



# **ADVANTAGE** medical professionals

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healthcare staffing solutions

**Annual Orientation Education for  
Healthcare Professionals**

*Last Updated: Nov 2022*

# Annual Orientation Education

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# Annual Orientation Education

## Intro

The information contained in this **Annual Orientation Education for Healthcare Professionals** is intended to provide all Healthcare Professionals employed at Advantage Medical Professionals, LLC [hereinafter referred to as “AMP”] guidance and brief overview of the clinical expectations of AMP employees.

The Healthcare Professional [hereinafter referred to as “employee”] will be responsible for following the specific Client/Facility policies and procedures while onsite.

The employee must practice within their own scope of practice and adhere to the most current Standards of Care.

The statements in this Annual Orientation Education are supported by the *AMP Policy and Procedure Manual*, which is available for review online at <http://ampstaffing.com/pandp>.

# Annual Orientation Education

## *Terms and Conditions for Employment*

*The following policies form a contract for employment with Advantage Medical Professionals, LLC. Failure to comply with these policies may result in termination with cause.*

**AVAILABILITY** – All employees are required to call AMP with their availability. Frequent calls are encouraged. Good, clear, and frequent communication is necessary so we can keep you busy at client facilities. These requirements must be adhered to in order to avoid jeopardizing your Unemployment Benefits.

**ASSIGNMENTS** – When a shift is offered the employee may accept or reject that shift. All shifts must be booked through AMP prior to any shift being worked. We understand and appreciate that while working shifts at a facility, arrangements may be made for future shifts, and we of course want you to work those shifts with AMP. However, AMP must be informed of the scheduled shift(s) prior to them being worked. Failure to notify AMP of a shift prior to it being worked may result in you working a shift without our authorization, therefore voiding the normal insurance coverage you have when working for us. Also, failure to notify AMP of a shift(s), prior to them being worked, may result in AMP not being able to pay you for said shift(s).

AMP suggests that you tell any facility that wants to book you for shifts [that you want to work], “Thank you, I would be happy to work those shifts, but please make sure to call AMP and make them aware of it so that we can follow the proper procedures and avoid problems” and then check with AMP the same day to confirm that the facility has in fact advised AMP of your shift(s).

**RESPONSIBILITIES** – When an employee accepts an assignment, he/she is expected to:

- A. Be at the hospital 15 minutes prior to the shift time.
- B. Wear clean and ironed appropriate uniform.
- C. Clock in/sign in with the nursing office or appropriate location.
- D. Have a positive attitude, be well mannered, polite and abstain from using unbecoming language.
- E. Follow the regulation of the client hospital, the hospital supervisory personnel and have a willingness to offer help to your co-workers.
- F. Be flexible and as cooperative as possible.
- G. Follow all Client/Facility policies and procedures. If unclear of expectations, obtain guidance prior to performing task.
- H. Perform all duties as described in your governing board's scope of practice and follow all standard of care guidelines.

**CANCELLATIONS** – Do not accept a shift unless you are certain that you will be able to fulfill your obligation. Cancellations are not acceptable, unless due to dire emergency. In such cases of emergency, call AMP office immediately, not the Client/Facility. AMP will then contact the Client/Facility. AMP and the Client/Facility will have to make other arrangements to cover your absence, so give us a much time as possible. A minimum of twelve (12) hour notice, prior to shift time, is necessary. Less than a two-hour cancellation is not acceptable. The Client/Facility needs sufficient notice to cover your absence. An untimely cancellation reflects directly on the employee and directly on AMP.

# Annual Orientation Education

## *General/Environmental Safety Rules and Practices*

AMP is committed to providing a safe and productive work environment that poses no immediate risk to health and safety of our healthcare professionals. These safety rules are patterned after the Federal OSHA requirements. Please review and become familiar with these general safety guidelines on health and wellness. It is the employee's responsibility to familiarize themselves with the specific policies, procedures, and emergency plans at the Client/Facility they are assigned.

- Report any injury to your supervisor and AMP representative immediately.
- Report any observed unsafe condition to your supervisor immediately.
- Horseplay is always prohibited.
- The drinking of alcoholic beverages is not permitted on the job. Any health care professional discovered under the influence of alcohol or illegal drugs will not be permitted to work and may be subject to disciplinary action up to and including termination.
- Give first aid to injured persons only to the level of your training – report injuries to supervisor and appropriate occupational health department.
- Appropriate clothing and footwear must be always worn on the job.
- You should not perform any task unless you are trained to do so and are aware of the hazards associated with that task
- You may be assigned certain personal protective safety equipment. This equipment is available to you, free of charge, for use on the job and should be maintained in good condition and worn when required.
- Learn safe work practices. When in doubt about performing a task safely, contact your supervisor for instruction and training.
- The riding of equipment not designed for such purposes, is always prohibited.
- Never remove or bypass safety devices.
- Learn where fire extinguishers are located and become familiar with their operation.
- Always maintain a general condition of good housekeeping in all work areas.
- Obey all traffic regulations when operating vehicles on public highways.
- When operating or riding in company vehicles or using your personal vehicle for business purposes, the vehicle's seatbelt must be worn.
- Be alert to hazards that could affect you and your coworkers.
- Obey safety signs and tags.
- Always perform your assigned task in a safe and proper manner; do not take shortcuts. The taking of shortcuts and the ignoring of established safety rules is a leading cause of worker injury.

# Annual Orientation Education

## *General/Environmental Safety Rules and Practices*

### **Professionalism**

All AMP employees are expected to behave professionally while on duty. Their language, behavior, and attitude must always remain courteous and professional. You are expected to treat your team members and clients with respect and courtesy. If an employee violates this policy or any policy, they will be subject to a verbal warning. If the behavior continues, the employee will be given a written warning, followed by termination.

### **Cell Phone Use**

Refrain from using your cell phone on site unless it is an emergency. Do not use any type of ear listening device, as this can be perceived as a distraction from work duties. Cell phones are to be used during personal break times only, if allowed by Client/Facility policy.

### **Dress Code** - *(Policy & Procedure Manual - HR 7.0)*

- Clothing should not constitute a safety hazard.
- Scrubs should be worn on ALL assignments. Please check with Staffing to make sure what colors are allowed at different facilities and private duty assignments.
  - Scrubs should be clean, well maintained, and pressed.
  - Not permitted: loose/baggy/tight/low cut uniforms, sandals, slides, crocs.
  - Bare legs, sleeveless or spaghetti strap are not allowed when representing Advantage.
- Shorter fingernails are more professional and hygienic. Therefore, nails should not extend beyond the fingertips. Acrylic and artificial nails should not be worn. No nail art or dramatic nail colors are permitted.
- Hairstyle should be kept subtle.
- Absolutely no visible body piercings and / or tattoos.
- Makeup should be minimal.
- Jewelry kept simple and to a minimum; this presents a more professional image.
- Perfume or cologne should be kept to a minimum. Be considerate if you smoke. Use breath mints and mouthwash. Consider not smoking in your uniform.
- Identification badges should be always worn and visible for all assignments.
- Closed toe shoes only. If you wear athletic shoes, make sure they are reserved exclusively for work.
- In addition, all client facility dress code policies must be met.

Employees who do not meet the uniform dress code standards will be verbally counseled on proper dress etiquette, second occurrence will get a written warning, and third occurrence will get probation up to and including termination.

# Annual Orientation Education

## *Employee File Requirements*

- It is imperative that all AMP employees keep their employee file up to date, including any Client/Facility specific credentialing, to keep their employee status Active and remain eligible for assignment placement.
- Primary credentialing items that require on-going updating include (but are not limited to): Professional License/Certificate, Certifications (BLS, ACLS, etc), AMP Annual Core Competencies, Annual Mask Fit Testing, Annual Influenza Immunization, Tetanus, TB Records, Annual Joint Commission and Annual AMP Requirements, Physical, Drug Screen/Background Screening (client specific update), Post Offer Questionnaire, Clinical Skills Checklist(s), etc.
- Per-Diem Employees whose files are not kept up to date are electing to discontinue future scheduling of assignments and breaking their Active employment status with AMP.
- Contract/Travel Employees, on an Active assignment, must keep their employee file up to date to avoid suspension of any reimbursements. If reimbursements are suspended due to expired credentials, the Contract/Travel Employee reimbursements will be issued to the Employee once their file has been updated and cleared by the Director of Nursing.

# Annual Orientation Education

## *Time and Attendance Policy*

Advantage Medical Professionals, LLC recognizes the need to balance unforeseen personal and medical situations along operational needs of our clients. The purpose of this policy is to establish and communicate guidelines for tardiness and attendance for AMP employees to provide quality service to our clients and the patients they serve.

### **Definitions**

- **Absence Occurrence**: an employee who does not report for an assigned shift but has adhered to proper notification guidelines.
- **Unexcused Absence Occurrence**: an employee who does not report for an assigned shift and fails to notify staffing within the guidelines for notification of absence.
- **Tardiness Occurrence**: an employee is considered tardy when he/she does not report on time to the assigned client's work area at the start of the scheduled shift. This also applies to leaving early and returning late from lunch and breaks.
  - Excessive tardiness will not be tolerated. All staff are expected to be on site and ready to work at their designated shift time. If you are noted to be tardy (more than 5 minutes late) you will be marked tardy on the attendance sheet and will forfeit your guaranteed hours. More than 3 tardy encounters noted, you will be subject to termination.
- **No call/No show**: employees must report their absence each day, failure to do so is considered a no call/no show.
- **Excessive Self-Cancellation**: more than three (3) cancellations in any given three (3) month period, even those with at least two (2) hours' notice.
- **Notification**: Employees must notify Advantage Medical Professionals, LLC staffing personnel at least two (2) hours prior to the start of the scheduled shift assignment if they are going to be late or absent. Employees on contract assignments must also notify the unit assigned at the contracted Client Facility.
- **Guidelines for attendance control**: each case will be reviewed and handled on an individual basis at the discretion of senior management and from recommendations from Human Resources. All evaluations and performance will be considered when determining any disciplinary actions or performance improvement measures.



# Annual Orientation Education

## *Time and Attendance Policy*

### **Performance Improvement Actions can include, but are not limited to the following:**

- Absence with proper notification:
  1. Two (2) occurrences in a calendar year period results in a verbal warning.
  2. Four (4) occurrences in a calendar year results in a documented written warning.
  3. Any additional incidents will result in further disciplinary action up to and including termination.
  
- Absence without proper notification:
  1. One (1) occurrences in a calendar year results in a documented verbal warning.
  2. Two (2) occurrences in a calendar year results in a documented written warning.
  3. Any additional incidents will result in further disciplinary action up to and including termination.
  
- Tardiness: *calendar year*
  1. First occurrence: no action.
  2. Second occurrence: verbal warning.
  3. Third occurrence: written warning.
  4. Fourth occurrence: Any additional incidents will result in further disciplinary action up to and including termination.
  
- No call/No show:
  1. First occurrence: written warning.
  2. Second occurrence: further disciplinary action up to and including termination.

### **NO SHOW & LATE CANCEL POLICY/PENALTIES**

Anyone who accepts an assignment and does not show up for duty, and does not call, will be considered a “NO SHOW”. This is a serious infraction which puts AMP, the Client/Facility, and the employee in a bad situation. Do not do this under any circumstances. Call Advantage even if you are running late.

AMP employees are under no obligation to accept an assignment with AMP; however, if the AMP employee accepts an assignment, the employee is required to honor the commitment and to work the assignment as scheduled. If for any reason the employee is unable to honor this commitment to work the assignment, the employee must notify AMP as soon as possible or at least two (2) hours prior to the start time of the scheduled shift.

If the employee fails to give AMP notice of cancellation no less than two (2) hours notice prior to the start time of the scheduled assignment – OR – fails to notify AMP at all the inability to make the shift assignment, the employee will be subject to disciplinary action up to and including termination.

Excessive cancellations (defined as more than three (3) cancellations in any given three (3) month period) even with at least two (2) hours’ notice may result in disciplinary action up to and including termination.

Excessive self-cancellations, as defined above, will result in disciplinary action up to and including termination.

# Annual Orientation Education

## *Business Courtesies | Consent to Searches*

### **Business Courtesies (Loans, Gifts, and/or Gratuities)**

AMP expects all employees to avoid engaging in any activity or practice, which is an actual or potential conflict of interest with AMP or our clients/facilities. These conflicts include the acceptance of loans, gifts, and entertainment of any value. AMP prohibits all employees from asking for and/or accepting loans, gifts, gratuities, etc. from clients and/or patients. Violation of this policy will result in disciplinary action up to and including termination.

### **Consent to Searches**

Whenever a manager or supervisor has reasonable suspicion that an Employee has violated the policy regarding the removal of property from a patient, hospital or any facility, the supervisor may, without notice, inspect vehicles, lockers, work areas, desks, purses, briefcases and other locations or belongings. Refusal by an employee to consent or to cooperate with a search or inspection will require immediate suspension of the employee pending investigation. AMP will decide whether to take any disciplinary action, up to and including termination, on the basis of the evidence then available to AMP; as well as any reasonable inferences which AMP draws from that evidence and the refusal to consent to the search.

# Annual Orientation Education

## *Code of Ethics*

AMP recognizes the importance of providing quality patient care. In our role as a full-service provider of health care services, we provide workforce solutions for all specialties in a variety of settings. All AMP services are provided in accordance with the following Code of Ethics and in accordance with the American Hospital Association's "Patient's Bill of Rights", now known as "The Patient Care Partnership", as adopted by the individual health care facilities.

1. We will consistently strive to provide quality services to our clients and to the community in accordance with the highest professional and ethical standards possible.
2. We will abide by all Federal, State, Provincial and local laws, rules, regulations, and ordinances.
3. We will not discriminate based on race, color, creed, religion, national origin, sexual orientation, age, gender, gender identity, genetics, citizenship, veteran status, disability, or any other characteristic protected by law.
4. We will carefully match the skills and abilities of our employees to the specific needs of our clients to assure the assignment of a qualified employee, and we will make the employee as aware as possible of the needs and conditions of our client.
5. Each employee has the responsibility to report any suspected violations of company principles or laws and regulations.
6. We will cooperate with audits by outside agencies and legitimate government investigations.
7. We will not knowingly misrepresent our service to our employees.
8. We will take all precautions possible to ensure the safety of our employees and client/facilities.
9. We will treat each person with dignity and respect, in a manner sensitive to their background, age, culture, religion and heritage.
10. For the protection of our employees, clients/facilities, and ourselves, we require pre-work drug screen and background checks on all employees.

# Annual Orientation Education

## *Report a Complaint about a Healthcare Organization*

The Joint Commission standards relate to quality and safety of care issues. Anyone believing that they have pertinent and valid information about such matters related to Advantage Medical Professionals, LLC may provide input to The Joint Commission by submitting a complaint to the Office of Quality Monitoring.

When submitting a complaint, you may provide your name and contact information or you may submit your complaint anonymously. Providing your information also gives The Joint Commission the ability to contact you if additional information is needed. The Joint Commission will not disclose any information about who provided the information, but the complaint with the subject will be disclosed for the investigation purposes.

The Joint Commission forbids the organization from taking retaliatory actions against employees for having reported quality of care concerns.

### *How do you file a complaint?*



Online: [http://www.jointcommission.org/report\\_a\\_complaint.aspx](http://www.jointcommission.org/report_a_complaint.aspx)



E-mail: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)



Fax: 630-792-5636



Mail: *Office of Quality Monitoring  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181*

# Annual Orientation Education

## *Sentinel Event*

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Such events are called "sentinel" because they signal the need for immediate investigation and response.

The terms "sentinel event" and "medical error" are not synonymous; not all sentinel events occur because of an error and not all errors result in sentinel events.

A sentinel event is a subcategory of adverse events. A sentinel event is a patient safety event, not primarily related to the natural course of the patient's illness or underlying condition, that affects a patient and results in death, permanent harm, temporary harm, or intervention is required to sustain life. Sentinel events include but are not limited to:

- Patient suicide (in a facility where the patient receives around the clock care)
- Patient rape
- Administration of incompatible blood or blood products resulting in hemolytic transfusion reaction
- Surgery on the wrong patient or wrong body part
- Infant abduction or discharge to wrong family
- Unanticipated death of a full-term infant

<http://www.jointcommission.org/SentinelEvents/PolicyandProcedures/>

# Annual Orientation Education

## *Occupational Illness & Injury Reporting*

It is important that all workplace injuries and illnesses are reported to AMP as soon as reasonably possible after they occur. Prompt reporting allows for prompt identification and correction of hazards and prompt medical attention for injuries. In some instances, an employee may not immediately realize they have been injured or made ill. In such circumstances, the employee must report the injury or illness as soon as reasonably possible after becoming aware of the injury or illness.

Therefore, the following policy applies to work-related injury and illness reporting:

- An employee who is at work when s/he becomes aware of an injury or illness must report it as soon as reasonably possible, but in no event later than leaving the workplace or 8 hours after becoming aware of the injury or illness, whichever is earlier. The report must be made to the employee's recruiter or staffing coordinator.
- An employee who is not at work when s/he becomes aware of an injury or illness must report it as soon as reasonably possible, but in no event later than 8 hours after becoming aware of the injury or illness. The employee must report the injury or illness by calling his/her recruiter or staffing coordinator and explaining that s/he is reporting a work-related injury or illness.
- No employee who complies with this policy will be disciplined for not promptly reporting an injury or illness.

# Annual Orientation Education

## *Confidentiality and Patient's Rights*

AMP employees must understand the importance in maintaining the confidentiality of medical records and fully understand that the medical information regarding the patient may not be discussed with anyone either inside or outside the facility except to conduct business of the day as needed.

AMP employees must understand that no medical records are to be removed from facility unless a "Release of Information" form has been completed and signed by the patient. Such discussion or release of information is immediate cause for dismissal.

Patient's Rights and The Patient Care Partnership (Adapted from the American Hospital Association brochure) <http://www.aha.org/aha/issues/Communicating-With-Patients/pt-care-partnership.html>

There is currently no single Patients' Bill of Rights; the American Hospital Association drafted a Bill of Rights in the early 1970's to inform patients of what to expect while in the hospital. There are now numerous Bills of Rights including, but not limited to: Mental Health Bill of Rights, Hospice Bill of Rights, and individual states Patient's Bill of Rights.

Topics typically covered in the various Patients' Bill of Rights include:

- The Right to be Treated with Respect and Non-Discrimination
- The Right to Obtain Medical Records
- The Right to Privacy of Medical Records
- The Right to Make Treatment Choices
- The Right to Informed Consent
- The Right to Refuse Treatment
- The Right to Make Decisions About End-of-Life

The American Hospital Association now refers to their Patient's Bill of Rights as the Patient Care Partnership. The Patient Care Partnership outlines what a patient can expect during a hospital/health care contact. These rights include:

- High quality hospital/health care
- A clean and safe environment
- Involvement in their care
  - Discussing their medical condition and information about appropriate treatment choices
  - Discussing their treatment plan
  - Caregivers getting information from the patient
  - Caregivers understanding the patient's health care goals and values
  - Understanding who should make decisions when the patient cannot
- Protection of the patient's privacy
- Help when the patient leaves the hospital or facility
- Help with their billing claims

It is the employee's responsibility to acquaint themselves with the adaptation of Patient's Rights at the assigned facility and the measures the facility is taking to address the issues. The facility's Patient's Rights are typically posted at the front entrance of the facility and/or available upon request.

# Annual Orientation Education

## Annual National Patient Safety Goals |

### The Joint Commission “Do Not Use” Abbreviations List

#### **Annual National Patient Safety Goals**

The Joint Commission’s National Patient Safety Goals (NPSGs) highlight and endorse specific improvements in patient safety. The goals emphasize problems and issues common to health care and describe evidence-based solutions to these concerns. The NPSGs are primarily based on aggregate information from sentinel events reported to the Joint Commission. The Joint Commission releases updated NPSGs annually. Visit the Joint Commission website for detailed information regarding the most recent NPSGs:

<https://www.jointcommission.org/standards/national-patient-safety-goals/>

#### **The Joint Commission “Do Not Use” Abbreviations List**

The Joint Commission created the “Do Not Use” list in 2004 as part of the requirements for meeting National Patient Safety Goal #2 – “Improve the effectiveness of communication among caregivers.”

- The “Do Not Use” List is now part of the Information Management standards.
- This requirement does not apply to preprogrammed health information technology systems (for example electronic medical records or CPOE systems). However, organizations are encouraged when introducing or upgrading their systems to eliminate the use of dangerous abbreviations, acronyms, symbols and dose designations from the software.

#### OFFICIAL DO NOT USE LIST

DO NOT USE	POTENTIAL PROBLEM	USE INSTEAD
U, u (unit)	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write “unit”
IU (International Unit)	Mistaken for IV (intravenous) or the number “10” (ten)	Write “International Unit”
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write “daily”
Q.O.D., QOD, q.o.d., qod (Every other day)	Period after the Q mistaken for “I” and the “O” mistaken for “I”	Write “every other day”
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS MSO4 and MgSO4	Can mean morphine sulfate or magnesium sulfate (Confused for one another)	Write “morphine sulfate” Write “magnesium sulfate”

Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms. Exception: A “trailing zero” may be used only when required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report the size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.



# Annual Orientation Education

## *Standard Precautions*

*Adapted from The Centers for Disease Control and Prevention (CDC) - Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health care Settings 2007*  
([www.cdc.gov](http://www.cdc.gov))

Standard Precautions guidelines combine the safety principles of Universal Precautions (UP) with the additional safeguards of Body Substance Isolation (BSI) to reduce the risk of transmitting infectious agents and disease. Employees working with AMP must comply with Standard Precautions guidelines.

According to the CDC, Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard precautions include the use of handwashing, and appropriate use of protective equipment such as gloves, gowns, masks, whenever touching or exposure to patient's body fluids is anticipated.

These practices apply to patients regardless of suspected or confirmed infection status and in any setting in which health care is delivered. The precautions utilized during patient care are determined by the nature of the interaction and the extent of anticipated blood, body fluid or pathogen exposure.

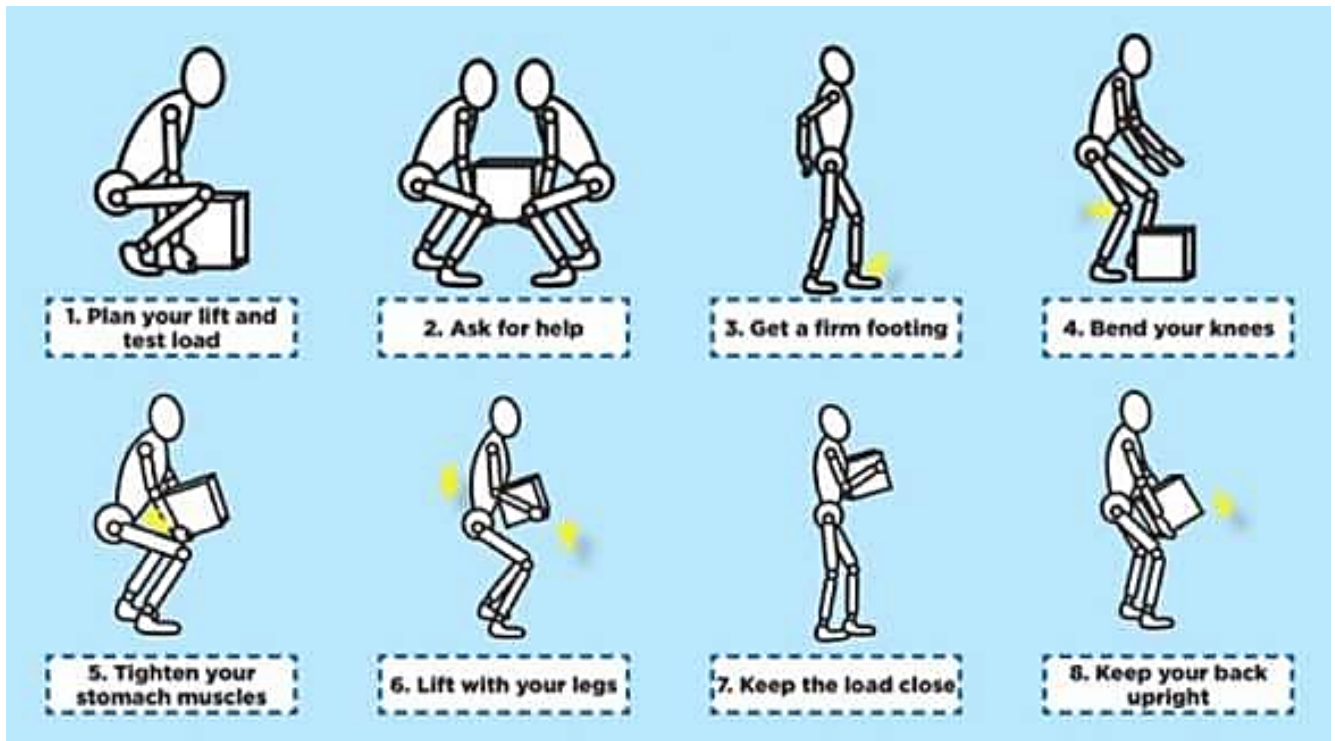
Recent additions to the CDC recommendations include respiratory hygiene/cough etiquette, safe injection practices, and the use of masks for insertion of catheters or injection of material into spinal or epidural spaces via lumbar puncture procedures. While most elements of Standard Precautions evolved from Universal Precautions that were developed for protection of health care personnel, these new elements of Standard Precautions focus on protection of patients.

# Annual Orientation Education

## Proper Lifting Guide

Since back injuries comprise the single greatest category of pain and injury, it is imperative to lift properly. Some helpful hints and common-sense tips are given below:

- **Plan your lift** - mental lifting first: visualize your approach, lifting, and placement. Test your load
- **Ask for help** – If possible, ask someone to help you lift a heavy or bulky object.
- **Get a firm footing** – Keep your feet apart to create a stable, wider base; toes should point out
- **Bend your knees** – Do not bend at the waist. Keep your back straight, bending forward with your knees locked puts 200lbs of force on your lower back.
- **Tighten stomach muscles** – The abdominals support your spine when you lift properly, which offsets the force of the load.
- **Lift with your legs** – Let your powerful leg muscles do the work. – Do not twist and lift at the same time... this can cause a severe injury.
- **Keep the load close to your spine** – Lifting with your forearm extended puts 10 times more pressure on your lower back.
- **Keep your back upright** – Leaning toward the load adds the weight of your upper body to the load you are lifting.



**DO NOT LIFT HEAVY OBJECTS OVERHEAD** - This stance violates most of the safety rules above. Get someone to help you or use a lifting device.

**PUSH INSTEAD OF PULLING** - Pushing with your arms uses your leg and abdominal muscles. Pulling stresses your back and arms.

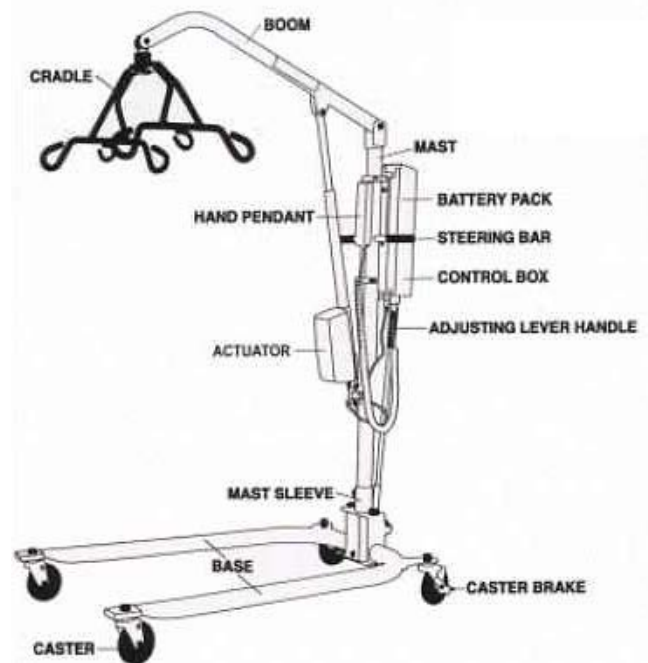
# Annual Orientation Education

## Hoyer Lift Guide

Hoyer Lifts allow a person to be lifted and transferred with a minimum of physical effort. Before attempting to lift anyone practice with the lifter by using a helper, not the patient. You must know and understand how the lifter will feel with a patient in it. Be certain to explain the lifting sequence to the patient before attempting to lift them the first time.

The Boom of the lift does not swivel. The patient's weight must be centered over the base legs at all times. Do not attempt to lift patient with the mast/boom assembly swiveled to either side. Always keep patient facing the attendant operating the lifter.

- Manual and Powered Hoyer Lifts operate similarly. The manual versions have hydraulic cylinders and a hand-pump, the powered patient lifters use rechargeable battery packs and a push button hand control. All lifts share the same nomenclature names pictured.
- To raise the patient the base of the Hoyer Lifter must be spread to its widest possible position to maximize stability.
- To lower patient open the hydraulic pressure release knob by turning it counter-clockwise, not more than one full turn. The release knob is located on pump near pump handle. Battery powered Lifters have a button on the hand control for lowering patient.

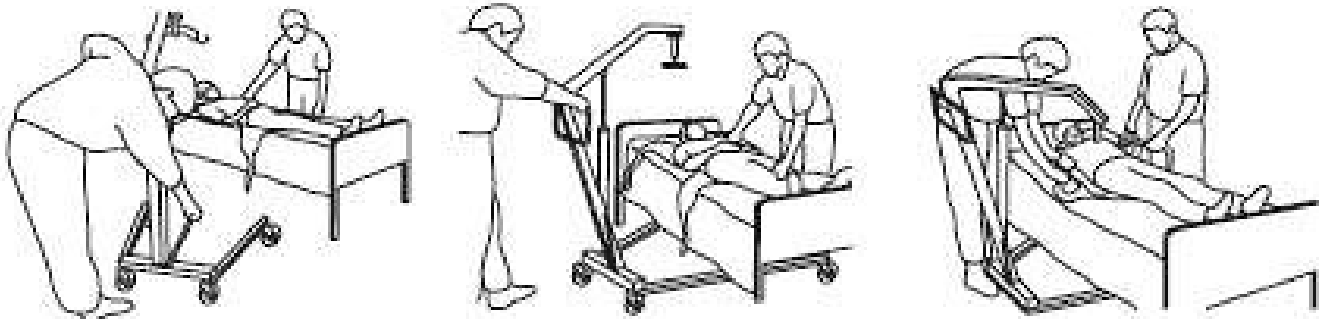


### Transfer from Bed

If patient needs support and is in a hospital bed, raise side rails and have patient hold onto rails. Raise the level of the bed to the highest position before moving the patient onto the sling. This will reduce strain on the caregiver's back. Also, when the patient is ready to be lifted, lower the side rail and the level of the bed, decreasing the distance the patient has to be elevated.

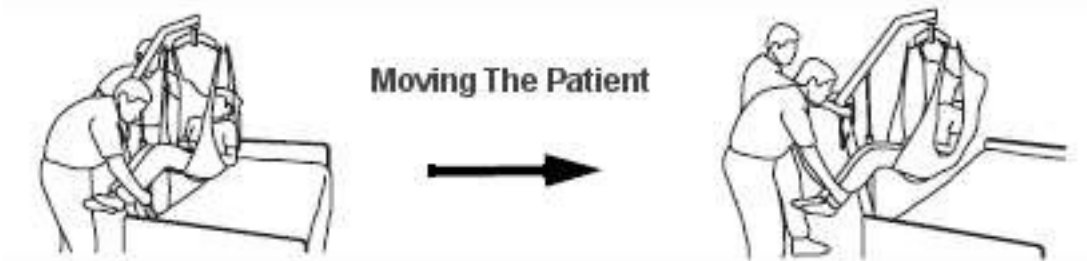
# Annual Orientation Education

## Hoyer Lift Guide



### Positioning the Lift for Use:

1. With the legs of the base open and locked, use the steering handle to push the patient lift into position.
2. Lower the patient lift for easy attachment of the sling.
3. When the patient is clear of the bed surface, swing their feet off the bed.
4. Using the steering handle, move the lift away from the bed.
5. When moving the patient lift away from the bed, turn the patient so that he/she faces assistant operating the patient lift.
6. Press the DOWN button (electric) or open the control valve (manual/hydraulic) lowering patient so that his feet rest on the base of the lift, straddling the mast. Close the control valve.



**Moving the Patient away  
from the bed**



**Lifting/Moving the Patient**

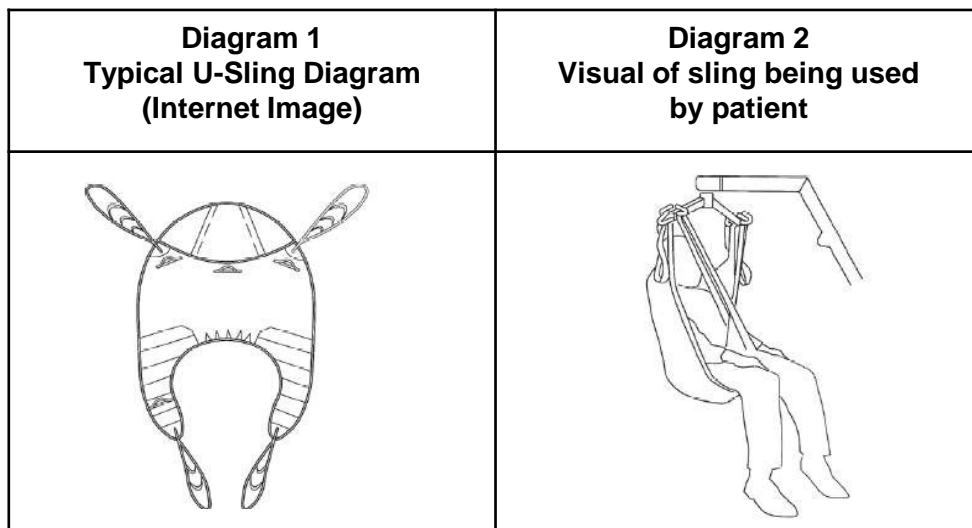
# Annual Orientation Education

## Hoyer Lift Guide

### The Sling

The U-Sling is the most commonly used sling for transferring patient from bed. Consult the sling manual on how to fold the sling before placing under patient. Folding the sling makes for less work. The U-Sling wraps around the thigh and cross between the legs. This gives the patient a secure feel and prevents patient sliding out of the sling.

Below is a diagram of a typical "Internet image" (see diagram 1) of a typical padded U-Sling. The image is meaningless if you do not have a visual of what this looks like when in actual use. See diagram 2 showing the patient in a comfortable seated position facing the attendant. Feet should rest on the base of the lift.



### Applying the Sling:

- Roll patient so they are resting on their side. Put the folded sling behind the patient's back and roll patient onto their back.
- Pull the leg loops forward and under the thigh.
- Cross the loops
- Roll the base as far under the bed as possible locating the cradle over the patient. Be careful not lower the frame onto the patient.
- The parking brakes (caster locks) should not be on when lifting the patient, let the lift move a little with the weight adjustment.
- When both sides of the sling are attached to their respective sides of the cradle, raise the patient slowly. If patient is in a hospital bed it will help to raise the head section slightly.
- Raise the patient until buttocks are just above the mattress. The self-leveling cradle will bring patient into a sitting position. Grasp patient's legs and turn patient so their legs dangle off the side off the bed. Do not push or pull patient off of bed. Lower bed if you need more clearance.
- Grasp steering handles and move lifter away from the bed. Move patient into position over the seat of wheelchair. Make sure wheelchair brakes are on.
- Lower patient into wheelchair or other transport device.

# Annual Orientation Education

## *Hoyer Lift Guide*

### **How to Fit Sling From a Lying Position**

Draw sheet roll the patient onto the sling, ensuring that the top of the commode aperture is at the base of the spine.

Bring the leg support straps up and between the client's legs and proceed as from the seated position, attaching to the shortest possible loops. If you are going to place the patient on a high bed it may be necessary to lower the patient onto an intermediate surface and adjust the strap length.

### **How to use a Hoyer Lift Sling**

- You can measure the degree of difficulty of using a Patient Lift Sling by the type of sling and the position of the patient. It is not really a degree of difficulty, more of a process that can require caregiver patience.
- There are several styles or types of Slings for Hoyer and Patient Lifts. U-Slings are the most effective for transfers and toileting, but some patients cannot use a U-Sling. Patients in a supine position may not be capable of using a U-Sling and may require use of a full-body type sling.

Easy - Patients that can sit up, even if only a little, are best candidates for U-Slings. U-Slings are the easiest to use and the patient is not sitting on the sling once seated. Transfer to wheelchair, bed, and commode are easily accomplished with a U-style sling.

- Side the back support behind the patient
- Loop the leg straps around patient's leg
- Attach straps to lift cradle.
- Raise the patient

Process - We won't say it's harder to use a Full-Body style sling, let us say it's more time consuming. It is indeed a time consuming process that requires caregiver patience.

- Lay the patient to one side
- Fold the sling in half (lengthwise)
- Slide the folded sling under half the body
- Roll the patient back the other direction
- Grab the folded part and drag it to the other side
- Roll the patient back to a supine position on their back
- Attach the sling to the cradle
- Slowly raise the patient

# Annual Orientation Education

## *Hoyer Lift Guide*

### **DETAILED DIRECTIONS FOR USING COMMON HOYER SLINGS AND PATIENT LIFT SLINGS**

- Arrange all items for a smooth transfer - lifter, sling, wheelchair.
- Patient should be in center of twin size bed or to one side of double size bed.
- Roll patient on side away from attendant. (Raise side rail, if equipped, on side opposite attendant).
- For full hammock style slings place sling folded half-way under patient so cut-out is just below tail-bone.
- Place wider piece (seat) under patient's thighs so lower edge of seat is up to knees. Place narrower piece (back) just above small of back. If patient is in hospital bed, position seat sling, then elevate head of bed to facilitate placing back piece.
- Place sling folded half-way under patient so lower edge of seat is slightly below the knees.
- Roll patient towards attendant. Pull sling through (like positioning draw sheet).
- If patient is in chair, you may place sling under patient without lifting patient by following these few simple steps:
  - Have leg flaps open.
  - Have patient lean forward slightly and slide open portion of sling down to seat and lay leg flaps alongside patient's legs.
  - Grasp leg flap on one side of patient and, while holding against knee, pull leg flap forward; repeat with other side until sling is in correct position.
  - Bring flap under one thigh and insert ring (A) into snap (A). Repeat for other leg, inserting ring (B) into snap (B), thus enclosing a thigh in each leg flap.
  - If you wish to use the sling without containing the thighs, follow instructions above but bring ring (A) to snap (B) and ring (B) to snap (A), crisscrossing flaps under the leg.
- It will help to raise the head of bed after sling is positioned if patient is in a hospital bed.

### **FOR SLINGS/LIFTS WITH CHAINS:**

- Attach the S-hooks of the chain to the loops of the seat hangers. Hooks should be inserted AWAY from the patient to the outside of the sling.
- Attach the ends of the chains to the swivel bar hooks. You may hook any link of chain into the swivel bar hook to adjust the height of sling from floor. Make sure links are equal on each side.
- Attach the S-hooks of the back in links 1, 2 or 3, as required. Count links to be sure there are the same number on each side. Check to see that S-hooks are hooked all the way into the chains. **DO NOT PLACE S-HOOKS OF BACK INTO EXCESS PORTION OF CHAIN BUT INTO LINKS BETWEEN SEAT AND SWIVEL BAR!**
- Patient's arms should be outside chains if possible. He may hold onto chains if desired.
- Check chains and S-hooks to see that they are properly positioned.

# Annual Orientation Education

## *Hoyer Lift Guide*

### **FOR OTHER SLINGS WITH CHAINS ONLY:**

1. The 133-S-C chain has the 9th link painted red. Attach the S-hook closest to this link into the hole of the back part. Attach the S-hook of the opposite end into the hole in the seat part of the sling (one chain attached per side). Make sure the S-hooks are hooked all the way into the holes. Hooks should be inserted AWAY from the patient and to the outside of sling.
2. Move the lifter so open end of U-base or end of C-base is under side of bed.
3. Hook the 9th link of the chain (painted red) into the end of the swivel bar. Check to see that links are hooked all the way into the swivel bar. Posture of patient can be changed by varying the link hooked into the swivel bar. It is important that the section of chain from the swivel bar to the patient's back be SHORTER than the section between swivel bar and thigh of patient.
4. Patient's arms may be outside of sling, if desired.
5. STEPS 20-24 FOR SLINGS WITH WEB STRAPS ONLY. S-hooks of the shortest straps of the web straps are hooked into the holes of the back. Make sure "S" hooks are hooked all the way into the holes. Hooks should be inserted AWAY from the patient and to the outside of the sling. Hole to use varies for each individual. Practice to see which is more comfortable.
6. Hook the center strap into the top hole of the seat and the last strap into the last hole of the seat. Make sure S-hooks are hooked all the way into the holes. Hooks should be inserted AWAY from the patient to the outside of the sling.
7. Move the lifter so open end of U-base or end of C-base is under side of bed.
8. Hook the D-rings of the web straps into the swivel bar hooks.
9. Check to see that lower edge of seat is still close to knees and S-hooks are still properly positioned.
10. Pump hydraulic jack handle. Partially lift the patient; check S-hooks and swivel bar for proper hook-up. Continue pumping. Steering handle may be held to steady the pumping.
11. Raise patient until buttocks are just clear of the bed. Swing patient's feet off bed and turn patient to face mast. Grasp steering handles and move patient away from bed. Lower patient as soon as he is clear of bed to keep center of gravity low. Position patient over chair or commode. You may have to raise him from the lower position. U-base or C-base fits around chair. Wheelchair may be brought and positioned under patient. Lock wheelchair locks prior to lowering patient into chair. If jack has a pin release, press handle SLOWLY towards pump body. Lower patient slowly. Guide his descent. Push gently on his knees as he is being lowered so correct sitting position will result.
12. After reaching seat, press handle against pin and press down on boom.
13. If the jack has a turn knob release, lower patient by turning the release knob gently to the left. Guide his descent. Push gently on his knees as he is being lowered so correct sitting position will result. After reaching seat, open release knob a turn and press down on boom.
14. Detach web straps/chains from swivel bar and move lifter away. Then remove web straps/chains from sling. Patient may remain on sling or sling may be removed in reverse of above.



# Annual Orientation Education

## *Hoyer Lift Guide*

### **TO RETURN PATIENT TO BED:**

- Same procedure in reverse. Check to see that S-hooks are properly positioned in sling. Make sure S-hooks are not caught on chair arms as patient is being lifted.
- Center patient over bed and lower gently. USING SLING FOR COMMUNE USE (MODELS 9, 111, 113, 115, 117 & 127)
- Keep web straps or chains taut to hold patient in a comfortable sitting position.
- Adjust clothing before moving lifter to straddle commode.

**USE CARE, DISCRETION AND COMMON SENSE TO DETERMINE IF A SEVERELY SPASTIC OR HANDICAPPED PERSON CAN BE LIFTED WITH A HOYER LIFTER.**

### **PLEASE NOTE**

Web straps (W-C) are the only set to be used with the 110, 111, 114, 115 and 127 slings. 133-S-C or 132-S-C chains are the only set to be used with 112, 113, 117, 118 and 123 slings. 134-S-C chains are the only chain set to be used with the 9 sling.

### **WASHING INSTRUCTIONS**

Machine wash warm or cold. Air dry or very low dryer heat. DO NOT USE BLEACH. Do not wash with other colors. Remove bars before washing. (The bars and seat hangers of the two-piece slings are not removable. It is recommended that these be hand washed.)

Hoyer Lift and Hoyer Sling instructions taken from

[www.phc-online.com](http://www.phc-online.com)

# Annual Orientation Education

## Care and Use of a PEG Tube

- **Always flush the PEG tube before and after each use.** This helps prevent blockage from formula or medicine. Use at least 2 tablespoons (30 milliliters) of water to flush the tube. **If the PEG tube becomes clogged, try to unclog it as soon as you can.** Flush PEG tube with a 60 milliliter (mL) syringe filled with warm water.
- **Check Residuals** prior to medication administration and periodically during feedings. Gently pull back on the plunger of the syringe to pull out any liquid from the stomach. Do not use too much force or the tube may collapse.
- **Check the PEG tube daily.**
  - **Check the length of the tube from the end to where it goes into the body.** If it gets longer, it may be at risk for coming out. If it gets shorter, let the physician know right away.
  - **Check the bumper** (piece that goes around the tube, next to the skin). It should be snug against the skin. Tell physician if the bumper seems too tight or too loose.
- **Use an alcohol pad to clean the end of the PEG tube.** Do this before you connect tubing or a syringe to PEG tube and after you remove it. When you disconnect tubing or a syringe, do not let the end of the PEG tube touch anything.

### How to use the PEG tube

- Confirm what type of feeding is ordered. The patient may need a bolus, intermittent, or continuous feeding. A bolus feeding is when formula is given over a short period of time. An intermittent feeding is scheduled for certain times throughout the day. Continuous feedings run all the time.
- If assigned private duty, communicate with patient/ family what type of feeding and how often.

### Routine skin care

- **Clean the skin around the tube 1 to 2 times each day.** Ask patient/family what instructions the healthcare provider has given to clean your skin, and follow those instructions. Check for redness and swelling in the area where the tube goes into the body. Check for fluid draining from the stoma (the hole where the tube was put in).
- **Gently turn the tube daily** after stitches come out. This may decrease pressure on the skin under the bumper. It may also help prevent an infection.
- Keep the skin around the PEG tube dry. This will help prevent skin irritation and infection.



# Annual Orientation Education

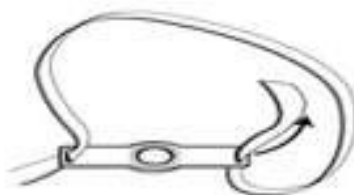
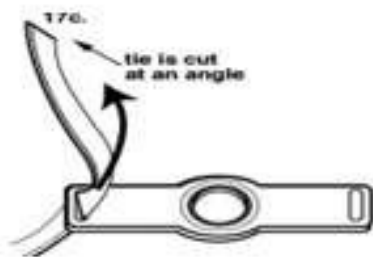
## Care for a Tracheostomy Tube

Routine tracheostomy care should be done at least once a day. Please follow all client/facility policies and procedures. Below is a basic guideline to general care, individual patient supplies may be slightly different.

1. Gather the following supplies:
  - ↔Two non-sterile gloves
  - ↔A clean basin (or sink)
  - ↔Trach tube ties
  - ↔Clean 4 x 4 fine mesh gauze pads
  - ↔Clean washcloth and towel
  - ↔Clean cotton-tipped swabs, pipe cleaners or small brush
  - ↔Clean scissors
  - ↔Hydrogen peroxide and water (Use distilled water if they have a septic tank or well water)
2. Wash your hands thoroughly with soap and water, apply gloves.
3. If the trach tube has an inner cannula, remove it. (If the trach tube does not have an inner cannula, go to step 12.)
4. Hold the inner cannula over the basin and pour the hydrogen peroxide over and into it. Use as much hydrogen peroxide as you need to clean the inner cannula thoroughly. Clean it with pipe cleaner or brush.
5. Thoroughly rinse the inner cannula with water. Dry the inside and outside of the inner cannula completely with a clean 4 x 4 fine mesh gauze pad. Reinsert the inner cannula and lock it in place.
6. Inspect the skin around the stoma for redness, hardness, tenderness, drainage or a foul smell. If you notice any of these conditions, call physician after you finish routine care.
7. Soak the cotton-tipped swabs in a solution of half hydrogen peroxide and half water. Use the swabs to clean the exposed parts of the outer cannula and the skin around the stoma.
8. Wet the wash cloth with water. Use the wash cloth to wipe away the hydrogen peroxide and clean the skin.
9. Dry the exposed outer cannula and the skin around the stoma with a clean towel.
10. Change the trach tube ties if applicable.
  - Measure and cut a piece of tie long enough to go around the neck twice. Cut the tie at an angle (Illustration 17c.) so it is easier to insert the tie into the neck-plate.
  - Untie one side of the old tie and remove that side from the neck-plate. Do not completely remove the old tie until the new one is in place and is securely fastened.
  - Holding the trach tube in place, lace the tie through one hole of the neck-plate, around the back of the patient's neck, through the other hole of neck-plate, and again around the back of the neck.
  - Pull the tie snugly and tie a square knot on the side of neck. There should be enough space for no more than two fingers between the tie and neck. (Illustration 17d.)
  - Cut, remove and discard the old tie. If you have a cuffed trach tube, be careful not to cut the cuff balloon when removing the old trach tube tie.
11. Place a fine mesh gauze under the tracheostomy tie and neck-plate by folding it or cutting a slit in it.

*Note: Some brands of mesh gauze are pre-cut.*

*Important: Do not use 4 x 4 gauze or toppers – they contain cotton fibers which could clog the airway.*
12. Remove your gloves and throw them away.
13. Wash your hands with soap and warm water.
14. Wash the basin and small brush with soap and warm water. Dry them and put them away.
15. Put the used washcloth and towel in the laundry.
16. Wash your hands again with soap and warm water.
17. Suction the trach tube.



# Annual Orientation Education

## Hand Hygiene Guidelines

<http://www.cdc.gov/handhygiene/Guidelines.html>  
[http://whqlibdoc.who.int/publications/2009/9789241597906\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf)

The Centers for Disease Control (CDC) and the World Health Organization (WHO) have developed recommendations to improve hand-hygiene practices of Health Care Workers and to reduce transmission of pathogenic microorganisms to patients and personnel in health-care settings. Each recommendation is categorized based on existing scientific data, theoretical rationale, applicability, and economic impact.

The CDC system for categorizing recommendations is:

- Category IA - Strongly recommended for implementation and strongly supported by well- designed experimental, clinical, or epidemiologic studies.
- Category IB - Strongly recommended for implementation and supported by certain experimental, clinical, or epidemiologic studies and a strong theoretical rationale.
- Category IC - Required for implementation, as mandated by federal or state regulation or standard.
- Category II - Suggested for implementation and supported by suggestive clinical or epidemiologic studies or a theoretical rationale.
- No recommendation. Unresolved issue. Practices for which insufficient evidence or no consensus regarding efficacy exist.

Some of the recommendations from the CDC are listed below. Please refer to either the CDC or WHO resource listed above for the full coverage of this important issue including hand hygiene techniques, selection of hand hygiene agents, skin care and surgical and antisepsis.

# Annual Orientation Education

## Hand Hygiene Guidelines

### Indications for handwashing and hand antiseptis:

- A. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non- antimicrobial soap and water or an antimicrobial soap and water (IA)
- B. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations described in items C--J (IA) Alternatively, wash hands with an antimicrobial soap and water in all clinical situations described in items C--J (IB)
- C. Decontaminate hands before having direct contact with patients (IB)
- D. Decontaminate hands before donning sterile gloves when inserting a central intravascular catheter (IB)
- E. Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure (IB)
- F. Decontaminate hands after contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient) (IB)
- G. Decontaminate hands after contact with body fluids or excretions, mucous membranes, nonintact skin, and wound dressings if hands are not visibly soiled (IA)
- H. Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care (II).
- I. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient (II)
- J. Decontaminate hands after removing gloves (IB)
- K. Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water (IB)
- L. Antimicrobial-impregnated wipes (i.e., towelettes) may be considered as an alternative to washing hands with non-antimicrobial soap and water. Because they are not as effective as alcohol-based hand rubs or washing hands with an antimicrobial soap and water for reducing bacterial counts on the hands of HCWs, they are not a substitute for using an alcohol-based hand rub or antimicrobial soap (IB)
- M. Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if exposure to *Bacillus anthracis* is suspected or proven. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores (II)
- N. No recommendation can be made regarding the routine use of nonalcohol-based hand rubs for hand hygiene in health-care settings. Unresolved issue.

# Annual Orientation Education

## *Hand Hygiene Guidelines*

### Other Aspects of Hand Hygiene

- Do not wear artificial fingernails, extenders, gel or press on nails when having direct contact with patients at high risk (e.g., those in intensive-care units or operating rooms) (IA)
- Keep natural nails tips less than 1/4-inch long (II)
- Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and nonintact skin could occur (IC)
- Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients (IB)
- Change gloves during patient care if moving from a contaminated body site to a clean body site (II)
- No recommendation can be made regarding wearing rings in health-care settings. Unresolved issue.
- The hand hygiene products for use in health care facilities vary but should consider the relative efficacy of antiseptic agents against various pathogens and the acceptability of the products to the personnel.
- When using an alcohol-based hand rub, the product should be applied to the palm of one hand and the hands rubbed together, covering all surfaces of hands and fingers, until the hands are dry. The volume needed to reduce the number of bacteria on hands varies by products.
- According to the CDC, allergic contact dermatitis due to alcohol hand-rubs is very uncommon unless used immediately following handwashing with non- antimicrobial soap.
- Use hand lotions or creams to minimize the occurrence of irritant contact
- Dermatitis

# Annual Orientation Education

## *Hand Hygiene Guidelines*

### **Hand Washing Indications:**

In the absence of a true emergency, personnel should always wash their hands:

- When entering or leaving a patient's room.
- Before performing invasive procedures.
- Before taking care of susceptible patients, such as those who are severely immunocompromised and newborns.
- Before touching wounds.
- After situations during which microbial contamination of hands is likely to occur, especially those involving contact with mucous membranes, blood or body fluids, secretions, or excretions.
- After touching sources that are likely to be contaminated.
- After taking care of an infected patient.
- Between contacts in high-risk units.
- Most routine hospital activities involving indirect patient contact such as handing patient medications, foods, or other objects, do not require hand washing.

### **Hand Washing Technique:**

For routine hand washing, a vigorous rubbing together of all surfaces of lathered hands for at least 10 seconds, followed by thorough rinsing under a stream of water is recommended.

#### **Hand washing with Plain Soap:**

- Plain soap should be used for hand washing unless otherwise indicated.
- If bar soap is used, it should be kept on racks that allow drainage of water.
- If liquid soap is used, the dispenser should be replaced or cleaned and filled with fresh product when empty; liquids should not be added to a partially full dispenser.

#### **Hand washing with Antimicrobial-Containing Products:**

- Antimicrobial hand washing products should be used for hand washing before personnel care for newborns and when otherwise indicated during their care, between patients in high-risk units, and before personnel take care of severely immunocompromised patients.
- Antimicrobial-containing products that do not require water for use, such as foams or rinses, can be used in areas where no sinks are available.

# Annual Orientation Education

## *Bloodborne Pathogens*

As a healthcare professional you are at risk for exposure to bloodborne pathogens while performing your duties. The hospital, clinic, or other clinical setting you are assigned to should provide all necessary PPE, engineering controls (such as sharp containers) and the appropriate waste disposal items that will minimize your risk of exposure. Please locate these items at your clinical assignment and seek out appropriate training. If you have concerns related to these items, please notify an appropriate AMP Representative.

Bloodborne pathogens that you could possibly be exposed to include HIV, Hepatitis B, and Hepatitis C. Bloodborne pathogens must enter your body to cause infection. These pathogens may enter the body in several ways including a pierce, puncture or cut by a sharp object that is contaminated with an infectious material.

These bloodborne pathogens may also gain entry through open cuts, skin abrasions and mucous membranes. Indirect transmission of bloodborne pathogens can occur by touching contaminated surfaces and then transferring the infectious materials to open skin or mucous membranes.

- Hepatitis B - May have no symptoms at all or you may suffer flu-like symptoms, fatigue and jaundice. Hepatitis B vaccination available.
- Hepatitis C - Causes inflammation of the liver which can damage the liver and lead to cirrhosis of the liver and death. Symptoms similar to Hepatitis B. Less common than Hepatitis B, currently no vaccine available.
- Human Immunodeficiency Virus (HIV) - Attacks the body's immune system leading to the disease known as AIDS (Acquired Immunodeficiency Syndrome) May be asymptomatic for years, May develop flu-like symptoms including fever and fatigue, Transmitted primarily through, sexual contact. Currently no vaccine available.



# Annual Orientation Education

## *Airborne Pathogens*

### Ebola Information Guidelines

Ebola is spread through direct contact (break in skin or mucous membranes) with the following:

- Blood or body fluids (including but not limited to sweat, saliva, sinus drainage, sputum, vomit, breast milk, feces, urine, semen) – of anyone symptomatic or sick with Ebola
- Objects contaminated with the virus, such as needles and syringes
- Infected animals

Healthcare workers are at high risk due to their exposure to contaminated equipment, waste, and patients, so to prevent exposure or if exposed to the virus:

- ALWAYS practice careful hygiene such as frequent hand washing with soap and water or an alcohol-based hand sanitizer, avoid direct contact with blood and body fluids.
- Unless properly garbed in protective gear, DO NOT HANDLE medical equipment, needles, bedding, clothes, etc that has been in contact with an infected patient.
- IF you are exposed, be prudent and self-monitor your health for 21 days, report exposure to your employer, facility of assignment and the CDC. Follow instructions from your employers and CDC as to isolation or restricted movement.
- Wear protective clothing when you feel your risk of exposure is heightened (such as ER, Trauma Center and Critical Care Assignments). The protective gear should include at least mask, gloves, gowns, and eye protection, and shoe covers. Head covers that cover head and neck should be seriously considered.
- Work in a “buddy system”, have someone observe your gowning both at point of putting it on and taking it off, just a good back up that there is no inadvertent break in protocol.
- Review hospital infection control and sterilization methods with core hospital personnel.
- While you most likely will not be put in a position to care for a confirmed case of Ebola, if you suspect you are dealing with a prospective case, ISOLATE THE PATIENT IMMEDIATELY. Notify the authorities immediately of your exposure and follow the instructions to the letter.
- If you are working in a high risk area, demand as much disposable equipment as possible and all non-dedicated, non- disposable medical equipment used should be cleaned and disinfected according to hospital policy.
- If you were to develop sudden onset of fever, intense weakness or muscle pains, vomiting, diarrhea, or any signs of hemorrhage after an unprotected exposure (i.e. not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with Ebola should not report to work or should immediately:
  - stop working
  - notify their supervisor
  - seek prompt medical evaluation and testing
  - notify local and state health departments
  - comply with work exclusion until they are deemed no longer infectious to others

For asymptomatic Healthcare workers who had an unprotected exposure (i.e. not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with Ebola should receive medical evaluation and follow-up care including fever monitoring twice daily for 21 days after the last known exposure.

# Annual Orientation Education

## *Airborne Pathogens*

### **COVID-19 Information**

COVID-19 (coronavirus disease 2019) is a disease caused by a virus named SARS-CoV-2 and was discovered in December 2019 in Wuhan, China. It is very contagious and has quickly spread around the world.

COVID-19 most often causes respiratory symptoms that can feel much like a cold, a flu, or pneumonia. COVID-19 may attack more than your lungs and respiratory system. Other parts of your body may also be affected by the disease.

- Most people with COVID-19 have mild symptoms, but some people become severely ill.
- Some people including those with minor or no symptoms may suffer from post-COVID conditions — or “long COVID”.
- Older adults and people who have certain underlying medical conditions are at increased risk of severe illness from COVID-19.
- Hundreds of thousands of people have died from COVID-19 in the United States.

### **How to Protect Yourself & Others**

- Get Vaccinated and stay up to date on your COVID-19 vaccines
- Wear a mask
- Stay 6 feet away from others
- Avoid poorly ventilated spaces and crowds
- Test to prevent spread to others
- Wash your hands often
- Cover coughs and sneezes
- Clean and disinfect
- Monitor your health daily
- Follow recommendations for quarantine
- Take precautions when you travel

# Annual Orientation Education

## Medication Administration and Variations

Minimum of two patient identifiers are to be used prior to administering medications. Typically, this is the patient's name and their unique patient/identification number. Most fundamental nursing courses describe the importance of verifying a patient's identity. This basic ritual and routine are integral to the medication administration process, treatments, and procedures. (see National Patient Safety Goal #1)

- Only approved abbreviations may be used
- The nursing process (or other appropriate professional guideline) guides decision-making regarding drug administration to ensure patient safety and meet medical and legal standards
- The (nursing) professional follows physician orders and is instructed to follow hospital guidelines and seek clarification when necessary
- The healthcare professional is encouraged to utilize medication references as needed and as is appropriate. Seek clarification from physicians, pharmacists and other appropriate healthcare professionals as needed.

National Patient Safety Goal #3 is to improve the safety of administering and using medications. The employee must familiarize themselves with the interventions implemented at their facility to address these safety measures including measures to address:

- Sound-alike, look-alike drugs ("SALAD") – such as separating these medications, altering lettering and packaging
- High-risk/ High-alert medications: the acronym for these medications is "PINCH":
  - **P**otassium (and other electrolytes), PCA narcotics, Phenytoin (dilantin), Propofol (diprivan) and Promethazine (phenergen)
  - **I**V Insulin, Intraspinal and Epidural medications
  - **N**eonatal narcotics, Neuromuscular blockers and Nitroglycerin (IV)
  - **C**hemotherapy (Cytotoxic meds), Critical Care medications (IV vasoactive and antiarrhythmic medications), Contrast media
  - **H**eparin (other anticoagulants and antithrombolytics),
    - Hypotonic/Hypertonic IV fluids

The Joint Commission recommends referencing The Institute for Safe Medication Practices (ISMP) List of Confused Drug Names to view the most current listing of look- alike/sound-alike medications

<http://www.ismp.org/Tools/confuseddrugnames.pdf>

# Annual Orientation Education

## Medication Administration and Variations

### **Medication Variations** (Policy & Procedure Manual – HR 13)

AMP encourages staff personnel to report any medication variation or patient harm while the medication is in the control of the health care professional, patient or consumer.

Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring and use.

All licensed health care professionals are required to follow the “Six Rights” when giving a medication, regardless of the type of medication. Each time a medication is administered, you need to be sure to have the:

- **The Right Patient** - You must compare the individual's name on the prescription label, the medication order and the medication log. Make sure that they match. If they do not match, or if there is any doubt about whether you are giving the correct medication ASK QUESTIONS!
- **The Right Medication** - Look at the medication. If there is anything different about the size, shape or color of the medication, call the pharmacist before you give it. It could be that you have been given a different generic brand of the medication. But sometimes when a medication looks different it means that you have the wrong medication.
- **The Right Dose** - The right dose is how much of the medication you are supposed to give the individual at one time.
- **The Right Time** - Some medications must be administered only at very specific times of the day. For other medications, the time of day that you give the medication is less critical.
- **The Right Route** - The route means how and where the medication goes into the body.
- **The Right Documentation** - All documentation must be done at the time that the medication is administered. Double check your documentation as soon as you have finished giving medications and again at the end of the day.

In addition to the “Six Rights” of medication administration, some experts/facilities have added one or more “Rights”:

<b>The Right Reason</b>	<b>The Right Assessment</b>
<b>The Right Response</b>	<b>The Right Client Education</b>
<b>The Right Equipment</b>	<b>The Right to Refuse</b>

# Annual Orientation Education

## *Medication Administration and Variations*

Medication Variations are analyzed by the types of breakdowns within the medication system. The categories of variations may not be mutually exclusive because of the multidisciplinary and multifactorial nature of medication variations. Medication variations are categorized along each functional step of the medication cycle: ordering, transcription, preparation and dispensing, administration, monitoring, equipment /environment and contributing factors.

- **Order Variation** – Types of ordering variations include: inappropriate medication selected, inappropriate dose, illegible order, duplicate order, order not dated/timed, wrong patient/chart selected, contraindications, verbal order misunderstood, verbal order not written in the chart, wrong frequency, route, therapy duration, alert information bypassed or use of nonstandard nomenclature or abbreviations.
- **Transcription Variation** – Transcription involves both the orders that are manually transcribed onto manual record (e.g., medication administration record (MAR) and electronically transcribed into computer systems (e.g., into the pharmacy computer system). Types of transcription variations include: wrong medication, time, dose, frequency, duration, rate patient/chart, verbal order misunderstanding, medication administration record reconciliation problems, Order not manually transcribed onto medication administration record, and wrong pharmacy order entry.
- **Preparation/Dispensing Variation** – Types of preparation and dispensing variations include: Inaccurate labeling, wrong quantity, medication, dose, diluent, formulation, expired medication, automated dispensing systems refill variation, and delay in medication delivery.
- **Administration Variation** – Types of administration variations include: Wrong patient, dose, time, medication, route, rate, omission, extravasation (may be an adverse drug reaction) and unauthorized dose given.
- **Equipment Environmental Factors** – Types of equipment environmental problems included: look alike/sound-alike problems, pump problems, problems, computer problem, equipment availability, and packaging/design problem.
- **Contributing Factors** – Types of contributing factors include: fatigue, calculation variation, knowledge deficit, performance deficit, workload, computer software issue, computer downtime, hybrid system (manual/computer processes), lack of communication between practitioners, missing critical info, alert bypassed, MAR reconciliation process, order entry into pharmacy systems, accessed via override, charting related variation, medication reconciliation at transitions.
- **Other** - Any system breakdown that is not captured with one of the above predefined breakdown point should be classified as “other” and described.

# Annual Orientation Education

## *Medication Administration and Variations*

### **MEDICATION VARIATION EXCEPTIONS**

- Omission Variation - The failure to administer an ordered dose to a patient before the next scheduled dose, if any.
- Exclusions would be (1) a patient's refusal to take the medication or (2) a decision not to administer the dose because of recognized contraindications. If an explanation for the omission is apparent (e.g. patient was away from nursing unit for tests or medication was not available), that reason should be documented in the appropriate records.
- Wrong Time Variation - Administration of medication outside of its scheduled administration time excluding doses that deviate due to logistical administration. Employee MUST follow Client Facility specific process for administration and documenting all routine medications within 60 minutes and time critical medications within 30 minutes. If unclear of requirement obtain guidance from Client Facility management and/or pharmacy.
- Wrong Dosage Form Variation - Administration to the patient of a drug product in a different dosage form than ordered by the prescriber. Excluded would be accepted protocols (established by the Pharmacy and therapeutics committee) that authorize pharmacists to dispense alternate dosage forms for patients with special needs (e.g., liquid formulations for patients with nasogastric tubes or those who have difficulty swallowing), as allowed by state regulation.

# Annual Orientation Education

## *Medication Administration and Variations*

### **MEDICATION VARIATION REVIEW**

Upon discovery of an unusual incident regarding a medication, the employee should immediately notify the nursing staff and attending physician or immediate clinical supervisor in the area assigned. The employee will report the incident immediately by submitting an occurrence/incident report according to the facility guidelines. If the variation occurred that resulted in potential patient harm, the employee is to contact AMP management immediately. If the patient has sustained serious illness/injury as a result of the incident, AMP senior management **MUST** be notified.

### **The medication variation report should include:**

1. Patient demographics (name, location, medical service)
2. Notation as to medical personnel who were notified of the incident (i.e. physician)
3. Type of System Breakdown
4. Severity rating of the incident
5. Name and title of person reporting and how to contact them
6. Accurate description of incident

### **Action to be taken by Advantage Medical Professionals, LLC:**

- A. **First Occurrence:** senior management to follow-up with personnel involved in the incident. Employee must complete the incident/occurrence report required for the facility. **DO NOT COPY** the facility incident/occurrence report. Write a separate occurrence of the incident on paper or in e-mail format to senior management, to review. The employee will receive a coaching, including information on the Rights and Responsibilities of Medication Administration.
- B. **Second Occurrence:** The employee will be required to complete the assigned Medication Safety Test with the API system. Employee will not be assigned any shifts until successful completion with an 80 % or greater.
- C. **Third Occurrence:** action to be determined by Advantage Medical Professionals, LLC senior management.

# Annual Orientation Education

## Documentation

“If it wasn’t charted it wasn’t done”! It has been said that the best protection from liability is good patient care, however good documentation is the best protection from malpractice. Not only must written communication survive the scrutiny of multiple regulatory and accrediting agencies, it must do so without contributing to excessive labor costs. Documentation, whether written or electronic, has a number of basic do’s and don’ts rules to follow:

### Do’s:

- Familiarize yourself and seek out training on the computerized system of documentation at the facility you are assigned to
- Print or write clearly / legibly
- Use waterproof, ball-point black ink
- Confirm you are charting on the correct chart or computer screen
- Chart precautions or preventive measures such as bed rails and call lights
- Chart patient care at the time you provide it
- Chart medications and treatments, as well as the patient’s response to them
- If you must chart information at a later time, indicate “late entry” and include the date and time of the late entry
- Documentation should reflect the nursing or decision-making process and reflect your professional skill set
- Record phone calls to interdisciplinary team members, including physicians, and include the exact time, message, intervention, or response
- Only use acceptable abbreviations
- When charting what someone else said, heard, felt etc. use quotations and indicate the person who is being quoted
- Chart objective descriptions and quantities as much as possible

### Don’t:

- Don’t alter a patient record – this may be a criminal offense
- Don’t chart care ahead of time – if something unexpected occurs you may not be able to carry out the care that you have charted - this would be considered fraud
- Don’t use abbreviations that are not accepted, including The Joint Commission “Do Not Use” listing of abbreviations
- Don’t chart a patient symptom or complaint without charting your intervention or response

There are many styles and formats for charting. It is the duty of the employee to become familiar with the style and form of charting used at the facility assigned.



# Annual Orientation Education

## *Personal Protective Equipment (PPE) and Safety Equipment*

Personal Protective Equipment (PPE) is provided by the facility and shall be worn when the nature of the anticipated patient interaction indicates that contact with blood or body fluids may occur – all PPE must be removed and discarded before leaving the patient's room or patient care area.

- Facility must provide PPE, at no cost (see discussion below on latex sensitivity)
- Receive on-site training for use of appropriate PPE for the tasks and procedures you will perform
- Employees must use PPE
- PPE use must be chosen based on the risk of the task NOT the perceived risk of the patient

### **PPE includes:**

- Gloves must be worn when delivering patient care, handling specimens, doing domestic cleaning, and handling items that may be soiled with blood or body fluids
- Gloves are to be worn when handling all specimens to prevent contamination from body specimen fluids or blood
- Gowns (potential for contact with clothing or skin – should cover both arms, upper torso and go down to the knees)
- Gowns or aprons must be worn during procedures or while managing a patient situation when there will be exposure to body fluids, blood, draining wounds or mucous membranes
- Wear appropriate face and eye protection when splashes, sprays, splatter, or droplets of blood, or other potentially infectious material, pose a hazard to the eye nose or mouth
- Safety glasses (most common type of eye protective equipment)
- Goggles (use when potential for splashes – fits closer to eyes than glasses)
- Face shields or masks (use when there is great potential for splashes, use along with safety glasses or goggles)
- Eye Protection
- Mouthpieces, resuscitation bags, pocket masks, or other ventilation devices
- Other fluid resistant barriers which do not permit blood or other potentially infectious materials to pass through or reach worker's clothing
- Know how to find, use, and properly dispose of PPE and safety equipment
- Remove PPE in the proper order (i.e., gown first then gloves) before leaving the work area and place it in the proper waste receptacle
- Consistent use of PPE and safety equipment is an excellent way to reduce risk of exposure

# Annual Orientation Education

## *Personal Protective Equipment (PPE) and Safety Equipment*

### **All employees using PPE must observe the following precautions:**

- Wash hands immediately, or as soon as feasible after removal of gloves or other PPE
- Remove PPE after it becomes contaminated and before leaving the work area
- Used PPE must be disposed in appropriate waste containers
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or other secretions, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration
- Carefully remove gloves following acceptable practice guidelines so as not to allow any substances from the soiled gloves to come in contact with your hands
- Never wash or decontaminate disposable gloves for reuse
- Remove immediately, or as soon as feasible, any garment contaminated by blood or other potentially infectious material, in such a way as to avoid contaminating your skin, clothing or mucous membranes
- Remove gown and perform hand hygiene before leaving the patient's environment – do not reuse gowns even for repeated contacts with the same patient
- Food and drinks must not be in patient care areas
- Utilize isolation signs and carts whenever possible

### **Additional Guidelines Related to PPE Use with Ebola Virus Disease Patients:**

- The procedures are extensive and should be reviewed in entirety at: <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>
- Prior to working with Ebola patients, all healthcare workers must have received rigorous and repeated training and have demonstrated competency in performing all Ebola-related infection control practices and procedures; specifically training in the donning and doffing of PPE.
- While working in PPE, healthcare workers caring for Ebola patients should have no skin exposed.
- The overall safe care of Ebola patients in a facility must be always overseen by an onsite manager, and each step of every PPE donning/doffing procedure must be supervised by a trained observer.

❖ Due to the rapidly changing nature of this disease, please refer to Additional Guidelines Related to PPE use for Coronavirus Disease Patients: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

# Annual Orientation Education

## *Personal Protective Equipment (PPE) and Safety Equipment*

### **Latex Allergy**

Since the introduction of Universal Precautions, the use of latex gloves has become commonplace. This increased use of latex gloves has been accompanied with the increasing reports of allergic reactions to natural rubber latex among health care personnel. Reactions to latex may be localized or systemic. Symptoms may present as dermatitis, conjunctivitis, rhinitis, urticaria, angioedema, asthma and even anaphylaxis. Avoiding latex products is the key in preventing sensitization and reactions to natural rubber latex products.

- If you believe you have such a sensitivity or allergy:
- See an allergist, immunologist, or your physician to discuss the symptoms and determine whether additional diagnostic tests for latex allergy are needed, and if so what kind of precautions are necessary for your condition
- Please have your physician document the latex sensitivity or allergy and any suggested precautions on your physician physical form
- Communicate the information from your physician with your AMP Representative

The 1990 Americans with Disabilities Act (ADA) covers people with severe allergies to substances such as latex. If you are otherwise qualified but can no longer work with latex in a job setting because of your allergy you may have to work with your AMP Representative to determine other options where reasonable accommodations can be made

# Annual Orientation Education

## Personal Protective Equipment (PPE) and Safety Equipment



### Transmission-Based Precautions/Guidelines

Transmission Mode	Disease Examples	PPE and Precautions
<ul style="list-style-type: none"> <li>· Percutaneous injury</li> <li>· Mucous membrane</li> <li>· Non-intact skin</li> <li>· Sexual transmission</li> </ul>	<ul style="list-style-type: none"> <li>· Type B viral hepatitis</li> <li>· Non-A, non-B viral, Hepatitis C</li> <li>· Human Immunodeficiency Virus (HIV)</li> <li>· Ebola Virus Disease</li> </ul>	<ul style="list-style-type: none"> <li>· Gloves</li> <li>· For all vascular access</li> <li>· With non-intact skin</li> <li>· With non-intact mucous membranes</li> <li>· When handling specimens</li> <li>· When handling laundry</li> <li>· Fluid resistant gowns (if splash likely)</li> <li>· Goggles/face masks/shields</li> <li>· Resuscitators for arrests/codes</li> <li>· Avoid unprotected mouth to mouth resuscitation</li> <li>· Surgical caps, hoods, shoe covers, gowns (if contamination likely)</li> <li>· Handwashing</li> <li>· All healthcare workers involved in the care of Ebola patients must have received rigorous and repeated training and have demonstrated competency</li> </ul>
<ul style="list-style-type: none"> <li>· Airborne</li> </ul>	<ul style="list-style-type: none"> <li>· Tuberculosis</li> <li>· Meningitis</li> <li>· H1N1 influenza</li> <li>· Meningococci</li> <li>· Pertussis</li> <li>· Chickenpox</li> <li>· Disseminated herpes zoster</li> <li>· H1N1 influenza</li> <li>· Coronavirus(Covid19)</li> </ul>	<ul style="list-style-type: none"> <li>· Private room</li> <li>· Closed door</li> <li>· Negative pressure</li> <li>· Mask/gown/gloves</li> <li>· Resuscitators for arrests/codes</li> <li>· Avoid unprotected mouth to mouth resuscitation</li> <li>· Handwashing</li> <li>· TB - wear a fit-tested respirator</li> <li>· Caregiver must be immune to chickenpox</li> </ul>
<ul style="list-style-type: none"> <li>· Fecal/Oral</li> </ul>	<ul style="list-style-type: none"> <li>· Difficile</li> <li>· Suspected infectious acute diarrhea</li> <li>· Type A viral hepatitis</li> <li>· Rotavirus</li> </ul>	<ul style="list-style-type: none"> <li>· Gown (if soiling likely)</li> <li>· Gloves</li> <li>· Handwashing</li> </ul>
<ul style="list-style-type: none"> <li>· Contact</li> </ul>	<ul style="list-style-type: none"> <li>· Respiratory syncytial virus (RSV)</li> <li>· Conjunctivitis</li> <li>· Group A Strep</li> <li>· Herpes simplex</li> <li>· Major skin wound and infection</li> <li>· Antibiotic resistant organisms</li> <li>· H1N1 influenza</li> </ul>	<ul style="list-style-type: none"> <li>· Gown (if soiling likely)</li> <li>· Gloves</li> <li>· Handwashing</li> </ul>

# Annual Orientation Education

## Health Insurance Portability and Accountability Act (HIPAA)

### Health Information Technology for Economic and Clinical Health Act (HITECH Act)

<https://www.hhs.gov/hipaa/index.html>

This section serves as a review of important Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH Act) requirements. The objective of the review is as follows:

- To heighten your awareness of and commitment to HIPAA and HITECH regulations
- To renew your working understanding of HIPAA and HITECH requirements
- To reinforce the role you play in creating and maintaining organizational integrity, ethics, compliance and the protection of the privacy of health information

### **Reporting Concerns:**

There will be no retribution for asking questions, raising concerns about the Code of Conduct or for reporting possible improper conduct that is done in good faith. Any colleague who deliberately makes a false accusation with the purpose of harming or retaliating against another colleague may be subject to disciplinary action, up to and including termination.

We encourage the resolution of issues at the local level whenever possible. To obtain guidance on an ethics or compliance issue or to report a potential violation, you may choose from several options:

- Consult your supervisor
- Consult your AMP Representative

Any one of these options is an easy and anonymous way to report possible violations or obtain guidance on an ethics or compliance issue. You are encouraged to use these options anytime. In order to properly investigate reports, it is important to provide enough information about your concern.

### **Information Security:**

It is the health care provider's obligation to learn and practice the measures to protect the confidentiality, integrity, and availability of written and electronic patient information. Patient Financial Information, Clinical Information, and User Passwords are all examples of confidential information. A User ID without a password is not confidential and is frequently included in directories and other tools widely available. The person granting access to a system or application typically assigns a User ID to the end user, and the User ID is sometimes used for identification, tracking and other maintenance procedures.

If you have access to information systems, please keep in mind that your password acts as an individual key to the facilities network, critical patient care and business applications, and it must be kept confidential.

# Annual Orientation Education

## *Health Insurance Portability and Accountability Act (HIPAA)*

### **Confidential Information:**

A patient's diagnosis, the facility's marketing strategy and computer network configurations are all considered confidential information. Individuals with access to confidential information shall not disclose or discuss any confidential information even after an assignment, shift or contract is completed and/or the health care professional is terminated. Furthermore, confidential information shall not be removed from the Client's secure location and/or facility premises; violation of this policy may result in disciplinary action up to and including termination.

No employee or health care partner has a right to any patient information other than that necessary to perform his or her job. Although you may use confidential information to perform your function, it must not be shared with others unless the individuals have the need to know this information and have agreed to maintain the confidentiality of the information.

### **Privacy:**

HIPAA and its implementing regulations set forth a number of requirements regarding ensuring the privacy of protected health information (PHI). The HITECH Act encourages the use of technology with health information and records. In addition, The HITECH Act widens the scope of privacy and security protections available under HIPAA, increases the potential legal liability for non-compliance, as well as provides for increased enforcement.

HIPAA requires health care entities to appoint a facility privacy official (FPO). The FPO in a facility oversees and implements the Privacy Program and works to ensure the facility's compliance with the requirements of the HIPAA Standards for Privacy of Individually Identifiable Health Information. The FPO is also responsible for receiving complaints about matters of patient privacy. AMP recommends the employee assigned to any/all Client facilities find out who is the facility's designated FPO.

HIPAA regulations contain a number of restrictions on the transmission of PHI; however, they do not prevent faxing or mailing health information as long as certain precautions are taken. The regulations mandate that health information not be sold.

# Annual Orientation Education

## *Health Insurance Portability and Accountability Act (HIPAA)*

- A Notice of Privacy Practices must be made available to all patients, posted on the facility's Internet site (unless the facility does not have a site) and the consent form language must refer to the notice. Patients do need to sign an acknowledgement form confirming receipt of the notice.
- Patients have the right to access any health information that has been used to make decisions about their health care at any facility. They can also access billing information. They may review the paper chart (supervised) or be provided a hard copy.
- A patient may have access to all the records in the designated record set. This record set includes any information that is maintained, collected, used, or disseminated by a facility to make decisions about individuals. The paper record is the legal medical record, and a copy should be provided upon request (electronic access is not appropriate). A patient may be denied access under certain circumstances (e.g., when a person may cause harm to him or herself or others, or when protected by peer review). The designated facility FPO has more information on the right to access.
- A patient may add an amendment to any accessible record for as long as the record is maintained by a facility. The request for amendment should be made in writing to the facility. The designated facility FPO should have any/all necessary information regarding the right to amend.
- While patients have a right to amend their record that does not mean that health information can be deleted from the record. The patient may submit an addendum correcting or offering commentary on the record, but no information may be deleted from the record.
- Everyone is responsible for protecting patients' individually identifiable health information. Any piece of paper that has individually identifiable health information must be disposed of in appropriate receptacles. The paper must be handled and destroyed securely. The elements that make information individually identifiable include name, zip or other geographic codes, birth date, admission date, discharge date, date of death, email address, social security number, medical record/account number, health plan ID, license number, vehicle identification number and any other unique number or image.

# Annual Orientation Education

## *Health Insurance Portability and Accountability Act (HIPAA)*

The hospital directory or listing of patients, information desk or volunteers should contain only patient name, room/location, and condition in general terms. Patient diagnosis or procedures should not be released. Also, this information may not be released about confidential patients or patients who ask not to be listed in the directory nor have their whereabouts known.

- List of patients may be provided to clergy. The lists should consist of the patient name, room/location, and may include the condition in general terms. The list should be restricted by religion, and not include confidential patients; confidential information such as social security numbers should not be included. If any questions or concerns regarding release of list to clergy, please seek out facility FPO.
- Under the revised HIPAA and HITECH Acts, as a health care provider you are required to immediately report any use or disclosure of any personal health information (PHI) that is not authorized by the Client's FPO. This requirement includes any actual or perceived breaches of unsecured PHI (i.e., laptop stolen, social media posting etc.). Such reports must be made as soon as possible and within three (3) calendar days of your becoming aware of such improper use or disclosure or actual or perceived breach of unsecured PHI; notify your immediate supervisor and AMP Representative.
- Under no circumstances shall you be deemed in any respect to be the owner of any PHI received by you from a Client's facility or created by you on behalf of the Client's facility. All PHI created or received by you while on assignment at a client facility will remain the sole property of that Client.



# Annual Orientation Education

## *Family Educational Rights and Privacy Act (FERPA)*

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds from programs of the U.S. Department of Education; however, FERPA generally does not apply to most private elementary schools and secondary schools, as they do not receive U.S. Department of Education funding.

FERPA gives parents certain rights with respect to their children's education records, however the rights transfer to the student when he or she reaches the age of 18 or attends a postsecondary school at any age. Students to whom the rights have transferred are "eligible students." Typically, schools must have parent or eligible student written permission in order to release any information from a student's education record. FERPA allows schools to disclose records, without consent, under certain circumstances including but not limited to:

- School officials with legitimate educational interest
- Specified officials for audit or evaluation purposes
- Organizations conducting certain studies for, or on behalf of, the school
- To comply with a judicial order or lawfully issued subpoena
- Appropriate officials in cases of health and safety emergencies

# Annual Orientation Education

## *Informed Consent*

Informed consent is a legal condition where the person has agreed to a procedure or treatment after having an appreciation and understanding of the facts and implications of the action or inaction. Many times, informed consent may be implied, however the degree to which consent is implied or inferred may make it legally difficult to determine and may be legally invalid. In the medical community explicit agreement by means of signature is typically the norm. Certain conditions must exist or be absent to make obtaining an informed consent possible:

- The individual needs to be in possession of relevant facts, including risks and benefits of the procedure or treatment
- The individual needs to be mentally competent without impairment of judgment or mental illness at the time of consenting (including drugs, alcohol intoxication, insufficient sleep etc.)
- The person must be generally authorized to give consent (i.e., not a minor or mentally ill)
- The person must not possess fear of social, psychological or physical retaliation or pressure (no coercion)
- Informed consent must not be implied or assumed, it should be stated explicitly

# Annual Orientation Education

## *Resuscitation*

- Cardiopulmonary resuscitation (CPR) is an emergency medical procedure for persons/patients experiencing respiratory arrest and/or cardiac arrest. It is a combination of rescue breathing and chest compressions delivered to persons/patients thought to be in cardiac arrest. CPR in the community and by trained employees both focus on chest compressions and ventilation techniques, however the employee has additional equipment and advanced procedures at their disposal. CPR is an effort to deliver a small amount of blood flow to the brain and heart until normal heart function is restored.
- Cardiac arrest in adults is most often caused by the abnormal heart rhythm called ventricular fibrillation (VF). During ventricular fibrillation the heart quivers and does not have an organized pumping mechanism. Defibrillation is the administration of an electrical shock to the chest, and in addition to CPR, and is the preferred method to treat ventricular fibrillation. Defibrillation is an attempt to eliminate the ineffective fibrillation heart rhythm and allow the normal or organized rhythm to resume. Defibrillation may not be effective for all forms of cardiac arrest but may be effective in treating the most common cause of sudden cardiac arrest, ventricular fibrillation.
- All employees during their CPR training and practice should be trained on the Automatic External Defibrillator (AED). This portable, easy to use device allows the employee, as well as the lay person, the ability to accurately interpret cardiac rhythms requiring electrical shock and the automated delivery of that shock in an attempt to reverse ventricular fibrillation.
- The employee's role during resuscitation will vary greatly from setting to setting. They may simply be the initial person to discover the arrest, begin CPR and call for assistance (9-1-1 if outside a hospital) or they may be an active member of the Cardiac Arrest/Resuscitation team. It is the duty of all trained health care providers to become familiar with the cardiac arrest procedures at the facility assigned and their assigned role. Ultimately all trained health care providers must maintain current CPR (Basic Life Support) for Health Care Providers certification while associated with AMP.