
PES 2011 *PHYSICIAN (and Allied Health Practitioner) EDUCATION in SAFETY*

Human Resources

Kettering Medical Center (KMC), Kettering, Ohio

2/11

KMC MISSION KMC is committed to improving the quality of the lives of the people of our communities. The **STANDARDS OF BEHAVIOR** are followed to achieve **EXCELLENCE**. Use **AIDET**: acknowledge, introduce, duration, explanation. Thank. **KEY RESULT AREAS** are people, quality, service, finance, growth. Information needed to operate effectively in emergency/disasters and according to policy can be accessed on the intranet, listed under "Emergency Operations". **HICS** (Hospital Incident Command System) is an area-wide system to manage emergencies. **CODE RED** -In the event of a fire, follow the RACE acronym. REMOVE people from the area. ACTIVATE 1)Activate alarm system 2)Call 1112, Give location. CONTAIN fire by closing door. EXTINGUISH fire, if practical. Pull, aim, squeeze, sweep nozzle. **CODE YELLOW** Internal or external disaster. The Command Post at KMH is the Administrative Board Room, at KMC-SH in Administration. The Personnel Pool at KMH is in Volunteer Discharge Office, at KMC-SH, Ground Floor Leadership Training Room. **CODE ORANGE** hazardous materials which may require sealing off all or part of the hospital. **CODE GRAY** Tornado warning. Remove people from external glass; close curtains. **CODE BLACK** Bomb threat. Do not touch anything suspicious. Call Security, 55095. **CODE SILVER** Person with weapon/hostage situation. **CODE GREEN** Hospital Evacuation Plan. Refer to Operations Manual on the Intranet and the Department Specific plans. **CODE PURPLE** Bioterrorism/Weapons of Mass Destruction(WMD). **CODE BROWN** Missing Adult Person. **CODE VIOLET** Violent/Combative Patient. **CODE ADAM-INFANT** Baby abduction from OB areas. Be on alert for anything suspicious. **CODE ADAM-CHILD** Infant, child or teen abduction from anywhere in the facility.. **CODE BLUE/PINK** In the event of a cardiac or respiratory arrest, summon help by dialing 1111 or by pulling blue "code bar" above patient bed or in hallway of patient units. Code Blue for adults Code Pink for 12 years and under. **SAFE HAVEN FOR NEWBORNS**(Ohio law) allows parents to drop off their unharmed baby within 72 hours of birth at a hospital or law enforcement agency and not face desertion charges. **UTILITY FAILURE** In a power failure, white receptacles operate uninterrupted and red receptacles powered by emergency generator operate after a ten second delay .Brown phones will be activated for use in a systems failure. **MATERIAL SAFETY DATA SHEETS (MSDS)** are located on the hospital intranet with hard copies located in Security. **DISRUPTIVE BEHAVIOR/WORKPLACE VIOLENCE** includes intimidating verbal outburst, threats of violence, stalking, vandalism and actual violent deeds. If a person threatens you respond quietly, call Security and document. If no phone and life is threatened, pull fire alarm. **CISM (CRITICAL INCIDENT STRESS MANAGEMENT)** is a plan for a team to respond to an employee in a stress crisis. To activate the manager should call Spiritual Services. **TEAM BUILDING** Teams that commit to a common purpose, collaborate with others will grow stronger and face difficult changes together. **HAZARDOUS DRUGS(HDs)** All hospital workers need to know about potential health problems that can come from exposure to HDs and how to protect themselves. Contact KMC x57318. **BACK CARE** Use 1.good ergonomics 2.body mechanics 3.Exercise and fitness. 4. control stress and work habits. When injured, paid physician employees report to Employee Health. KMC is committed to a **DRUG-FREE WORKPLACE** If concerns, call Employee Health, 395-8894. **INFECTION CONTROL** Handwashing **WARD** Off infection: **W**et hands: **A**pply soap: **R**ub and scrub for 15 sec.; **R**inse hands; **D**ry with towel and use it to turn off faucet. **Handwashing with soap and water** must occur when hands are visibly contaminated/soiled with any substance or any body fluid, before eating, after using the restroom, as first hand wash of the day and after contact with a pt or their environment with known or suspected dx of *or any spore forming bacteria e.g.C.diff or B.anthraxis*. **Alcohol hand sanitizer**: Use a golf ball size of foam to decontaminate hands in all other clinical situations, i.e.BEFORE donning sterile or non-sterile gloves, after

removing gloves; BEFORE and AFTER contact with pts., and AFTER CONTACT WITH: body fluids or excretions, mucous membranes (MM), non-intact skin if hands are not visibly soiled; pts intact skin or inanimate objects in immediate area of pt. Rub alcohol sanitizer over hands until completely dry before touching anything for max effect and to prevent burns which may occur when alcohol comes in contact with electronics. Wear **Personal Protective Equipment (PPE)** eg. eye protection, mask, gown, gloves for standard or isolation precautions. Use PPE when you have contact with blood, other potentially infectious materials, MM, and non-intact skin. Place all sharps (includes used or unused syringes, bulb/asepto, with or without needles, scalpel with blades, styles, loose needles, safety razors, guide wires and broken glass) in a sharps containers. **Label specimens** at bedside with pt present. **Place** specimens in bio hazard bag after specimen has label. **Do not place** specimens in biohazard-free area e.g.RN station.**EXPOSURE**: Exposures occur when blood or body fluid comes in contact with open skin or MM or a contaminated sharp penetrates skin. If an exposure occurs, wash area appropriately and go to Employee Health. After hours, go to the ED. An Infection Prevention and Control Specialist (IPC) is AVAILABLE 24 HOURS A DAY. Call Office, 395-8275, 7a-3p M-F. If "after hours", ask Nursing Supervisor to contact IPC, or access IPC via the intranet at IPC on-call schedule with phone numbers, or call KMC operators at 298-4331 and they will page IPC on call. **ADVANCE DIRECTIVES** include the Living Will and Durable Power of Attorney for health care. The **Living Will** is the patient's set of written instructions about the type of health care treatment they want when they are unable to communicate their wishes. It gives their caregivers the authority to follow their instructions regarding the medical treatment they want under those conditions. Once it is verified that a patient with a Living Will has become permanently unconscious, the attending physician must follow the instructions of the patient as stated on their Living Will. The physician must make a reasonable effort to notify the person or persons designated in the Living Will or closest family members if life-sustaining treatment is to be withdrawn. The law does provide that a family member may challenge the decision to withhold life-sustaining treatment however, the challenge is limited in nature and may only be made by the patient's closest relatives. In a **Durable Power of Attorney for Health Care** the patient chooses and names a person to make their health care treatment decisions for them when they are unable to do so. It becomes effective only when the patient is temporarily or permanently unable to make his/her own decisions about their treatment.

GENERAL SAFETY 1.All personnel are required to wear ID badges on the upper portion of chest. 2. O2 tanks stored in holders. 3. Keep materials at least 3 ft from electrical panel. 4. Store equipment to one side of hall. 5. Do not use equipment overdue for inspection.

RADIATION SAFETY To limit exposure use standard precautions when handling a Nuclear Medicine patient. Report concerns to The Radiation Safety Officer. **MRI SAFETY** Before entering the MRI department, you must first visit the 1st floor Radiology/Medical Imaging clerical staff who will help screen individuals. All telemetry leads must be removed prior to a patient being transported to Radiology or MRI.

END OF LIFE To provide comfort and dignity during end-of-life care, have respect for the patient's and family's cultural differences and conduct open communication. The **DNR Comfort Care or Comfort Care Arrest** document requires signed physician orders. Refer to Administrative Policy **MS-09** Withholding/Withdrawal of Life Sustaining Treatment, Administrative **Policy PC-03** Organ, Tissue, Eyes and Whole Body Procurement, Administrative Policy **PR 08** Advanced Directives, Patient Care Practice Standards **PC-20** Patient

Rights, Dying Patient, Patient Care Practice Standards PC-49-01
Pain Management, acute, or chronic.

PERFORMANCE IMPROVEMENT Departments use the KEY RESULT AREAS (KRAs) as part of the evaluation process. Concerns in this area should be directed to the Manager of Accreditation and Regulatory Compliance.

FORENSIC PATIENTS A forensic patient is a person who has been suspected or found guilty of a crime in which he or she committed and who needs treatment at the hospital. The Security Department provides orientation and is in direct command of any and all private police agencies. Guarding: KMC requires that all inpatient prisoners be guarded at all times by the law enforcement agency responsible for the prisoner. Guidelines 1. Anything brought to the prisoner must be inspected by the private officer. 2. The prisoner is not allowed to have or be given anything that could be used as a weapon. 3. The prisoner is not allowed to have any medications of any kind brought in from the outside.

POPULATION SPECIFIC It is important to understand basic facts in interacting with those in different age groups because we communicate with employees, volunteers, students, patients and visitors of various ages. Primary needs of infants are safety and comfort. Do not leave toddler unattended. Talk to preschoolers at their level. Explain procedures to school age children. Do not use authoritarian approach with adolescents. Mental abilities peak in the Early Adult (18-45). The middle adult (46-60) often experiences a decrease in capabilities. The late adult (61-79) has an increased risk of falling. The late, late, adult (80+) continues to experience decreases in abilities. Categories: Traditionalist: (born 1900-1945), Baby Boomers (born 1946-1964), Generation Xers (born 1965-1980), The Millennials or Y's (born 1981-1999).

CULTURAL DIVERSITY Tips on being culturally sensitive: 1. Be aware of your own personal attitudes, beliefs, biases, and behaviors. 2. Avoid stereotyping. 3. Show respect for the culture and language of others. 4. Take time to listen. 5. Demonstrate a desire to understand and learn about cultures different than your own. 6. Realize that all encounters are cross-cultural. Focus on sensitivity to obesity and religious diversity.

OCCURRENCE REPORT If an unexpected event occurs to patient or visitor, an Occurrence Report is completed and sent to Patient Relations.

SENTINEL EVENT: An event that has resulted in an unanticipated death or major permanent loss of function not related to the natural course of the patient's illness or underlying condition. Medical staff who have concerns about the safety or quality of care provided in the hospital should talk to the nurse manager or director first and if they still have concerns, call The Joint Commission (TJC).

PATIENT RIGHTS A list of patient rights and responsibilities can be obtained from Patient Relations. **PAIN CONTROL** Patients have the right to appropriate assessment and management of pain. Pain is whatever and whenever the pt says it is.

HIPAA Patient Privacy and Information Security 1. Keep all patient health formation (PHI) confidential. 2. Disclose PHI only to those who need it to do their job. 3. Request PHI when necessary to do your job. 4. Report any security incident or concern to the Privacy officer. 5. All workstations (computers) are the property of KMCN.

CORPORATE INTEGRITY This program requires all personnel to do the right thing, when nobody is looking and because it is the right thing to do. You have a duty to report an integrity concern. Report concerns to the Corporate Integrity office or the confidential Hot Line.

SAFE MEDICAL DEVICE ACT If equipment malfunctions, preserve equipment and supplies, and report to Risk Management. An occurrence report is completed.

PATIENT SAFETY GOALS: 1. Improve the accuracy of pt identification. 2. Improve the effectiveness of communication among caregivers. Verify orders – Write down, Read back. 3. Improve the

safety of using high-alert medications 7. Reduce the risk of health care-acquired infections. 8. Accurately reconcile medications across the continuum of care. 9. Reduce the risk of pt harm resulting from falls. 13. Encourage pt's active involvement in their own care as a pt. safety strategy. 15. The organization identifies safety risks inherent in its pt population. 16. Improve recognition and response to changes in pts condition. Note: standard "hand off" communication (Follow SBAR: situation, background, assessment and recommendation.) Label every medication and solution. KMC has list of DO NOT USE abbreviations. Date and time verbal orders **TWO PATIENT IDENTIFIERS**: name and one of the following: date of birth, account #, or medical record #. **UNIVERSAL PROTOCOL**: Time out and surgical marking of site. **FMEA** in 2008 2 goals: Monitoring of Vendor Qualifications and Competency and Pt Armband Identification Process.

Report an **ADVERSE** (or suspected) **PHARMACEUTICAL REACTION**, by calling x 52377 or 5ADRS. This is a voice mail account that is checked daily. Call x 55884 to reach a pharmacist.

STROKE AWARENESS Know the signs. Note changes in Face, Arms, Speech, Time. The Stroke Team can be paged via MatchMD.

PHYSICIAN BEHAVIOR/IMPAIRMENT If a member of the Medical staff or Allied Health staff fails to conduct himself or herself appropriately, the matter shall be addressed in accordance with medical staff governance documents. It is the objective of the medical staff to ensure optimum patient care by promoting a safe, cooperative, and professional healthcare environment. This includes preventing or eliminating, to the greatest extent possible, conduct which disrupts the operation of the Hospital, affects the ability of others to do their jobs and/or creates a "hostile" work environment" for hospital employees or other members of the Medical Staff, or interferes with an individuals ability to practice competently.

I HAVE REVIEWED THESE MATERIALS and AGREE TO COMPLY WITH THEM AT KETTERING MEDICAL CENTER FACILITIES.

Signature: _____ Date _____

PRINTED NAME: _____

If you have any questions, contact Pam Hester, Human Resources, 395-8307.