



Swedish Medical Center-HealthONE, a Level I Trauma Center, serves as the region's referral center for neuro-trauma and is the only Comprehensive Stroke Center in Colorado. Swedish's Centers of Excellence include: adult and pediatric trauma services, neurosciences, surgical services, advanced radiology capabilities, cancer treatment services, cardiology services and women's and children's services. An acute care hospital with 368 licensed beds, Swedish has been a proud member of the community since 1905.

Student Orientation Manual

**Clinical Practice Guidelines for
Students at
Swedish Medical Center-HealthONE**

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Student Orientation Manual

Welcome to Swedish Medical Center! For over 100 years Swedish Medical Center (SMC) has provided excellent patient care. We look forward to having you on our team during your clinical experience. This handbook is a resource for you and it will answer many of the questions you may have. If you have any questions regarding policies and procedures or the student's role and responsibility at SMC, please ask your instructor, preceptor, or clinical placement coordinator. Have a great experience!

Mission, Vision, and Values

The MISSION of SMC is to provide compassionate, high-quality patient care that meets the caring and cost effective expectations of our patients, physicians, employees and volunteers, and to preserve and strengthen the Swedish tradition of community service.

The VISION of SMC is to become the provider of choice of healthcare services for our community. We will differentiate ourselves in the community from other healthcare providers through our centers of excellence:

- ♦ Neurosciences, in collaboration with the Colorado Neurological Institute
- ♦ Adult and Pediatric Trauma Services
- ♦ Surgical Services
- ♦ Cardiology Services
- ♦ Cancer Treatment Services
- ♦ Advanced Radiology Capabilities
- ♦ Women's and Children's Services

The CORE VALUES guiding patient care at SMC:

I am Swedish Medical Center. It is my responsibility to put my best foot forward every day – supporting clinical excellence and delivering memorable service through Swedish's 5 values.

- ♦ Constant Courtesy
- ♦ Patient Satisfaction
- ♦ Teamwork & Respect
- ♦ Professionalism
- ♦ Personal Responsibility

I help reflect Swedish's culture and values specifically through the following behaviors:

Constant Courtesy

I go out of my way to be friendly and welcoming to patients, visitors, volunteers, physicians and co-workers, treating them as I want to be treated.

- ♦ I greet everyone with a smile and a hello.
- ♦ I welcome each new patient to their room and treat it as their personal space.
- ♦ I ask customers their preferred name and address them accordingly.
- ♦ I am empathetic while working with patients, families, colleagues and physicians.

Patient Satisfaction

I strive to provide excellent service by being responsive, respectful, compassionate and safety conscious.

- ♦ I prioritize my work based on my customer's needs and patient safety.
- ♦ I give patients, guests or co-workers my full attention during conversations.
- ♦ I understand and guide patients through our privacy policies.
- ♦ I manage patient expectations by proactively communicating.

Teamwork & Respect

I recognize that I am linked to others by a common purpose – to serve our customers and our community. Our success depends on our ability to respect each others and function as a team.

- ♦ I coach in private and commend in public.
- ♦ I assume the best in others.
- ♦ I am respectful and patient, recognizing that others may contribute to the team differently.
- ♦ I look for opportunities to celebrate and recognize teamwork.

Professionalism

I represent the reputation of Swedish and take pride in being easily identifiable to our customers and in maintaining a safe and clean facility.

- ♦ I arrive at work on time and prepared for my responsibilities.
- ♦ I wear clean, neat, professional clothing that is specific to my role.
- ♦ I take responsibility to pick up litter and keep my work area neat.
- ♦ I cheerfully answer the phone, identifying my name and department.
- ♦ I control my voice, body language and emotions and am aware of how they impact others.

Personal Responsibility

I take pride in Swedish and know my behavior is a reflection of who I am as a person and as a healthcare professional.

- ♦ I personally commit to finding solutions to problems.
- ♦ I act with integrity and promote a climate of trust.
- ♦ I provide excellent standards of care and positive contributions toward improving quality.
- ♦ I stay informed about hospital/department initiatives and seek professional development.

Standards of Conduct

Over the course of its 100 year history, Swedish Medical Center-HealthONE has evolved into a premier acute care medical center serving the communities of Englewood, South-metro Denver and beyond. Swedish Medical Center is known for its centers of excellence, including adult and pediatric trauma services, neurosciences, advanced radiology capabilities, cancer treatment services, cardiology services, and women's and children's services.

Students are an important part of the healthcare team and as such, are expected to adhere to all policies, procedures, and standard of care.

Should a student have concern about the conduct of any SMC employee, it should be confidentially reported to the Clinical Instructor or SMC Student Placement Coordinator. Discussion with fellow students or other staff members is considered unprofessional.

Dress Code

Students will adhere to SMC dress code policy. Students will wear appropriate uniform/dress and the school ID Badge, which must be clearly visible at all times.

Swedish Medical Center dress code includes but is not limited to the following guidelines:

Hair

- ♦ Clean and well-groomed hair is expected.
- ♦ Beards, mustaches, and sideburns must be neat, trimmed, and well groomed.
- ♦ Extreme hairstyles and unnatural/exotic colors are not acceptable.

Jewelry

- ♦ Jewelry should be professional in appearance. The amount of jewelry worn should not be excessive.
- ♦ Visible body piercing, including tongues, other than ears is not acceptable.
- ♦ Ear Gages are not acceptable.
- ♦ Jewelry should not come in contact with patients, the work area, or be such that it may cause a safety issue with equipment.

Cosmetics

- ♦ Make-up, if worn should be worn in moderation.
- ♦ Fragrances can be worn if lightly applied in non-patient areas only, due to sensitivity and allergies of internal and external customers.
- ♦ Artificial nails are not allowed when providing patient care.
- ♦ Heavy scent of tobacco, food, or body odor may be offensive and is not acceptable.

Clothing

- ♦ Professional or business clothing is expected.
- ♦ Scrubs/uniforms in accordance with departmental guidelines are acceptable.
- ♦ Hospital sponsored polo shirts, T-shirts, or sweatshirts are acceptable.

Tattoos

- ♦ Visible tattoos, and or body art must be covered to the greatest extent possible.

Footwear

- ♦ Hose or socks must be worn at all times.
- ♦ Sandals or thongs are not acceptable.

- ♦ Footwear must be clean, in good repair and appropriate for work duties and responsibilities performed, meeting the safety needs of the environment.
- ♦ Footwear selection must be determined by safety, comfort, and uniform expectations.

Some examples of unacceptable dress include but are not limited to:

- ♦ Sleeveless garments, tank tops (unless covered by a jacket or sweater).
- ♦ T-shirts, sweatshirts/pants, No denim/jean clothing of any color.
- ♦ Leggings/stirrup pants, capri, crop or gaucho pants.
- ♦ Extreme skirt slits.
- ♦ Military style fatigues.
- ♦ Jogging suits.
- ♦ Shorts, skorts or short skirts (worn higher than 2 inches above the knee).
- ♦ No display of cleavage, midriffs or lower back.
- ♦ No headwear/hat.

Personal Communication and entertainment equipment:

- ♦ Personal pagers may be worn but use must be limited to emergencies only. Personal pagers should be on vibrate.
- ♦ Personal cellular phones should not be carried on the person while working unless approved by Department Head for specific emergency contact needs.
- ♦ Personal headphone radios or other such devices are not allowed.
- ♦

Reference: SMC Policy 8711.278 Personal Appearance & Dress Policy

Any specific questions regarding appropriate dress code, standards of conduct, and identification practices should be directed to your clinical support staff.

Ethical Aspects of Care, Treatment, And Services

Basic HIPAA Operating Guidelines

Students are an important part of the Healthcare team at Swedish Medical Center and have an important role in complying with the Health Insurance Portability and Accountability Act (HIPAA). HIPAA may be a new federal regulation, but confidentiality standards are not new to the healthcare industry. The following guidelines will assist you in understanding the HIPAA policies at SMC. If you have questions, please ask your preceptor, instructor, or clinical placement coordinator.

Protected Health Information (PHI)

PHI is defined as any oral, written or electronic individually identifiable health information collected or stored by a facility. Individually identifiable health information includes demographic information and any information that relates to a past, present or future physical or mental condition of an individual. Elements of PHI include:

- ♦ Name
- ♦ Address, including street, city, county, zip code and equivalent geocodes
- ♦ Name of relative(s)
- ♦ Name of employer(s)
- ♦ Birth date
- ♦ Telephone number(s)
- ♦ Electronic e-mail address(es)
- ♦ Social security number
- ♦ Medical record number
- ♦ Healthplan beneficiary number
- ♦ Account number
- ♦ Certification/license number
- ♦ Any vehicle or other device serial number
- ♦ Web Universal Resource Locator (URL)
- ♦ Internet Protocol (IP) address number
- ♦ Finger or voice prints
- ♦ Photographic images
- ♦ **Any other unique identifying number, characteristic or code...**

Internal Communication

HIPAA does not alter need-to-know communications and conversations between employees and physicians on site at Swedish related to patient care.

General Guideline for External Release of Information

- 1) First and foremost, before the hospital may release requested information, an individual must be authorized by:
 - ♦ The patient
 - ♦ The patient's guardian
 - ♦ The referring/treating physician
 - ♦ An individual who possesses the patient's authorization to release information to them
- 2) Secondly, the information can be released if the individual can give the appropriate patient identifying information as outlined in our current "Release of Information" policy. Approved methods of identity verification are one of the following three options:
 - ♦ Valid state/federal-issue photo ID (i.e., passport, drivers license)

OR

- You may leave a message with a family member or other person who answers the phone when a patient is not home. Use professional judgment and limit the amount of information disclosed.
- Test results should never be left on answering machines.
- You may confirm appointments using language such as the following: “This is Mary calling from Swedish Medical Center to confirm your (or you may state the patient’s name) 2:00 p.m. appointment on Monday, April 14. Please call me at 303-788-xxxx if you have any questions or need to reschedule.”
- If the information you are communicating is necessary to ensure quality care (i.e., pre-operative instructions – “don’t eat after midnight,” “take certain medications,” etc.) or urgent follow-up care is required (i.e., test results require immediate action), then all information including PHI may be left on the answering machine.

Disposing of PHI

We need your help in ensuring PHI is not thrown into trashcans!! All PHI MUST be placed in the confidential bins for destruction. Remove labels or other patient identifying information before throwing items into the trash.

Displaying PHI

- Make sure PHI is not displayed on desks or open areas where the public could walk by and see it.
- Do not leave records on counters or areas where it is accessible to unauthorized individuals.
- Lock any office that contains PHI.
- Do not take any PHI home (such as report/treatment sheets).

Attendance at Meetings Where PHI is Discussed

- Individuals who attend the meeting should have a legitimate need-to-know the information being discussed in order to perform their job.
- The minimum necessary information should be discussed in order to accomplish the goal of the meeting.
- The information should be de-identified (removal of specific PHI) as much as is possible before being discussed.
- Students are not authorized to copy a chart or remove it from the hospital.

HIPAA Policies and Procedures

Following is an executive summary of several policies and procedures that you should know. All policies are available on Swedish Medical Center’s Intranet. The policies that have been highlighted below were selected because every employee/volunteer/contractor must be aware of their existence in order to direct patients and perform everyday job duties.

Notice of Privacy Practices

- SMC must provide a Notice of Privacy Practices to patients. This document explains to the patient how we will use his/her PHI.
- The patient must acknowledge in writing the receipt of the Notice of Privacy Practices on the Conditions of Admission/Consent for Treatment form.

Opt Out of Directory (same as Meditech’s Confidential Status/process) HI.PRI.006 Policy

- Each patient must be notified of his or her right to “opt out” of the Facility Directory Listing the Notice of Privacy Practices. A patient must request to opt out and complete a Directory Opt Out Form to invoke this right. Patients may opt in and out as many times as requested.
- **Forward any requests for changes in these areas to Admissions.**
- If the patient opts out of the directory:

- The patient will be made “confidential” in the Meditech directory. The confidential designation will appear as a “c” before the patient’s name in the Patient Care Inquiry Module and the patient’s PHI will not appear in the facility directory.
- Flowers, phone calls and other deliveries will not be made unless they know exactly what room number to go to (if they ask us what room Jane Doe is in, we would **not** tell them. If they go directly to Jane Doe’s room, we would not stop them).
- The hospital will not be able to acknowledge that we have a patient by that name.

Uses and Disclosures of Protected Health Information to Family Members of Friends for Patient Care Purposed HI.PRI.008

- ◆ The purpose of this policy is to establish a guideline for the use and disclosure of PHI, excluding information available in the facility directory, to members of a patient’s family, significant others and friends. This is to safeguard patient privacy.
- ◆ During registration, admissions will give the patient a code (the last four digits of his/her account number). Patients will then use this code to give to family or friends to whom they would like us to disclose information about their care.
- ◆ When we get a call and the caller tells us the code, we should:
 - Identify his/her relevance in the patient care.
 - Discuss PHI with the caller, if appropriate.
- ◆ Nursing should still use best judgment if they think it is a good idea to withhold information or provide information when the caller does not have the code.

Management of Complaint/Grievance

- ◆ Anyone with a concern about a privacy breach has the right to file a complaint with the **FPO or designee** or the Secretary of Health and Human Services (HSS). The complaints and the resolution process must be made available to the Department of HHS of Office of Civil Rights, if requested.

Enforcement and Discipline HI.PRI.013

- ◆ For HIPAA-related violations, employees will be subject to corrective disciplinary action up to and including termination, in accordance with Human Resources policy 3.03, Corrective Discipline. As they are now, employees will still be subject to civil and criminal liability for certain violations.

Authorization for Used and Disclosures of Protected Health Information

- ◆ An authorization is required to disclose PHI to individuals outside of the facility.

Patient Rights and Responsibilities

Refer to SMC Policy: Patient Rights and Responsibilities, P&P#: 8711.200 and Confidentiality, Patient's Rights to Privacy, P&P: 8711.202

The basic rights of human beings and a concern for personal dignity and human relationships shall be a primary consideration when caring for patients at Swedish Medical Center.

Patient Rights

- ♦ Patients receive a brochure that explains their rights when they are in the hospital
- ♦ Their rights include:
 - Participating in healthcare decisions
 - Being treated with dignity and respect
 - Expecting confidentiality/privacy with regards to their care and records
 - Interpreter services- foreign language and hearing impaired
 - Do not use staff not involved in the patient's care to interpret. There are language phones on each patient unit that are accessible to patients, family, staff.

Patient Responsibilities

- ♦ Patients also have responsibilities while they are in the hospital
- ♦ Their responsibilities include:
 - Providing accurate healthcare information
 - Being an active participant in their care
 - Respecting the hospital rules and regulations
 - Showing consideration toward the staff/other patients

Patient Complaints/ Patient Grievance Mechanism

- ♦ Please remember to introduce yourself to the patient, explain your role in the patient's care, and call the patient by his or her preferred name- these little things go a long, long way
- ♦ Trust your instincts- if you feel that a problem exists, it probably does
- ♦ Respond to issues promptly- if you cannot resolve the issue, notify the charge nurse or Director of the unit
 - Contact the Patient Advocate if the issue cannot be resolved
 - If the Patient Advocate is not able to resolve an issue, the issue is referred to the CEO or her designee
- ♦ If the issue cannot be resolved to the patient's satisfaction in the hospital, then patients are given the name of the Colorado Department of Public Health or the Colorado Board of Medical Examiners.

Cultural Diversity and Sensitivity

Refer to SMC Policy: Patient Rights: Cultural Diversity, P&P #:8711.212

Swedish Medical Center promotes an environment where values, customs and spiritual beliefs of individuals are respected. To best meet the needs of culturally and ethnically diverse populations, who share a system of values, meanings and way of life

- ♦ Identify culture of patient.

- ♦ Obtain information on language, cultural values, spirituality and/or religion, norms of conduct, and non-verbal behavior.

- ♦ Assess patient's and family's needs and establish necessary interventions based on spirituality and culture, as long as it does NOT disrupt the operation of the facility or create the potential for harm to patients, staff, visitors, or the facility.

- ♦ Assess dietary preferences, perceptions of illness and health, non-traditional health care practices.
 - Determine ability and feasibility to incorporate patient's preferences.
 - Recognize cultural practices that may be detrimental to the patient's health and discourage their use.
 - Respect and encourage cultural and spiritual practices that are beneficial or neutral.
 - If necessary, negotiate with patient/family an agreement for culturally and spiritually appropriate and acceptable interventions.

- ♦ Assess cultural perceptions of coping and problem solving and ways in which illness has been managed in the past.

- ♦ Recognize that a person's cultural background and values:
 - Provide a point of reference which includes habits, practices, expressions and attitudes toward health, illness, life, death and pain.
 - Include music, art, philosophy, myths, legends, politics and spiritual practices.
 - Influence how a person sends, receives and interprets communication.
 - Be sensitive to non-verbal behavior and unarticulated needs.
 - Recognize that in some cultures, direct eye contact is considered disrespectful.
 - Affect the interpretation of illness.

- ♦ Recognize variability of behavior across, within and between people and situations without stereotyping.

- ♦ Recognize that each person has a unique culture and behavior, which may NOT always predict behavior.

- ♦ Recognize that people live by different rules and priorities, which are valid to their own culture and may differ from the healthcare team.

- ♦ Recognize that the patient may make decisions with involvement of leaders from the patient's culture.

- ♦ Recognize that patients and families of different cultures have unique stressors at time of illness/hospitalization.

Process Used To Address Ethical Issues:

Refer to P&P “Organizational Ethics” and/or “Biomedical Ethics Committee Guidelines and Access Procedure”.

At Swedish Medical Center, we have a comprehensive, values-based Ethics and Compliance Program, which is a vital part of the way we conduct ourselves. Because the program rests on our Mission and Values, it has easily become incorporated into our daily activities and supports our tradition of caring – for our patients, our communities, and our colleagues. We have a number of policies and procedures in place that specifically relate to Patient Rights and Ethical Aspects of Care, Treatment, and Services. If you have any questions related to these policies and procedures, encounter any situation which you believe violates ethical conduct, and/or questions regarding the process used to address ethical issues, please contact your clinical supervisor.

Numbers to remember:

Risk Management	X6445
Patient Advocate	X6406
Ethics and Compliance Office	X 5141
Ethics Consult	Dial “O” for the operator

Environment of Care

General Safety of Patients, Employees, and Visitors

Swedish Medical Center is committed to providing and promoting a safe environment for the patient, employee and visitor.

Please refer to the SMC Intranet or Safety Office for further information on:

- ♦ Environment of Care Management Plans
 - Safety Management Plan
 - Security Management Plan
 - Hazard Materials Management Plan
 - Emergency Preparedness Management Plan
 - Fire Safety Management Plan
 - Equipment Management Plan
 - Utility Management Plan

Please refer to the Red Safety Disaster Manual for:

Emergency Preparedness Plans Safety Policies Department-Specific Safety Policies

- ♦ Environmental Hazards
 - Electrical
 - See "Electrical and Mechanical Safety" policy 963.502. Defective equipment shall be taken out of service immediately.
 - Broken Glass/Spills
 - Nonhazardous spills shall be wiped up from the floor immediately. The employee who is responsible for the spill or who discovers it shall clean it up or call Environmental Services if additional resources are needed.
 - If it is a chemical spill, notify the department supervisor. Refer to the Hazard Materials and Waste Contingency Spill Plan 963.304 and the MSDS in the yellow Hazard Communication Manual or HazSoft program on the SMC intranet to determine the appropriate method of clean up for that particular chemical.
 - If it is Mercury, refer to the Mercury Spill Response policy in the Red Safety Disaster Manual.
 - If it is Blood or blood products, refer to the Blood Borne Pathogen Exposure Control Plan (on the SMC intranet).
- ♦ Equipment
 - Carts
 - Carts used to transport patients shall have safety straps and/or side rails and safety wheel locks.
 - When carts are not in transit, the wheel locks will be activated to keep them stationary.
 - Wheelchairs
 - Use wheel safety locks when the chair is stationary.
 - When transporting, patients shall be backed down ramps and backed into elevators.
 - Beds
 - Beds shall be in low position at all times when care is not being given.
 - Side rails shall be up except when necessary for equipment or care needs.
 - Wheel locks shall be secured except when moving the bed.
 - Restraints
 - Refer to Use of Restraints policy

- ♦ Standard Precautions/OSHA Bloodborne Pathogen/TB Standard
 - Refer to Bloodborne Pathogen Exposure Control Plan (on the SMC intranet)
 - Refer to Tuberculosis Plan (on the SMC intranet)
- ♦ Hazardous and Infectious Materials and Waste Management
 - Refer to policy of same name (963.006)
- ♦ Identification/Security
 - Inpatients shall be identified by a wrist or ankle identification band.
 - Employees shall be identified by appropriate photo identification badge.
 - Employees shall report to Security any unidentified individuals exhibiting suspicious behavior or who may be in unauthorized areas.
- ♦ Work-Related Injuries
 - Injuries shall be reported immediately to the employee's immediate supervisor.
 - The nature and cause of the injury must be documented on an Employee Injury or Illness Report. Refer to the Human Resource Manual and department-specific safety policies.
- ♦ Employee Safety
 - Appropriate footwear shall be worn to avoid injury.
 - Lifting tasks shall occur between the knee and the shoulder to prevent employee injury.
 - Movement of patients and objects should be close to the body while maintaining the back in a neutral position.
 - Knees should be bent and a firm, close hold should be placed on the object.
 - Knees, arms and body weight should be used to assist with the lift.
 - Use a wide base of support to assist with the lift.
 - Seek assistance when lifting or moving heavy, bulky objects and patients.
 - No heavy objects should be stored above shoulder level or below knee level.
 - Sturdy stepstools or ladders with a wide base should be used to reach or move objects.
 - Avoid bending over, reaching and twisting for extended periods of time.
 - Do not open more than one drawer of a file cabinet at one time.
 - Use fatigue reducing mats where there is prolonged standing.
 - "Push" rather than "pull" when moving carts, equipment or objects.
 - Keep objects as close to the body as possible when working at or sitting at workstations. Use adjustable carts, tables, chairs, etc to accomplish this.
 - Workstations shall be designed to encourage proper body mechanics and posture. Take frequent short stretch breaks. Notify your supervisor of problems with the workstation.
 - Tools and devices that do not exert pressure on the palm, that are easy to grasp, open and close, that isolate the hand from vibration and allow the wrist to stay in a neutral position, shall be used whenever possible.
 - Do not use unshielded razor blades.
- ♦ Fire Safety and Other Hazards
 - Unsafe conditions or hazards within the facility or outside on the grounds shall be reported to Security or the Safety Officer.
 - Hallways, means of egress and exits must be kept clear.
 - Report burned out lights, broken light fixtures and "exit" signs that are not working properly to Facility Management.
 - Doorstops and wedges are prohibited.
 - Space heaters are prohibited.
 - Storage cannot be closer than 18 inches from the sprinkler heads or ceiling (which ever is lower).

General Infection Control

Refer to Policy & Procedure 8711.304: General Infection Control Policy

BLOODBORNE PATHOGENS

Bloodborne pathogens are disease-causing organisms carried by blood and other potentially infectious materials. Some examples of bloodborne pathogens include: *HIV, Hepatitis B, Hepatitis C, Tetanus, Malaria and Ebola Virus*. Bloodborne pathogens are transmitted through:

- ⇒ Accidental injury caused by a sharp, contaminated object (i.e. needle stick)
- ⇒ Open cuts, nicks, skin abrasions
- ⇒ Mucous membranes of the mouth, eyes and nose
- ⇒ Indirectly by touching a contaminated object and then transferring to your mouth, eyes or open skin

Protect yourself by washing your hands, paying attention when working with needles or sharps, utilizing personal protective equipment and assuring proper disposal of infectious waste. If you are exposed to a bloodborne pathogen, you must:

- 1) Wash or rinse the site of the exposure
- 2) Identify what you were exposed to
- 3) Notify your supervisory immediately
- 4) Fill out an injury report
- 5) Notify the Employee Health Nurse at x6813

STANDARD PRECAUTIONS/PERSONAL PROTECTIVE EQUIPMENT (PPE)

Standard precautions are designed to reduce the risk of transmission of microorganisms from all sources of infection in hospitals. Examples of standard precautions include handwashing and utilizing personal protective equipment (PPE) such as gloves, gowns, masks, face shields, goggles/eye protection.

In addition to Standard Precautions, Three Types of Precautions will be observed:

Airborne Precautions

- ♦ A private room that has monitored negative air pressure. When the patient is known or suspected of having tuberculosis, a fitted N95 respirator, or PAPR (which does not require fit testing) must be worn when entering the room. Keep the room door closed and the patient in the room. With regard to Measles (Rubeola) or Varicella (Chicken Pox) susceptible persons should not enter the room.

Droplet Precautions

- ♦ A private room and a surgical mask are required.

Contact Precautions

- ♦ A private room and scrupulous attention to barrier precautions, as direct contact is the major mode of transmission. When removing gowns and gloves, the gloves are most likely to contain large numbers of the pertinent pathogen, and therefore should be removed first, followed by gown removal, and scrupulous hand washing with an antiseptic (soap and water or waterless hand sanitizer) is of paramount importance.

NOTE: In general, patients infected with the same microorganisms or clinical respiratory syndrome may share the same room.

TUBERCULOSIS

Tuberculosis (TB) is caused by the bacterium *Mycobacterium Tuberculosis*, one of the few truly airborne organisms. **Latent TB infection** means the person is infected with TB but his/her immune system is keeping it contained. Because of this, he/she cannot transmit latent TB to another person. **Active TB infection** means the person has TB and infection is growing and multiplying. People with active TB infection have such symptoms as a cough, bloody sputum, night sweats, fever and sudden weight loss. They can transmit active TB to another person.

For a patient who has been diagnosed with TB:

- Put patient into a negative pressure room.
- When the patient leaves the room, they must wear a tight fitting surgical mask.
- Teach patient to use a tissue to cover their mouth when coughing.
- Visitor must wear a tight fitting surgical mask.
- All employees who enter the patient's room must wear an N-95 Respirator.

To prevent the acquisition/transmission of infections due to exposure to blood and/or any other body fluids of all patients, all blood and body fluids will be treated as if they have the potential to transmit infections. Standard precautions will be used with all patients to prevent direct contact with any body substance, non-intact skin, and mucous membrane:

- ♦ Personnel shall practice good personal hygiene. This includes wearing uniforms/clothing that are clean.
- ♦ Personnel shall not come to work when ill with an infection that may put patients at risk.

Hand Washing

- ♦ Will be practiced between patient contacts. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross- contamination of different body sites.
- ♦ After contact with blood, body fluids, secretions, and excretions and after equipment or articles contaminated by patients.
- ♦ After contact with non-intact skin.
- ♦ After contact with any mucous membrane.
- ♦ Before and after gloving.
- ♦ Before and after clean or invasive procedures.
- ♦ Before and after eating and/or preparing food.
- ♦ Before and after bathroom activities.

Personal Protective Equipment

- ♦ **Gloves:** Will be worn when it is possible that there will be contact with blood or any other body substance, mucous membrane or non-intact skin. Gloves will be changed after each patient contact. Gloves shall be used for all vascular access procedures.
- ♦ **Gowns:** Will be worn if there is possibility that clothing of personnel could become soiled with blood or any other body substance.
- ♦ **Masks (Surgical):** Will be worn if there is possibility of oral, nasal exposure to body substances due to splashing or aerosolization.

- ♦ Protective Eye Wear: Will be worn if there is possibility of exposure to the eyes by blood or any other body substance due to splashing or aerosolization. Eyewear shall include side shield protection.

Needle/Sharps

- ♦ Safety devices will be used whenever possible in accordance with OSHA Standards.
- ♦ Will be discarded and contained immediately after use in puncture resistant containers. DO NOT BEND, BREAK, OR RECAP NEEDLES. Sharps container will not be over filled. When the container is 2/3 full, it should be closed and put in the infectious waste biohazard containers.

Mucous Membrane Barriers, Resuscitation Ambu Bags

- ♦ Will be available in all areas.

Linen

- ♦ Handle, transport, and process used linen in a manner that prevents skin and mucous membrane exposures and contamination of clothing. Soiled linens will be contained in impervious plastic bags and placed in a covered linen hamper.

Trash/Waste

- ♦ Any material or substance that has been contaminated with blood or any other potentially infectious material to a degree that there is the potential for an exposure that could cause infection during handling and/or disposal must be contained in red plastic bags and handled as biohazardous waste.

Spills

- ♦ All spills of blood or any other body fluids should be cleaned up promptly using a cloth saturated in a tuberculocidal detergent germicide. Cloths used in the cleanup shall be contained in non-permeable plastic bag and discarded with the biohazardous waste. Any spill that generates sharps, i.e., broken glass, shall be cleaned up using mechanical means, i.e., dustpans, tongs, and forceps.

REFERENCES:

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Available online @ <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>

Hand Hygiene and Artificial Fingernails

Refer to SMC Policy: Hand Hygiene and Artificial Fingernails, P&P#: 8711.297

PURPOSE: To describe the expectations for hand hygiene at Swedish as well as lay out the accountability process for this basic and essential patient safety activity.

SCOPE: All employees, medical staff, volunteers, and contractors providing services at Swedish Medical Center.

POLICY:

1. All care and service providers at SMC shall perform hand hygiene as an essential task and will be held accountable for adherence to this policy.
2. Because they prevent effective hand hygiene and have been reported to harbor organisms causing hospital-acquired infections, artificial fingernails are prohibited for hands-on patient care.

PROCEDURE

A. Hand Hygiene is required in the following circumstances:

1. When hands are visibly dirty or contaminated or are visibly soiled with blood or other body fluids, wash hands with soap and water.
2. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations described below. Alternatively, wash hands with an antimicrobial soap and water.
3. Decontaminate hands upon entering every patient room even if donning gloves for Contact Precautions.
4. Decontaminate hands before donning sterile gloves when inserting a central line catheter.
5. Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure.
6. Decontaminate hands after contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient).
7. Decontaminate hands after contact with body fluids or excretions, mucous membranes, nonintact skin, and wound dressings if hands are not visibly soiled.
8. Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care.
9. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient as well as a patient chart that has been taken to the bedside and handled during an assessment.
10. Decontaminate hands after removing gloves.
11. Before eating and after using a restroom, wash hands with soap and water.

B. Accountability

1. Students must strictly adhere to hand hygiene practices as stated herein. When hand hygiene is not completed according to policy, students may be counseled and/or disciplined.

C. Monitoring for compliance

1. Hand hygiene audits/observations may be conducted at random by trained, undisclosed personnel on all units throughout SMC at any time to ensure accountability to this policy and to support the infection control function.

E. Definitions

1. Hand Hygiene: term that includes both hand washing with either plain or antiseptic-containing soap and water, and use of alcohol-based products that do not require the use of water. Unless hands are visibly soiled, alcohol-based products for hand disinfection are preferred over soap and water because of their superior microbiocidal activity, reduced drying of skin, and convenience. Surgical Hand Scrub is addressed in OR Procedure Manual.
2. Artificial Fingernails: nails or extenders that are attached to native nails and have been shown to harbor gram negative bacilli and yeasts leading to hospital-acquired infections for patients. Examples of artificial nails include, but are not limited to, extenders, bonding, acrylic tips, appliqués, wrappings (i.e.silk), tapes, inlays or jewelry (glued or pierced).
3. Accountability: a process by which those in the scope of this policy have adequate information, attest to proper performance of hand hygiene, and receive step-wise coaching and discipline for non-compliance.

Events Requiring the Completion Of An Occurrence Report

Students have an important role in promoting safety. Notify your clinical instructor, preceptor, or staff member of any error or potential error.

Equipment Issues: Such as wrong equipment; defective product/implant; equipment malfunction; user-error with equipment; and unavailable equipment.

Falls: All types.

Medication Issues: Such as prescribing errors; delay in service; drug diversion; narcotic/key discrepancy; adverse drug/contrast reaction; omitted drugs; and wrong route, rate, dose, etc.

Diagnostic Issues: Such as delay in service; lost specimen; mishandled/mislabeled specimen; test/exam not ordered; preparation; transcription; wrong test/exam; and wrong patient drawn/tested.

Complications/Change in Condition: Such as foreign body retained; skin integrity; unplanned admit to ED, OR, or ICU; hemorrhage; resulting neurological deficit; anesthesia complication; and cardiac/respiratory arrest.

Behavior Issues: Such as elopement; left against medical advice (AMA); left without being seen; physician coverage-related; noncompliant patient/family; sexual assault; struck by patient or moving object; and injury to self or others.

Environmental Issues: For example, animal/insect bite, or toxic/hazardous exposure.

Patient Rights: Includes informed consent, breach of contract, and confidentiality issues.

IV/Blood Administration: Such as invasive line/IV injury; wrong rate/flow; wrong solution/blood product; IV infiltration; infected IV site; and transfusion reaction.

Transfers: Includes incomplete documentation, communication issues, or potential EMTALA violation.

Treatment Issues: Such as wrong patient/site; incorrect instrument/sponge/needle count; accidental exposure; device removed by patient; treatment not ordered; preparation; response time; and failure to treat or admit, etc.

Loss: Includes supplies/equipment; theft; vandalism; delayed security response; collision; abduction; and fire/smoke or water/plumbing.

Emergency Codes

Dial **5555 (Emergency Line)** for:

- ♦ PAUL BUNYAN..... Physical Assistance Needed
- ♦ CODE BLACK.....Bomb Threat
- ♦ CODE BLUEMedical Emergency
- ♦ CODE RED Fire
- ♦ CODE PINK Infant Abduction
- ♦ CODE WHITE Severe Obstetrical Hemorrhage
- ♦ CODE SILVER.....Person With a Weapon
- ♦ FOR **SECURITY**, DIAL **8000**
- ♦ FOR AN **ETHICS CONSULT**, DIAL **0**

Rapid Response Team (Adult): 2688

Rapid Response Team (Pediatrics): 5555 and request that the Pediatric Rapid Response Team be paged

If you come upon fire: **RACE**

RESCUE people in immediate danger

ALARM Pull a manual pull station and dial **5555**

CONFINE by closing all doors, windows and openings

EXTINGUISH using appropriate fire extinguisher or smother (if you can do so safely)

Electrical Safety

If you find equipment that is unsafe or has an expired electrical safety tag, remove it from service and report it to the department supervisor.

External Disaster

if it is announced that the “External Disaster Plan” is in effect, it means that we must prepare for receiving disaster victims. The triage area is in the Emergency Department. The Command Post is located in Administration (Ext 4316). Report to your department or assigned area.

Tornado Warning

If “Tornado Warning” is announced, remain in the building and move to an inner corridor, away from windows.

Hazard Communications Manual

A **Material Safety Data Sheet (MSDS)** provides information the manufacturer considers necessary for users to know to determine what chemicals are in a product and what steps should be taken to use the product safely. By taking time to read the MSDS, you have found some important basic information about the chemical you work with including:

1. What it is called
2. What is in it
3. What happens if the chemical affects you
4. What first aid steps to take if exposure occurs
5. How to protect yourself and work safely with the chemical

You can find all the MSDS sheets applicable for products in your department’s Yellow Hazardous Communications Manual and on the SMC intranet (HazSoft Program). If you encounter a chemical spill, you should evacuate the area, immediately notify your supervisor and contact the facility safety officer.

Accessing SMC Policies And Procedures

- 1) Access a computer terminal that has the Healthone Intranet Icon on the initial screen page.
- 2) At the top of the page on the right, using the mouse, **Click** on Swedish. The Swedish Home Page will be displayed.
- 3) On the Swedish page, scroll down to the bottom of the page and a list of shortcuts will appear. **Click** on Policies and Procedures.
- 4) Swedish Policy Search will appear. An empty search box will be on the top left. **Click** to insert the cursor into this box.
- 5) **Type** in **one** policy keyword (i.e., “medication” or “restraints”). Hit the [ENTER] key or click on the word Submit.
- 6) All titles of P & Ps with the keyword in it will be displayed.
- 7) **Click** on the P & P that you wish to review and the written P & P will be displayed.
- 8) **To View**: arrow down or page down. **To Print**: Click on the Printer Prompt or Click on File, then Print or Ctrl+P.

Other Information You Will Need To Know For Your Clinical Rotation at Swedish Medical Center:

Parking

Students are to park in the South Parking Structure that is immediately across the street from the Main Entrance to the hospital. There are no parking fees.

Injury/Illness

Students are expected to be in good health on the days of their visits. Individuals with common upper respiratory illnesses and fever or other contagious conditions are asked not to attend clinical on that day and return when their health problems have been resolved. The use of a surgical mask to protect our patients may be appropriate in some situations.

If you are injured during your clinical rotation, notify your clinical instructor/preceptor immediately and follow their instructions. Each school has individual arrangements for student injury.

Sick Days

The majority of schools consider scheduled clinical days as mandatory. If you are going to be late or absent on one of your scheduled clinical days, please follow your school's and facility instructor/preceptor's guidelines regarding the reporting of your absence.

Snow Days

Follow your school's policy regarding snow days. As a rule, if the school is closed, the clinical component for that day is canceled.

Cafeteria Hours

The cafeteria is located on the 2nd floor in the main tower. The Cafeteria menu is on the SMC Intranet.

Cafeteria hours are as follows:

Mondays – Friday 6:30 am-7:00 pm

6:30am – 9:30am (Breakfast)

10:30am - 2:00pm (Lunch)

2:00pm – 4:30pm (Cold Food)

4:30pm - 7:00pm (Dinner)

Saturday – Sunday 7:00 am - 6:30 pm

7:00am – 9:00am (Breakfast)

10:30am - 1:30pm (Lunch)

4:00pm - 6:30pm (Dinner)

Late Night 11:30 pm - 2:30 am

Smoking

Swedish is a tobacco-free campus. As a major health care provider in the Denver-metro community, HealthONE promotes the health and safety of our employees and those we serve by encouraging a smoke and tobacco free campus. In light of its mission to provide quality healthcare to our patients and the community we serve, this policy furthers our commitment to provide a safe, clean, and healthy environment. The use of tobacco is prohibited in all HealthONE owned properties including medical and professional office buildings, parking garages and lots.