DOCTORS HOSPITAL
3651 WHEELER ROAD
AUGUSTA, GEORGIA 30909

EMERGENCY/LIFE SAFETY, HIPAA AND SERVICE EXCELLENCE ORIENTATION PACKET FOR SHADOWING DAVINCI ROBOT CASES.

INSTRUCTIONS:

1. Read the enclosed material related to **DOCTORS HOSPITAL'S** Emergency codes, life safety, and infection control and prevention Program, and HIPAA

2. Complete the self assessment quiz.

3. Please complete the Medical Clearance form, the information form, and fax along with the test to the Medical staff Office at 706-651-6774.

4. You must score at least 84% correct responses and you will be notified via email or fax. of clearance to observe care at our facility.

Thanks and we hope you enjoy your visit with our facility!

Ellen Hinz,

DOCTORS HOSPITAL
EMERGENCY CODES

PURPLE= Assistance needed subduing a combative person. All men are requested to report to the area of the **CODE PURPLE** to assist with restraining the person out of control.

BLUE= Cardiac or Respiratory Arrest. Code Blue Team responds, led by the ED physician until the Private physician arrives.

YELLOW= External radiation exposure emergency. The departments directly involved are the Emergency Department and Burn Center. Assistance from other departments may be requested by Burn and Emergency Department teams.

ORANGE= Any internal (within hospital) hazardous material release/spill. All hospital staff not working directly in the spill area, need to avoid the location announced in the overhead page. Safety Officer, Security Guard, and Safety Manager will respond in addition to the Director and/or Manager of the department where the spill occurred.

RED= Fire (Real or Drill). See attached.

GREEN= Severe weather is expected. Close all window blinds and curtains. Pull bed curtains around each bed. Plug all emergency equipment into RED plugs. Obtain emergency flashlights. Move all visitors away from windows and close doors between you and the windows.

PINK= Suspected (or Actual) Infant or Pediatric Abduction. Available staff go to the nearest exit to hospital (first floor) or to each fire exit (floors 2-6). Observe all persons attempting to exit hospital. Challenge anyone with child wearing a pink armband and the adult does not have a similar armband. Challenge anyone attempting to remove an infant. Do not physically restrain.

BLACK= Bomb threat has been received. Immediately systematically search your entire department for suspicious packages and report to Emergency Operations Center your findings.

MRT= Medical Response Team means there is a sudden acute change in a patients status, (i.e. blood pressure, heart rate, level of consciousness etc). A team of emergency personnel will respond immediately.

CODE TRIAGE= Community Disaster. Alert/standby

CODE TRIAGE VERIFIED= Active Disaster Plan

EMERGENCY PREPAREDNESS (DISASTER) PLAN= Refer to policy # 2250

**** All emergency codes are activated by dialing **"2000"** and stating the nature of the problem within the hospital. All outlying buildings dial 911 to summon help. Refer to policy # 2250 for details on all Emergency Codes and Disaster Plans.

DOCTORS HOSPITAL
CODE RED PROCEDURE

Discovery of Fire and Initial Notification

The following actions should be taken immediately following the discovery of a fire, or Other comparable internal disaster. These actions must be taken in the order in which They appear.

R-A-C-E

1. **R**escue the patient/partner from the area of immediate danger.
2. **A**ctivate the alarm. Pull the fire alarm, even in drills!

   Dial **2000** on the nearest telephone.

   Report:
   A. The exact location of the fire
   B. The size of the fire.
   C. The type of fire.
   D. Your name
3. **C**onfine the fire. Close the door to the fire room.
4. **E**xtinguish the fire. Secure a **fire extinguisher** and attempt to extinguish or control the fire. Or, use a blanket to try to smother the flames.
   Prepare to **evacuate.** Evacuation in patient care departments will occur when Deemed necessary by the Fire Marshall, or the administrative person in charge.
5. Avoid elevators; use stairwells.
6. Remember you do not need permission from any supervisor, Team Leader, Group Coordinator, or from the administrator to act on any of the above Procedures. In fact, it is **YOUR** responsibility to see that all procedures are Followed promptly and accurately.

FIRE EMERGENCY DRILLS

Fire Emergency Drills are necessary for evaluating the fire plan and the preparedness of Employees to deal with fire emergency.

In addition to this apparent need for drills, the law requires that hospitals and nursing Homes have them. At least 12 drills are required each year. This is one drill per shift Per month. Additional drills should be held if there is a need indicated.
Fire emergency drills in this hospital will include the transmission of a fire alarm signal (red flashing light) and the simulation of emergency fire conditions. It is not required that patients be involved, although the participation of volunteer ambulatory and semi-ambulatory patients will be suggested for some drills.

Drills may be conducted without disturbing patients. Where a disturbance might excite A patient and endanger him, the door to that patient's room should be closed before the Drill starts. Advance planning with key staff personnel only can accomplish this action. The purpose of drills are to test the efficiency, knowledge, and response of institutional Personnel and not to excite patients. Except for key personnel, drills will be no-notice.

There are various methods of holding drills. Occasionally, and alarm will simply be pulled and then the action of the employees will be observed with regard to response by Following the fire plan.

Drills will also be started by going to a pre-determined location and giving a fire Situation to a Partner. The partner is then to follow through in compliance with the fire plan.

In the latter type of drill, the fire department will be notified of the drill before it takes Place. No Partner will be advised. This type of drill actually includes the calling for the Fire department by alarm system and by phone. Observers will be located in various Parts of the building to evaluate the success of the drill.

Written records of each drill will be maintained. This record will give the date, the Time, and where the drill was initiated , the time the fire department was contacted, The problems observed during the drill. IN ADDITION, this will include the positive Action taken to correct the noted problems. Records on training classes will be separate From fire drill records.

The following will be closely observed during drills in addition to items already discussed. (Fire drills will include all staff members on duty.)

1. The responsiveness of Employees to the alarm.
2. The attitude of Employees during the drill.
3. The speed and type of response of the fire area from other areas.
4. The control and utilization of regular Employees and Employees from other areas by The supervisor in the fire area.
5. Response with extinguishers (proper type for fire situation).
6. Closing doors to patient sleeping and treatment rooms.
7. The closing of smoke barrier doors, stair doors, etc.
8. Visitor control.
9. Maintaining communication with the switchboard.
10. Authorized sounding of the all clear.

HOW TO USE A FIRE EXTINGUISHER

P-A-S-S

Pull the pin
Aim the nozzle at the base of the fire
Squeeze the handle
Sweep back and forth

WORKPLACE VIOLENCE

What is workplace violence?

Workplace violence ranges from offensive or threatening language to homicide. Workplace violence can be defined as violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.

Examples of violence include the following:

Threats: Expressions of intent to cause harm, including verbal threats, threatening body language, and written threats.

Physical assaults: Attacks ranging from slapping and beating to homicide, and the use of weapons such as firearms, bombs, or knives.

Muggings: Aggravated assaults, usually conducted by surprise and with intent to rob.

Who is at risk?

Although anyone working in a hospital may become a victim of violence, nurses and aides who have the most direct contact with patients are at higher risk. Other hospital personnel at increased risk of violence include emergency response personnel, hospital safety officers, and all health care providers.

Where may violence occur?

Violence may occur anywhere in the hospital, but it is most frequent in the following areas:

- Psychiatric wards
- Emergency rooms
- Waiting rooms
- Geriatric units

What are the effects of violence?

The effects of violence can range in intensity and include the following:

- Minor physical injuries
- Serious physical injuries
- Temporary and permanent physical disability
- Psychological trauma
- Death

What are the risk factors for violence?

The risk factors for violence vary from hospital to hospital depending on location, size, and type of care. Common risk factors for hospital violence include the following:

- Working directly with volatile people, especially, if they are under the influence of drugs or alcohol or have a history of violence or certain psychotic diagnoses
- Working when understaffed-especially during meal times and visiting hours
- Transporting patients
- Long waits for service
- Overcrowded, uncomfortable waiting rooms
- Working alone
- Poor environmental design
- Inadequate security
- Lack of staff training and policies for preventing and managing crises with potentially volatile patients
- Drug and alcohol abuse
- Access to firearms
- Unrestricted movement of the public
- Poorly lit corridors, rooms, parking lots, and other areas

Safety Tips for Hospital Workers

Watch for signals that may be associated with impending violence:

- Verbally expressed anger and frustration
- Body language such as threatening gestures
- Signs of drug or alcohol use
- Presence of a weapon

Maintain behavior that helps diffuse anger:

- Present a calm, caring attitude.
- Don't match the threats.
- Don't give orders.
- Acknowledge the person's feelings (for example, "I know you are frustrated").
- Avoid any behavior that may be interpreted as aggressive (for example, moving rapidly, getting too close, touching, or speaking loudly).

Be alert:

- Evaluate each situation for potential violence when you enter a room or begin to relate to a patient or visitor.
- Be vigilant throughout the encounter.

- Don't isolate yourself with a potentially violent person.
- Always keep an open path for exiting-don't let the potentially violent person stand between you and the door.

Take these steps if you can't defuse the situation quickly:

- Remove yourself from the situation.
- Call security for help.
- Report any violent incidents to your management.

INFECTION PREVENTION AND CONTROL

What is Infection Prevention and Control?

Infection Prevention and Control is an approach to practices performed in healthcare settings that prevent the development of infections and spread of microorganisms among patients, health care workers, and visitors. This approach works to prevent infections at home as well.

Why is Infection Control important?

In a hospital, patients are cared for by many health care workers in very close quarters. Patients enter and leave the hospital with ever increasing frequency due to shorter hospital stays. Frequent contact is made between people who have an infection or can spread one. Patients entering the hospital are also more likely to be sicker than in previous decades and because of this, are more susceptible to infections.

The type of procedure a patient undergoes can increase some patient's risk of infection. Those procedures that are invasive (those that enter tissues, body cavities or organs) place the patient at highest risk. Preventing and controlling infections is important to help patients recover quickly and stay healthy.

How can you prevent the spread of infection?

There are several ways to prevent the spread of infection through hand hygiene: hand antisepsis, handwashing and surgical hand antisepsis. In routine clinical situations, the use of alcohol based hand-gel is more effective than handwashing.

Hand antisepsis: When decontaminating hands with an alcohol based hand-gel, start with dry hands. Make sure you apply enough product into the palm of your hand, rub your hands together and cover all surfaces of the hands and fingers. Rub until hands are dry.

Handwashing: Wash your hands well (at least 15 seconds) using soap and water and lots of friction (rub hand surfaces vigorously) when needed. Dry your hands thoroughly then turn off the water using the paper toweling used to dry your hands.

When should you wash (soap and water) or decontaminate (alcohol hand-gel) your hands?

- When your hands are visibly soiled **(wash only)**
- Before eating and after using the restroom **(wash only)**
- Before and after touching or coming into direct contact with any patient. **(wash or decon)**
- Before donning and after removing gloves. **(wash or decon)**
- After contact with potentially infectious materials such as body fluids or excretions **(wash or decon)**

- After handling contaminated equipment or instruments, including computer keyboards. **(wash or decon)**
- After caring for a patient infected spore forming organisms such as *Clostridium difficile*. **(wash only)**
- After coughing, sneezing or blowing your nose **(wash or decon)**

How does a person get an infection?

1. A live **germ** such as a bacteria, virus, fungus or parasite must be **present in a reservoir** (a place or person where the organism can live).
2. The germ must **be able to get out of the reservoir**, then **be transmitted to** a host and have **a means to get into the host**. Both exit from the reservoir and entry into the host are usually through tubes, needles, or body sites--open skin, mouth, eyes, or nose.
3. The **host must be susceptible**; unable to fight off the germ. The germ then grows and multiplies in the person. This is an infection.

<u>This is commonly known as "*The Chain of Infection*".</u>

How are infections spread?

In U. S. hospitals there are three primary ways infections are transmitted:

- By **direct contact**, such as an open wound coming in contact with another open wound or mucous membrane OR by **indirect contact**, such touching a contaminated bed rail or urinal, then touching an open wound or mucus membrane.
- By being carried in large **droplets** through short distances in the air, such as when people sneeze or cough, and landing on mucus membranes.
- By inhaling microscopic **airborne** particles in the air. (This applies to only a few diseases)
- Infrequently diseases are transmitted in the hospital by the **foodborne** and even less frequently the **vector-borne** (insect) route.

What are the most common infections that occur in hospitals?

- Pneumonia
- Blood infections
- Urinary tract infections
- Wound infections

Who is at increased risk for an infection?

- Burn, cancer and transplant patients
- Intensive care unit patients
- Patients hospitalized for a long time
- Patients with tubes for fluids, medications, or drainage (for example, intravenous lines, chest tubes or urinary catheters)
- Surgery patients or patients with open wounds and breaks in the skin

In what other ways can I help to prevent infections?

- Use Standard Precautions and encourage Respiratory Etiquette when working with **all patients, all of the time**.
- Adhere to all of the requirements of the specific Transmission-based Precautions when your patient is on them.
- Remind patients and visitors of the importance of hand hygiene.

- Get immunized against Hepatitis B, influenza, pertussis, and other diseases to which you are susceptible.
- Do not work while you are ill with an infection; you can make your co-workers ill, as well as other patients and visitors.

If you have questions you can contact the Infection Prevention and Control Department: Infection Prevention and Control Office is located in Medical Office Building I, 2nd Floor Suite 304 Or call at ext. 2145 or 6172.

or

Employee Health (Medical Office Building I, 3rd Floor, Suite 303A) at ext. 6333 or 2425

PREVENTING EXPOSURE TO BLOODBORNE PATHOGENS

BLOODBORNE DISEASES

Bloodborne pathogens are disease-causing microorganisms. They are transmitted by exposure to body fluids in which they grow (blood, semen, synovial, pericardial, cerebrospinal, peritoneal, and vaginal fluids). The most common of the bloodborne pathogens of concern in U.S. health care are the Hepatitis B virus (HBV), the Hepatitis C virus (HCV) and the Human Immunodeficiency Virus (HIV). Initial symptoms of infection may be flu-like (fever, malaise, myalgia) or the infected person may be asymptomatic.

WORKPLACE TRANSMISSION

A percutaneous injury with an object contaminated with these fluids (e.g. needlestick) or having the fluids splash/spray onto mucous membranes or non-intact skin (wound, abrasion, rash, etc.) constitutes exposure and these injuries are the common means of transmission to health care workers (HCW).

EXPOSURE CONTROL PLAN

This is the Doctors Hospital plan that lays out how we will comply with the requirements of the Bloodborne Pathogen Final Rule 29CFR1910.1030. The Exposure Control Plan (ECP) Hospital Policy #2370. A copy of the law is located in the Infection Control and Employee Health offices. The ECP also outlines categories of personnel at Doctors Hospital who are at potential risk for exposure (Category I and II) and those who are not (Category III).

ENGINEERING CONTROLS

Engineering controls are devices that, if used, will protect the worker from exposure. They remove or reduce the exposure hazard from the HCW. Examples of engineering controls for bloodborne pathogens at Doctors Hospital include needleless IV systems, safety needles, , safety butterfly and Huber needles, safety IV catheters, needleless urinary catheter access ports, safety phlebotomy needle and sharps containers. **If these devices are available to use and you have been trained on how to properly use them, you are required to use them. Failure to use safety devices when provided or to activate safety features may result in disciplinary action.**

WORK PRACTICE CONTROLS

Work practice controls are procedures that, if followed correctly, will reduce or prevent exposure. Examples of work practice controls common to this health care facility are hand hygiene with alcohol based hand-gel or soap and water (after removing gloves or when your hands become contaminated) and careful handling of sharps (no two-hand recapping of needles, no removal or recapping of needles when not necessary, use of CS Processing Trays) . **Per OSHA regulations,**

Eating, drinking, applying lip balm or cosmetics in areas where blood or body fluids are handled are not permitted.

STANDARD PRECAUTIONS

As practiced at Doctors Hospital, standard precautions apply to all blood, secretions, excretions, moist mucous membranes, and non-intact skin of ***ANY*** person. These are considered Potentially Infectious Materials (PIM). Barriers, also called *Personal Protective Equipment*, or ***PPE***, are used whenever PIM may be touched or be sprayed or splashed onto the face, exposed skin or work uniform of the HCW.

GLOVES - are worn if touching PIM is anticipated.
FLUID RESISTANT GOWNS - are worn if PIM is anticipated to spray or splash onto the work uniform or exposed skin of the arm.
MASKS & EYE PROTECTION - are worn if PIM is expected to spray or splash onto the HCW's face.
RESUSCITATION MASK - used to perform mouth-to-mask resuscitation.

Other PPE, such as fluid resistant leg/shoe covers, fluid resistant caps may be worn when appropriate**.** If your PPE is penetrated by PIM**,** *remove it as soon as feasible.* PPE must be removed when it is no longer needed for the task.

HOUSEKEEPING

Regulated Biomedical Waste (RBW) consists of seven categories of waste that must be handled and disposed of differently from other normal hospital trash in order to prevent contamination and exposure of the work environment and personnel. The seven categories are defined in the Hazardous Waste Management Plan of the hospital is located in the Safety Manual.

All linen is handled as if potentially infectious and is placed in blue plastic bags for handling. **All RBW** or containers of biohazardous material are marked with the universal biohazard symbol.

The appropriate method for cleaning a blood/body fluid spill is outlined in the Exposure Control Plan (Annex A). If Housekeeping personnel are in-house, they should clean up the spill, especially if broken glass is involved in the spill. A spill kit for cleaning broken glass is available in the Nursing Supervisor's office.

HEPATITIS B VACCINATION PROGRAM

A three-injection vaccination series is offered to all Doctors Hospital employees free of charge who have potential occupational exposure. There is no immunization currently available for HCV or HIV.

EXPOSURE FOLLOW-UP

If an employee has an occupational exposure, he or she should carry out the following as soon as possible:

1. Wash the exposed area with medicated soap and water or flush the mucus membranes with copious amount of water.
2. Notify their supervisor of the exposure.
3. Go to Employee Health (3rd floor, MOB I) during the weekdays from 8:30 - 5 or call the Nursing Supervisor if after normal Employee Health hours. **If exposed to PIM of a**

known HIV positive patient, *time is critical*; The Employee Health Physician must be consulted for instituting appropriate chemoprophylaxis within 2 hours.

PROTECTING YOURSELF FROM EXPOSURE TO PULMONARY TUBERCULOSIS

Pulmonary tuberculosis (TB, MTb) is caused by the bacteria *Mycobacterium tuberculosis*. It is spread by the airborne route; by inhaling microscopic droplet nuclei (smaller than 5 microns) containing these bacteria. Infection begins in the lungs where it can be contained by the body's natural defenses, or it can spread throughout the body by entering the circulatory system

TB Exposure Control Plan

Located at Hospital Policy #2380, this plan defines how we have implemented the 2005 *CDC Guideline for Preventing the Transmission of Tuberculosis in Health-Care Settings* and any applicable OSHA regulations.

Early Detection of Persons With Active TB

THE most important step in preventing transmission in a healthcare facility is identifying persons who are at risk for having active TB.

Groups with a higher prevalence of TB Infection

- ✓ persons with HIV disease or AIDS.
- ✓ homeless
- ✓ inmates (past/present)
- ✓ migrant workers
- ✓ injecting drug users
- ✓ immigrants from Asia, Africa, Caribbean, Eastern Europe, or Latin America.
- ✓ contacts of persons with active TB

Signs/Symptoms of Active Pulmonary TB (Disease)

- ✓ new, persistent productive cough >3 weeks
- ✓ hemoptysis (bloody sputum)
- ✓ night sweats
- ✓ *unexplained* weight loss (>10% body weight)
- ✓ anorexia
- ✓ fever

Signs and symptoms combined with being a member of a group-at-risk should raise suspicion of active TB.

It is important to make the attending healthcare professional aware of these patients as they present with these symptoms so the patient can be quickly assessed and removed from areas where he/she may transmit the disease. (e.g., out of the ER waiting room)

KEY POINT: Always offer **<u>any</u>** patient who is coughing or sneezing tissues or a surgical mask to prevent infective respiratory particles from getting into the air. This will significantly reduce the probability of transmission. This is a part of Respiratory Etiquette.

Airborne Precautions for Suspected Tuberculosis

Patient with known or suspected active TB are placed in monitored negative pressure rooms. These rooms have a greater exhaust of air to the outside (or through a HEPA filter unit) than supply, creating an air flow pattern from the corridor **into** the room then exhausted outside, or re-circulated after filtering).

These rooms are located throughout the facility and can be identified by the **bright yellow square with a black negative sign in the middle located on the upper right hand corner of the door frame leading into the room.** A list of all monitored negative pressure rooms and their Air Changes per Hour (ACH) are located in the MediTech library under NEGATIVE PRESSURE ROOMS.

When patients are in these rooms **all doors leading into the room and anteroom *MUST remain closed unless you are actively entering or exiting the door.*** Open doors will cause the room to loose its negative pressure. **All TB isolation rooms must have both an Airborne Precautions sign on the outside door.**

If patients must exit the room, he or she must wear a surgical mask.

Respiratory Protection

ALL personnel who must enter into the rooms of a patient on Airborne Precautions for TB **MUST wear a hospital-approved respirator.** These DH personnel will be on the Respiratory Protection Program that **requires initial training, medical evaluation and fit testing**. An **annual medical re-evaluation and fit testing is a mandatory** part of the program. Currently respirators approved for use for protection against TB are the N-95 (3-M & K-C), HEPA (3M), and PAPR.

Annual TB Skin Testing

ALL Doctors Hospital employees must have an annual Mantoux TB skin test (TST) as part of their annual evaluation. A small amount (0.1cc) of Purified Protein Derivative (PPD) is injected under the surface of the skin.

If you have been **infected** with *MycobacteriumTuberculosis (MTb),* you will develop a raised area where the PPD was placed (wheal; induration). This ***does not*** mean you have active tuberculosis or even that you *will* develop active TB. You ***are not*** contagious. MTb is a **very slow growing bacteria** and is usually contained by the body's own natural defenses. Only 1 in 10 of the people who are **infected** ever go on to develop **disease** over their lifetime.

HIPAA OVERVIEW

HIPAA is the ***Health Insurance Portability and Accountability Act***. The Privacy Law and the Security Rule are part of this Federal law. We have an obligation to protect the privacy and confidentiality of patient health information as well as employee and company information.

WHO MUST COMPLY?

- Health plans, health care clearinghouses, and those healthcare providers who conduct certain financial and administrative transactions electronically.
- Physician offices
- Hospitals and clinics
- Insurance plans

OTHER BASIC RULES

- Use only the HCA Outlook service to send or receive e-mail.
- You are accountable for the internet sites you visit…and THIS IS monitored!

HIPAA- PRIVACY- SECURITY

- ✓ Patient confidentiality for PHI ***(Protected Health Information)***
- ✓ Includes oral, written and electronic communication.
- ✓ "Need to know" knowledge only!

WHAT IS PHI?

(Protected Health Information)

- Name
- Address
- Employer
- Relative's Names

- Date of Birth
- Telephone numbers
- Social Security Number
- Account Numbers

AFFECTS ME HOW?

- Brochures to all patients concerning patient privacy protection.
- Position computer monitor so patients can't see the information.
- Never throw paper containing PHI into the trash. It must be shredded or put in the "shredding bins".
- Patients can "opt out" of directory/census.
- Use only your unique User ID and Password to access any system or application. This identifies and authenticates you as a valid user of an electronic system or application.
- Never share passwords
- All privacy complaints to FPO!!!
- Patient information is only accessed if there is a *need to know.*

PATIENTS HAVE THE RIGHT…..

- To request access to their medical and billing information for as long as the records are maintained.
- To request to amend (append) their PHI by contacting the FPO

WHO TO CONTACT

For concerns or questions about any privacy concerns:

Your **Facility Privacy Official** is:

The HIM Director
Ext. 6600

Your **Facility Security Officer** is:

Dona Hornung
Ext. 6169

CUSTOMER SERVICE

16 HOUSE RULES FOR CUSTOMER SERVICE

1. **Break the ice:** Make eye contact, smile, greet everyone you encounter, call people by name when applicable, and extend words of concern.
2. **Notice when someone looks confused:** Stop and lend a hand. Escort guests to their location rather then giving directions.
3. **Take time for courtesy and consideration:** Kind words and polite gestures make people feel special.
4. **Keep people informed:** Explain what you are doing and what people can expect. People are always less anxious when they know what is happening. Communicate.
5. **Anticipate needs:** You'll always know what people want before they have to ask. Don't wait. Ask.
6. **Respond quickly:** When patients are worried or sick, every minute seems like an hour.
7. **Maintain privacy and confidentiality:** Knock as you enter a patient's room. Watch what you say and where you say it. Protect personal information.
8. **Handle with care:** Slow down. Imagine that you are on the receiving end.
9. **Maintain dignity:** Give choices in interactions with patients. Close curtains to provide privacy. That person could be your child, your spouse, your parent, or your friend.
10. **Take the initiative:** Just because something is "not your job" doesn't mean that you can't help or find someone that can help.
11. **Treat patients as adults:** Your words and tone should show respect and consideration.
12. **Listen and act:** When people complain, don't blame others or make excuses. Hear them out and do all that you can to respond to the problem and make things right.
13. **Help each other:** When you help your co-workers, you help patients too.
14. **Keep it quiet:** Noisy annoys! It also shows a lack of consideration and concern for the patient.
15. **Apply telephone skills:** When you're on the telephone, Doctors Hospital's reputation is on the line. Sound pleasant, be helpful and listen with understanding.
16. **Look the part:** Professional dress and demeanor build people's confidence in all of us.

TELEPHONE ETIQUETTE

1. SLOW DOWN……..Always speak slowly and distinctively.
2. Answer the phone with the name of your department or area that you are working, and give your name.
3. Listen to the caller and try to help them.
4. Keep the caller informed of what you are doing.
   *__If you have to place them on hold__: Let the caller know that you are placing them on hold and you will be right back.
   __*If you are going to transfer the call:__ Let the caller know when you are making the transfer.
   __*Never let there be dead silence on the phone:__ Communicate to the caller what is or will be taking place.
5. ALWAYS….ALWAYS….ALWAYS, Thank the caller for calling.

DOCTORS HOSPITAL

EMERGENCY LIFE SAFETY/HIPAA/SERVICE EXCELLENCE

Self Assessment Quiz for Affiliating Agencies

1. Code Purple indicates assistance is needed in a particular department because :
   _____

2. Code Blue indicates a person has experienced what event?
   _____

3. Code Black means that a _____has been received at the hospital.

4. The Disaster Plan tells all hospital employees what to do in case of a community disaster. (True/False)

5. All emergency plans can be reviewed in detail within each department of the hospital by referring to the Yellow Safety Manual. (True/False)

6. A Code Orange indicates that what has happened within the hospital? _____
   _____

7. If there is a Code Green, everyone needs to move away from what?
   _____

8. All hospital emergency codes can be activated by calling what telephone number?
   _____

9. If you discover a fire, in which order do you respond?
   _____ Activate the alarm
   _____ Confine the fire
   _____ Rescue any victims from the fire room and close the door
   _____ Extinguish / Evacuate

10. It is correct to use elevators during a fire/fire drill.
    (True/False)

11. Which of the following is NOT a means of workplace transmission of bloodborne pathogens?

    a. Percutaneous injury with a bloody object
    b. Splash of blood onto intact skin
    c. Spray of blood onto mucus membranes

d. Spattering of blood onto an open wound

12. Personal protective equipment must be removed when it is no longer needed for a particular task.

    a. True
    b. False

13. Which of the following is not permitted in areas where blood or body fluids are handled?

    a. Eat a snack
    b. Drink a cup of coffee
    c. Apply lip balm or cosmetics
    d. Apply contact lenses
    e. All of the above are not permitted

14. An immunization against which bloodborne pathogen is available to all employees with occupational exposure free of charge from their employer?

    a. Hepatitis B Virus
    b. Hepatitis A Virus
    c. Human Immunodeficiency Virus
    d. Hepatitis C Virus

15. Standard Precautions apply to which of the following of all patients?

    a. All secretions
    b. All excretions
    c. All moist mucous membranes
    d. All non intact skin
    e. All the above

16. What is an FPO?
    a. Facility Privacy Official
    b. Facility Police Officer

17. Confidential information includes all of the following except:
    a. Patient financial information
    b. User ID
    c. Passwords
    d. Clinical information

18. Who is responsible for protecting patients' individually identifiable health information?

a. CEO
b. ECO
c. Physician
d. All of the above
e. None of the above

19. **True or False**: If a person has the ability to access facility or company systems or applications, they have a right to view any information contained in that system or application?

20. A patient listing given to a member of the clergy should be restricted by religion and may have the following information except:
    a. Patient name
    b. Patient Social Security number
    c. Patient location
    d. Patient condition in general terms

21. The acronym for HIPAA stands for:
    a. Health Information Protection and Accountability Act
    b. Health Insurance Portability and Accountability Act
    c. Health Insurance Publication and Accumulation Act
    d. None of the above

22. Confidential information must not be shared with another unless the recipient has:
    a. An OK from a doctor
    b. The need to know
    c. Permission from Human Resources
    d. All of the above

23. **True or False:** It is part of our role to learn and practice the many ways that we can help protect the confidentiality, integrity and availability of electronic information assets.

24. **True or False:** Patient or confidential information may be sent through Atlas or the internet with guaranteed security.

25. A visitor who asks for a patient by name may receive the following information except:
    a. Patient name
    b. Patient condition in general terms (e.g. stable, critical, etc.)
    c. Patient location
    d. Patient diagnosis

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