people's lives through organ and tissue donation.

Policy PC-160

Cookeville Regional Medical Center (CRMC) is focused on saving lives. Unfortunately, there are times when all medical intervention is unsuccessful in saving a patient's life. If this occurs, CRMC partners with Tennessee Donor Services to provide the option of organ and/or tissue donation for those patients who meet the criteria to help others after their death.

Tennessee Donor Services (TDS) is this area's Organ Procurement Organization, one of only 58 in the United States. It is the responsibility of TDS to evaluate the patient's suitability to donate, speak with the patient's family about donation and arrange for the recovery of organs and/or tissues. These organs and tissues are then transplanted into those patients who desperately need them. Presently there are over 120,000 people on the waiting list waiting for a lifesaving organ transplant. The need for tissue transplants is also very great. There are over 800,000 tissues transplanted to save or enhance lives every year in our country.

CRMC plays a crucial role in saving and enhancing people's lives through organ and tissue donation. Although the hospital does not transplant organs, the critical care staff work with TDS to assure that all organ donors are referred and their families are cared for during the donation process. This ensures that patients from our communities at other hospitals will have another chance at a full life through transplantation. However, this hospital does transplant needed tissues to patients in the OR and provides post-surgical care and therapy, including outpatient and home health. As a matter of fact, CRMC transplants around 250 tissues every year! From donated bone used in hip replacements to donated connective tissue used in ACL repair, CRMC utilizes the gifts that are given through donation to help others.

In Tennessee as in other states, when you sign up to be a donor you have given permission to donate organs and tissues and no one else needs to provide any additional permission. This is called First Person Authorization. Signing up at the DMV, signing up on line with the web based registry or having an advanced directive or living will is all that you need to do in order to authorize donation. If you have not already signed up to be an organ and tissue donor, you can do so by visiting www.donatelifetn.org.

Clinical staff throughout the hospital share a responsibility to call TDS on those patients that meet the criteria to be referred but every employee is involved in donation even if you don't realize it. The care you give to a patient and their family, no matter what your position at CRMC, directly impacts donation outcomes. If you have any questions about donation, please let your manager know and we will be happy to speak with you further on how together we save and enhance lives through our partnership with TDS.

Care of Behavioral Health Patients

PURPOSE:

To provide safe and effective care of patients who are at risk for suicidal ideation and behavior or require involuntary treatment.

POLICY:

It is the policy of CRMC to create a safe environment of care for patients who are at an increased risk for suicide or present with a clinical manifestation of aberrant behavior by alcohol intoxication, drug ingestion, and/or psychological disturbances demonstrating a potential harm to themselves or others.

The Behavioral Health (BH) patients will be medically managed to protect the patient and others until psychiatric and/or attending physician evaluation can be completed and appropriate resources can be arranged. Reference to restraint/seclusion policy and procedure may be applicable if physical devices are necessary for the management of behavior.

DEFINITIONS:

1. 6-401- The emergency detention for immediate examination for emergency admission TCA 33-6-401 may initially be instituted by the Emergency Department physician/attending physician to determine whether the person is subject to admission to a hospital or treatment resource.
2. 6-404- If the patient is determined to require inpatient psychiatric hospitalization, on an involuntary basis, the Emergency Department physician/attending physician/ Licensed psychologist will complete involuntary commitment papers TCA 33-6-404.
3. Columbia Suicide Severity Rating Scale (C-SSRS)- A screening tool utilized to assess suicidal ideation and behavior performed by nursing staff.
4. 1:1 Observation/Sitter: 1:1 Observation is achieved by providing 1 staff member to continuously observe 1 specified patient to provide safety. Refer to Sitter Policy
5. Telesitter- provides continuous visual monitoring of patients using a telesitter camera to assist with patient safety. Refer to TeleSitter Policy

PROCEDURE:

1. All patients presenting for admission or observation age 10 and older will be screened for suicidal ideation utilizing the Columbia Suicide Severity Rating Scale Screening tool (C-SSRS).
2. The screening tool questions will be asked during admission process to properly identify suicide risk level and ensure personnel provide a safe environment for this patient population.
 - a. The scoring levels will be documented as No Risk, Low Risk, Moderate Risk, or High Risk according to the screening tool.
 - i. **High risk (Identified in Red on Columbia Suicide Screen):** Suicidal Ideation with intent or intent with plan in the past month and/or suicidal behavior within the past three months

1. Nursing will perform screening and:
 - a. Place patient on Suicide Precautions
 - b. Provide 1:1 level of observation
 - c. Notify attending provider immediately of high risk
 - d. Notify nursing supervisor
2. Provider will perform assessment and:
 - a. Evaluate for the need of a behavioral health referral (if the referral is indicated, one will be ordered).
 - b. Behavioral health provider will immediately notify the attending of high risk suicide assessment.
 - c. Attending provider will determine if 1:1 monitoring is needed.
- ii. **Moderate risk (Identified in Orange on Columbia Suicide Screen):**
Suicidal ideation including method but without plan or intent within the past month
 1. Nursing will:
 - a. Place patient on suicide precautions
 - b. Provide 1:1 level of observation
 - c. Notify attending provider immediately of moderate risk.
 - d. Notify nursing supervisors
 2. Provider will:
 - a. evaluate for the need of a behavioral health referral (if the referral is indicated, one will be ordered).
 - b. No risk patients will be placed according to their medical needs.
3. Complete C-SSRS at anytime a nurse or healthcare employee has concerns regarding patient safety, suicide, or homicide. Notify the attending provider of the concerns and document concerns.
4. Any behavioral health consulting provider that scores a patient moderate or high risk for suicide will immediately notify the attending provider.
5. **Suicide/Safety Precautions:**
 - a. After evaluation and assessment, suicide precautions may be initiated by RN while physician order is being obtained.
 - b. Review medical record for Commitment Papers or contact Attending Physician to request evaluation to determine the need for commitment papers.
 - c. Admitting personnel shall notify the Nursing Supervisor.
 - d. Nursing Supervisor will provide a resource for constant attendance when indicated.
 - e. Room assignment should not be near an exit stairwell if at all possible.
 - f. Patient will be identified as BH on MPV board to communicate with healthcare team.
 - g. Explain reasons for precautions to patient.

- h. Remove all potentially harmful affects from the patient and his/her room (this will include removal of all potentially harmful sources i.e. cords, phone, chairs, plastic bags, etc.).
- i. Bed exit alarm should be on at all times when appropriate.
- j. Restrict visitors for patient protection from harmful effects making access through family or friends.
- k. Monitor administration of medication.
- l. Security shall escort patient and sitter when patient is being transported to other areas of the facility.
- m. Serve patient's meals in his/her room with plastic utensils and disposable plates and cups. Make sure this is communicated to dietary staff when diet order is entered.
- n. There must be a physician or psychologist order to discontinue suicide precautions, safe room procedures, and/or termination of 6401/6404 Status (commitment papers). The 6401/6404 commitment papers must remain on the medical record.
- o. Behavioral health patients should be placed in a purple (anti-ligature) hospital gown
- p. Personal belongings removed at discretion of provider for non 6401/6404
- q. A search of the patient, their effects, and their room shall be performed. Patients who threaten or attempt suicide or homicide often conceal drugs, paraphernalia, weapons, or objects that could cause harm to themselves or others.
 - a. Inform the patient of the reason for the search and that it is a standard procedure.
 - b. The patient shall be present during the search of his or her belongings.
 - c. A patient belongings form should be filled out if belongings are removed from patient.
 - d. Collect any contraband items, and dispose of them accordingly. Examples of contraband are as follows:
 - i. Anything that may be used as a weapon or for self-harm, whether in its original form or when broken.
 - ii. Medicines brought from home.
 - iii. Shaving lotion or other solutions containing alcohol.
 - iv. Materials that may be inhaled for intoxicating purposes.
 - v. Alcohol or drugs in any form or solution.
- r. Packages may not be brought in without the permission of the nursing staff. Packages received by mail shall be opened in the presence of the nursing staff.
- s. Personal belongings should not be in reach of patient. Items considered valuable such as wallet, jewelry, cell phone should be sent home with family or securely stored. Other items such as clothing and shoes should be placed in a designated area.

6. Sitter Documentation/Duties:

1. The designated sitter will:

- a. Complete the Patient Safety Checklist/Suicide Precautions form.
- b. Ensure the environment remains free from safety risks as outlined by the Patient Safety Checklist/Suicide Precautions form.
- c. Refer to the Sitter's Suicide Information form located under the Caregiver/ Sitter Provided by CRMC Policy.

7. **Involuntary Commitment:**

- a. In the event a patient refuses to be evaluated and/or admitted, or is incapacitated to participated in evaluation, an emergency detention for immediate examination for emergency admission TCA 33-6-401 and/or involuntary commitment papers TCA 33-6-404 may be completed by the Emergency Department physician/attending physician if indicated. If indicated, a request for psychiatric/psychological and/or crisis assessment through a consultation may be requested.
- b. The emergency detention for immediate examination for emergency admission TCA 33-6-401 may be instituted by the Emergency Department physician/attending physician/ licensed psychologist to determine whether the person is subject to admission to a hospital or treatment resource.
- c. If the patient is determined by the Emergency Department Physician/attending physician/licensed psychologist to require inpatient psychiatric hospitalization on an involuntary basis, that Emergency Department physician/attending physician/ licensed psychologist will complete involuntary commitment papers TCA 33-6-404.
- d. Emergency detention for immediate examination for emergency admission and/or involuntary commitment papers remain valid until discontinued by the Emergency Department physician/attending physician/licensed psychologist or by the mental health crisis team.
- e. If a patient is transferred to another facility for involuntary commitment, the accepting physician may request a new commitment paper to be signed if the original papers are older than 24 hours.
- f. 604 will be placed on MPV board for communication to healthcare team.

8. There must be a physician or psychologist order to discontinue or downgrade suicide precautions observation levels (i.e; 1:1 to telesitter) and/or termination of 6401/6404 Status (commitment papers). The 6401/6404 commitment papers must remain on the medical record.

9. **Visitors:**

- a. Restrict visitors for patient protection from harmful effects through family or friends.
- b. The physician may approve some atypical circumstances for a family member or care giver to provide constant attendance. Every effort will be made to ensure attendant is the same sex as the patient.
- c. In cases when a juvenile is the patient, Nursing Supervisor and/or Clinical Coordinator or designee will notify parents or guardian (if not already done) through Emergency Department admission process.
- d. Visitors will be at the discretion of the the clinical team and requires a provider order.

10. **Education:**

- a. Employees will receive suicide prevention training upon hire and annually.

PATIENT ABUSE, NEGLECT, MISTREATMENT AND MISAPPROPRIATION OF PROPERTY

PURPOSE:

Each patient has the right to be free from abuse and corporal punishment. Patients are not subjected to abuse by anyone, including, but not limited to, Cookeville Regional Medical Center (CRMC) employees, volunteers, providers and contractors serving the patient, family members or legal guardians, friends or other individuals. Each patient has the right to be free from mistreatment, neglect and misappropriation of property.

CRMC has policies/procedures for screening and training employees, volunteers, providers and contractors, protection of patients and for the prevention, identification and reporting of abuse, neglect, mistreatment and reappropriation of property. CRMC is doing everything within its control to prevent occurrences.

CRMC does not hire employees with a history of abuse, if that information is known to the health system. CRMC must report knowledge of actions by a court of law against an employee, volunteer, provider or contractor that indicates the associate is unfit for duty. CRMC reports alleged violations, conducts investigations of all alleged violations, reports the results to proper authorities and takes necessary corrective action.

WHO CAN PERFORM:

All employees, visitors, providers and contractors:

DEFINITIONS:

1. "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting harm, pain or mental anguish. This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being. This presumes that instances of abuse of all patients even those in a coma, cause physical harm, pain or mental anguish.
2. "Verbal abuse" is defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to patients or their families, or within their hearing distance, regardless of their age, ability to comprehend or disability. Examples of verbal abuse include, but are not limited to: threats of harm, saying things to frighten, such as telling a patient that they will never be able to see their family again.
3. "Sexual abuse" includes, but is not limited to sexual harassment, sexual coercion or sexual assault.

4. "Physical abuse" including but not limited to hitting, slapping, pinching, and kicking. This also includes controlling behavior through corporal punishment.
5. "Mental abuse" includes, but is not limited to, humiliation, harassment and threats of punishments or deprivation.
6. "Neglect" means failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness. Neglect occurs when health system staff fails to monitor and/or supervise the delivery of patient care and services to assure that care is provided as needed by the patients.
7. "Misappropriation of patient property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a patient's belongings or money without the patient's consent.
8. Corporal punishment means the intentional use of physical force to cause bodily pain or discomfort as a penalty for unacceptable behavior. Corporal punishment includes any action that produces discomfort, such as hitting, slapping, pinching, ear pulling, jabbing, shoving, or choking.

PROCEDURES:

CRMC has policies/procedures that address these seven components: screening, training, prevention, identification, investigation, protection and reporting/response. The items under each component listed below are examples of ways in which the health system may operationalize each component:

1. Screening:

- A. Screening of employees, volunteers, providers and contract personnel is provided prior to employment.
- B. Applications are screened for history of abuse, neglect or mistreating patients.

2. Training:

Employee who directly care for patients are provided training through orientation and ongoing education. This training includes:

- A. Identification of what constitutes abuse and neglect
- B. Procedure for reporting possible abuse, neglect and misappropriation of patient property.
- C. Corporate compliance program which includes behaving legally and ethically (preventing misappropriation of patient property, patient billing, etc.).

3. Prevention:

A. Patients and families are provided with information concerning their rights and responsibility and how to report grievances/complaints.

B. Situations in which there is abuse, increased potential for neglect, or misappropriation of patient property are identified, and actions are taken to decrease the likelihood of this occurring. This includes but is not limited to:

- 1) Identify staff exhibiting inappropriate behaviors, such as using derogatory language, rough handling, ignoring patients while giving care, directing patients who need toileting assistance to urinate or defecate in their beds.
- 2) Involvement of security personnel making rounds as needed.

4. Identification:

A. Events such as suspicious bruising of patients, occurrences, patterns and trends that may constitute abuse are identified and a plan for further investigation is determined.

B. Changes in a patient's condition related to signs/symptoms of abuse and neglect are observed through initial and ongoing nursing assessments.

C. Occurrence reporting provides data regarding patterns and trends that may constitute abuse, neglect and misappropriation of patient property and the need for further investigation.

Occurrence reporting involves:

- 1) Assault resulting in harm to others
- 2) Abuse of patient, i.e., physical, sexual or emotional
- 3) Unprofessional/inappropriate conduct by health care personnel
- 4) Damage and loss of personal property

5. Investigation:

A. When a situation is identified as abuse, neglect, or misappropriation of patient belongings, the employee, volunteer, provider or contractor who hears or observes evidence of potential occurrence notifies the following:

- 1) House Supervisor by vocera, cell phone 931-252-0592, or call the operator ext. 0 to overhead page.
- 2) The House supervisor should immediately contact the department director and the administrator on call.
- 3) The administrator on call will communicate to the risk manager, compliance officer and human resources to begin the investigation.

B. An investigation results to substantiate the alleged incident(s) and ascertain the appropriate course of action based on the facts surrounding the situation. Consultation with any of the following should be considered as indicated by the event details:

- 1) Quality Services Department: To assist in the investigation, track occurrences, analyze trends, or to consult regarding possible reporting to regulatory agencies.
- 2) Administration: To keep apprised of investigation and alleged incidents.
- 3) Security: To assist in maintaining a safe environment.
- 4) Human Resources: To advise regarding action plan for involved associates
- 5) Public Relations: In the case of potential media involvement.

C. The investigation shall include, but not be limited to:

- 1) All staff involved
- 2) Record review
- 3) Patient interviews
- 4) Evaluate patterns or trends (source: occurrences previous reports).
- 5) Review of Personnel files

6. Protection

- A. If the patient identifies a particular staff member in association with the complaint, appropriate corrective or disciplinary action will be taken if warranted up to including suspension or termination. In order to protect all CRMC patients and visitors, the identified employee may be relieved of all duties involving contact with patients and or the public until the investigation is complete.
- B. Security officers and local law enforcement are notified as appropriate to assist in maintaining a safe environment. Protection, depending upon the complaint, is for the safety of the patient and may last the duration of the investigation.

7. Reporting/Response:

Violations and substantiated incidents are reported to the Tennessee Department of Health within 5 (five) business days. In addition, the Tennessee Department of Human Services, Adult Protective Services, shall be notified immediately.

The Chief Legal Counsel or his designee, in consultation with Risk, Compliance, and Human Resources, shall be responsible for reporting to the appropriate agencies.

Safe Patient Handling

PURPOSE:

An injury to a health care professional from patient transfer/lifting activities directly affects the quality of life for our staff members and patients. Therefore, it is crucial that healthcare professionals practice safe lifting, transporting and proper body mechanics at all times. Mechanical Patient Lifts, weight/shear reduction sheets and rigid lateral movers are key components in this effort.

POLICY:

It is the policy of Cookeville Regional Medical Center ("CRMC") that all patient transfers/lifting is done safely and appropriately to protect the employee and patient from injury. All patient lifting, shifting or transferring will be done with Mechanical Lifting Equipment, weight/shear reduction sheets and rigid lateral movers when appropriate according to patient assessment. Failure to follow the guidelines established by this policy will result in disciplinary action being taken.

RESPONSIBILITY:

Administration:

- Provide support in providing the appropriate equipment and training for the "Safe Patient Transfer Program."

Safety Committee

- Monitor the equipment training program to ensure that all staff, to whom this policy applies, are trained in the use of lifting/transfer equipment.
- Monitor process for evaluating staff's ability to use lifting/transfer equipment and provide continuous training and education as needed.

Directors

- Ensure all staff members have been trained in the use of lifting/transfer equipment and proper body mechanics and do not allow any untrained staff member to use the equipment to lift or transfer a patient.
- Ensure that patient assessments are being performed to identify patients with the need for mechanical lift or transfer equipment.
- Will ensure the availability of appropriate lifting/transfer and safety equipment for the staff and educate them on the use of those items.
- Ensure compliance with CRMC's Safe Patient Handling Program by all staff members and will take appropriate action when failure to do so is determined; which may include counseling or progressive disciplinary action.

Staff

- Be accountable for utilizing proper body mechanics, lifting techniques and patient safety. Understand that failure to use the proper lifting/transfer equipment per assessment may result in disciplinary action being taken including counseling and up to possible termination.
- Ensure that each new patient is assessed to identify a need for transfer or mechanical lift equipment.

- Utilize the proper transfer/lift procedure for each patient. This includes the use of the patient transfer devices, transfers sheets, or other lifting equipment and applying proper body mechanics.
- Demonstrate an ability to perform all tasks related to the use of the transfer devices as required.
- When a lift, transfer or move has to be made without a transfer/mechanical lifting device, perform the task with assistance and by using proper body mechanics.

Environmental Service

- Maintain slings and transfer sheets in accordance with the laundering instructions established by this policy.

PROCEDURES

Training

Proper training on use of each piece of lifting equipment is essential for maximizing the benefit of the equipment and the success of this program. Each department/unit will have an employee designated as the Coach for their area, preferably one from each shift and rotation. New employees will receive training during department-specific orientation from the Unit Coach, at which time a skills checklist will be completed. During training, this policy will be available for the employee to review and sign. No new or transferred employee will use lifting devices without completion of the skills checklist and review of the equipment video. Bi-Annual training will be required of any employee using lifting equipment.

Patient Assessment

When a patient is admitted, the nurse assigned to the patient will assess and determine the need for a mechanical lift or transfer device and document the need in the patient record. Any change in the patient's condition may change the need for different equipment. The Clinical Coordinator should be consulted when a change in equipment is indicated.

When evaluating the use of the lifts, the condition of the patient, their capabilities, their medical condition and their cognitive abilities will be reviewed. Upon a patient being admitted to the unit they will be assessed to determine if they require assistance for transfer or lifting. Patients who require a mechanical lifting device for transfer will be identified and communicated during shift hand off report.

It is mandatory for the assigned nurse to keep the lift assessment current. Valuable assessment input will be necessary for PCA's, CNA's, licensed professionals, physical and occupational therapists.

Patient Lift/Transfer

- Every precaution is used to safeguard the patient when making a mechanical or manual lift, transfer or move
- Plan any lift, transfer or move ahead of time. Have the proper equipment or personnel on hand. Ensure everyone involved in the task understands his or her role in the transfer, lift or move.
- Arrange the environment as necessary. Make sure there is appropriate space to maneuver and work in to ensure a safe lift, transfer or move.
- Explain all lifts, transfers and moves to the patient involving mechanical equipment or a manual lift. Enlist as much help from the patient as possible.

- Throughout the facility there are certain patients who have been determined to require assistance for all moves. For the protection of the staff member as well as the patient a mechanical lifting device will be used in transferring these patients (except as indicated below). The designated mechanical lifting device will be designated **MANDATORY** for use in moving the patient, due to their inability to assist effectively and safely during transfers
- Mechanical lifting equipment is available for use by trained staff members on each floor. The lifting equipment will be located in accessible areas on the floor. There will be a "Temporary parking" area (identified by a sign) for easy access of the equipment. The equipment will be returned to the location upon completion of a lift.
- Manual lifting is only authorized in a medical emergency or as directed by the Unit Director/ Designee or Nurse Supervisor. **If manual lifting of a patient occurs, a minimum of two staff members will be used to perform the lift or transfer and proper body mechanics will be used at all times. In the event more staff is needed due to safety of patient or staff, an overhead page of "Lift Assist to (the department)" will be made. Staff that are able should respond.**
- Physical Therapy, when appropriate, will work with the unit to adjust lifting protocols for a patient when a change is warranted.
- Extremely combative patients require a minimum of two staff members to assist in lifts and transfers.

Storage

Mechanical lifts and transfer sheets will be located in accessible areas on the floor.

Lifts will not leave the floor in which they are assigned without permission of the Unit Director/Designee or Nurse Supervisor.

Maintenance

- Any lift found to be non-operational will be tagged with a Broken Do Not Use form and Bio Med will be notified at once.
- If any lift is removed from the floor for maintenance, arrangements will be made to ensure a lift is made available to the unit.
- Ensure that equipment maintenance is current and that manufacturer guidelines are followed.

Batteries and Chargers

- Each battery operated lift is equipped with two batteries and one battery charger. The battery charger will be located in an assigned location on the floor.
- The charger should remain plugged in and there is no danger of "overcharging" the battery
- The batteries will be checked daily and will be switched out a minimum of once per day and possibly more dependent upon level of usage. A blinking light and beeping signal indicates the battery is low. If the battery on the Maximove goes out while a lift is being accomplished there is a safety switch (red with a blue line) located on the back of the lift that will allow the lift to be lowered without battery power. The battery must stay intact for this switch to work. This is not a "NiCad" type battery and will not develop a memory that diminishes power levels.

Slings

- Each Battery operated lift is equipped with Medium, Large and Extra Large slings. Slings have been labeled according to the weight limits of each sling
- Transfer slings, when not in use, are to be stored appropriately

- Any torn or unlabeled slings will be returned to Environmental Services
- **AT NO TIME** will reusable slings be stored in a patient's room, drawer or closet. Slings are not considered to be personal belongings of the patient.
- In an instance where a patient is on Isolation Precautions, a disposable sling is preferred

Laundering and Disinfecting of Slings/Equipment

- It is the policy of this facility to maintain infection control precautions by laundering and disinfecting the slings on a routine basis within the hospital.
- Dirty slings will be placed in the soiled utility room in the special purple bagged linen hamper for pick up by Environmental Services.
- Environmental Services will gather all slings that need cleaning in accordance with established guidelines and will wash and air dry them and return them to the floors when they are dry. Environmental Services staff will make sure that slings are inventoried and will report any missing slings to their director.
- The lifting equipment will be disinfected after each use by wiping down the seat, support pads, handrails, etc. Local disinfectant used by the hospital can be used. Cleaning the equipment should be done by the person using the equipment after the lift has been completed and prior
- Transfer sheets are to be disinfected after every use if used between patients. Dirty sheets will be placed in the special purple bagged linen hamper in the soiled utility room for pick up by Environmental Services. Clean transfer sheets will be returned by Environmental Services to the clean utility room in a purple mesh bag.



A dying patient has unique needs for respectful, responsive care.

Concern for the patient's comfort and dignity guide all aspects of care during the final stages of life including:

- A. Effective pain management
- B. Appropriate treatment according to the wishes of the patient or significant other
- C. Sensitive discussion of withholding/withdrawing of treatment when appropriate
- D. Discussion of autopsy and organ donation
- E. Respect of patient's values, religion, philosophy, and response to the psychosocial needs of the patient and family
- F. Discussion of hospice when appropriate



COOKEVILLE REGIONAL
M E D I C A L C E N T E R

It's the Way **WeCARE**