The Valley Hospital

Students & Supplemental Staff

Self Learning Orientation Module

Valley Health System
Introduction

At Valley Hospital, safety is important to the provision of care. It is an equally important consideration for our co-workers and ourselves.

This is a self-contained, self-paced learning package designed to help reinforce and update the knowledge you need to maintain a safe practice environment.

Reviewed in this education package are:

Mission and Values
Confidentiality and Privacy
Electrical Safety
Fire Safety
Hazardous Materials/Right to Know
Disaster/Emergency Preparedness
Patient Rights
Risk Management
Utilities
Sensitive Areas
Ergonomics
Advance Directives
Age Specific Considerations in Patient Care
American’s With Disabilities Act
Corporate Compliance Module
Constructive Work Environment
Infection Control

Read each section.

Complete the test (last section of book) using the answer sheet.

Complete the Infection Control Post Test.

Sign the “Statement of Understanding.”

Sign the “Confidentiality Statement”.
Objectives

At the completion of this module, you will:

1. Explain the acronym RACE.
2. State actions to take in reporting a fire or smoke in the Valley Hospital.
3. Recognize electrical hazards.
4. State the purpose and location of Material Safety Data sheets.
5. Discuss your responsibilities in maintaining patient confidentiality.
6. Take appropriate action in the event of a disaster, bomb threat or child abduction.
7. Discuss basic principles and laws related to advanced directives in New Jersey.
8. Communicate effectively with all age groups.
9. Discuss the provision of interpretive services to Limited English Proficiency patients.
10. Assist in provision of accessible health care services for persons with disabilities.
Part I: Mission and Values

Mission Statement

The Valley Hospital serves the community by healing and caring for patients, comforting their families and teaching good health.

The Valley Hospital is distinguished by a commitment to:
- Excellence in clinical care
- Innovation in programs and technology
- Providing a compassionate and respectful environment

Vision

The Valley Hospital will be the hospital of choice for patients, doctors, employees, and community volunteers.

We are committed to quality clinical care and service delivery; responsiveness to community needs; and investment in our people, programs, services, facilities and technology.

We will provide superior service to patients, their families, our doctors, and each other.

Values

Service
We are privileged to serve our patients, their families, and our community and each other.

Excellence
We maintain the highest standards of care at all times.

Respect
We treat everyone with dignity and sensitivity.

Value
We provide high-quality healthcare services efficiently and effectively to all.

Ethics
We are honest and fair in all we say and do.
**Part II: Confidentiality and Privacy**

**HIPAA: (Health Insurance Portability and Privacy Act)** is federal legislation aimed at protecting confidentiality and security of health data. HIPAA insures that your private medical information will be used appropriately for treatment, payment, and healthcare operations only. **Protected Health Information (PHI)** is any information, including demographics, that identifies an individual. Names, addresses, employers, relatives’ names, date of birth, phone or fax number, social security numbers, medical record or account numbers are all considered PHI. Verbal discussions, written communications and electronic communications are all protected under the HIPAA regulations. **An authorization is required to use or disclose any PHI for any purpose other than for treatment, payment or operations purposes.**

**Minimum Necessary Access Standard:** Under HIPAA, providers must make a reasonable effort to disclose or use only the minimum necessary PHI in order to do their jobs. We need to identify people or classes of people who need access to PHI to do their jobs, and we need to consider what categories of PHI they need access to and limit access accordingly. For example, an RN needs access to much more information than a transporter.

HIPAA recognizes that there may be occasional incidental disclosure of PHI as part of our business. These are not considered a violation of the law. For example, a sign-in sheet at a reception area may include a patient’s name. However, all employees need to be conscious of the Minimum Necessary Access Standard and focus on making sure our processes align with this standard.

**Written Notice of Privacy Practices:** This notice MUST be given to each patient who is admitted or registered into our system. It informs the patient and family about how we use their PHI and what their rights are related to use and disclosure under HIPAA. Every patient must sign an acknowledgment that they have received a copy of the privacy notice. If this acknowledgment cannot be obtained, we need to document why it was not obtained.

**Individual’s Rights Under HIPAA:**

- **Right to Inspect and copy their medical record.** Our policy is to check with the attending physician first and make sure any releases are signed as needed. (Policy #34-01)
- **Right to amend the medical record as appropriate.**
- **Right to an accounting of disclosure.** The patient is entitled to a list of all people and institutions who have been given access to their medical information. *(Beginning April 14, 2003, the individual has six years to request this accounting.)*
- **Right to request restrictions.** For example, the patient may ask not to be included on the Hospital Directory or restrict family members who receive medical information.
- **Right to request confidential communications.**
- **Right to a paper copy of the Notice of Privacy Practices.**
The patient also has the right to file a complaint if he feels we have infringed his privacy rights under the HIPAA legislation.

**Ways to Protect and Maintain Patient Privacy:**

- Close room doors when discussing treatment.
- Close curtains and speak softly in semi-private rooms.
- Avoid discussing patients in public areas of the hospital.
- Protect charts by using cover sheets. Turn them so names, etc are not easily visible.
- Use lockable chart holders in highly sensitive areas such as psychiatric or substance abuse settings.
- Do not leave messages on answering machines that reveal any PHI.
- Do not leave PHI unattended. File it or return it to its proper location.
- When discarding Paper patient information, make sure it is shredded properly.
- Log off the system after you complete accessing electronic patient information. *(Electronic audits will be conducted to determine who has accessed PHI.)*
- Keep computer monitors turned so passersby cannot see them.
- Use screen savers to block PHI.
- Send and store information on public networks only in encrypted form.
- Do not post or share passwords. Avoid obvious passwords, and change passwords frequently.
- When faxing PHI, make sure it is received by a fax machine in a secure location.
- Do not let faxed information sit on an unattended fax machine.
- E-mail: always check the address line of an e-mail before you send it.
- Never remove computer equipment, disks, or software without permission.

**Sanctions:** HIPAA’s privacy and security regulations provide civil or criminal penalties against Healthcare Organizations that fail to keep PHI private. Valley Hospital employees will be disciplined for failure to comply with HIPAA according to the Hospital’s policy on Employee Discipline.

**HIPAA Hotline:** Staff questions about HIPAA should be directed to the **HIPAA hotline (x4472)**. Patients and family concerns should be directed to the Patient Relations Department at x8169.
The Valley Hospital recognizes its legal and ethical responsibilities to safeguard the privacy of all patients and to protect the confidentiality of health information.

The implications of the computerized record and potential loss of privacy are considerable.

You will be asked as a condition of your employment to sign a statement of confidentiality agreeing to use discretion in conversations about patients and to safeguard computer password ID’s.

Please sign Confidentiality Sheet found at the end of Post Test
Part III: Electrical Safety

All healthcare workers are dependent on the use of electrical equipment. A fundamental understanding of electricity is essential to the safety of:

- you the provider
- the patients
- your co-workers
- the institution

A variety of activities in the healthcare environment can disrupt grounding in a piece of equipment and compromise both patient and staff safety.

Biomedical Engineering must check equipment:

- if it overheats
- if it has been dropped or bumped vigorously while in transit
- if it has had liquid spilled on it
- if it has shocks emanating from it
- if it has strange odors or noises coming from it
- if it has a worn, discolored, or frayed plug or cord
- if it has loose control knobs or poor switch connections

Equipment requiring checking or repair should be tagged with a written description of the malfunction or problem found and should be routed to Biomedical Engineering.

ALWAYS REMEMBER:

1. Keep patients, co-workers, and yourself as dry as possible. Liquids are conductors.
2. Use equipment that has been tested and approved by Biomedical Engineering and has been tagged/labeled with this approval.
3. Use grounded, three-prong plug, electrical devices.
4. When a patient is being defibrillated: do not have any contact with the bed/stretcher; and always check and verify “everybody clear” before defibrillation.
Part IV: Fire Safety

Fire in a health care facility is a danger which must be taken seriously. If a fire does break out, incapacitated or unconscious patients can be in great danger.

Everyone working in a health care facility is responsible for promotion of fire safety by recognizing and reporting fire hazards and by knowing and practicing what to do in case of fire.

How can YOU promote fire safety?

1. Keep all exit doors closed.
2. Smoke only in designated areas outside the hospital.
4. Use all electrical equipment safety.
5. Know the location of fire alarm pull boxes on your unit.
6. Know the location of all fire extinguishers on your unit.
7. Keep all combustibles such as paper products, linen and clothing away from heat producing devices such as reading lamps.
8. Know escape route of department as appropriate.
What should YOU do if YOU see smoke or a fire?

The acronym R.A.C.E., is an easy way to remember the steps to take if you see fire or smoke in your immediate area.

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>R</strong></td>
<td><strong>RESCUE</strong></td>
<td>Remove any patients, visitors or other personnel from fire area.</td>
</tr>
<tr>
<td><strong>A</strong></td>
<td><strong>ALARM</strong></td>
<td>Activate the nearest pullbox and call 2233 giving exact location and extent of fire.</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td><strong>CONFINE</strong></td>
<td>Close all doors and windows.</td>
</tr>
<tr>
<td><strong>E</strong></td>
<td><strong>EXTINGUISH</strong></td>
<td>Use good judgment and caution in extinguishing fire when waiting for the Fire Department.</td>
</tr>
</tbody>
</table>
What should YOU do if YOU hear an overhead announcement or fire alert called?

If the fire is in your immediate area, you will hear a series of bells on the overhead address system. Fire doors between units will close and the elevator in the affected building will become inactivated until the ALL CLEAR signal is announced on the overhead address system.

Your responsibility in this scenario is to close all doors and windows and report to the charge nurse to await further instructions, should evacuation become necessary. If you are away from your usual unit during a fire alert, you are to remain where you are until the ALL CLEAR signal is announced.

DO NOT OPEN DOORS OR USE ELEVATORS DURING A FIRE ALERT
Fire Extinguisher

A fire extinguisher is a storage container for an extinguishing agent such as water or chemicals. It is designed to put out a small fire, not a large one. An extinguisher is labeled according to whether the fire on which it is to be used occurs in wood or cloth, flammable liquids, electrical, or chemical sources. At The Valley Hospital we use the extinguisher labeled “ABC” which can be used on all the above listed substances.
Extinguishers are to be used on the types of fires designated by the letter symbols below and by the name plate on the extinguisher itself.

**LETTER SYMBOL**

- **A**: For wood, paper, cloth, trash and other ordinary materials.

- **B**: For gasoline, grease, oil, paint and other flammable liquids.

- **C**: For live electrical equipment.

*Halon (green)*: For use in computer areas. Use on class BC fires.
How to Use A Fire Extinguisher

P  PULL
Pull the pin (plastic or metal seal will break)

A  AIM
Aim the extinguisher nozzle at the base of the fire.

S  SQUEEZE
Squeeze the operating lever and handle together.

S  SWEEP
Sweep the nozzle from side to side at the base of the fire until it goes out.
**Part V: Hazardous Materials/Right to Know**

Performing your usual duties in a health care facility often exposes you to potentially hazardous substances and OSHA (Occupational Safety and Health Administration) has outlined safety guidelines for handling these substances. Understand your risks and put these guidelines into practice. It is important to Valley Hospital that you stay safe and healthy.

The State of New Jersey has a well defined system for reporting and distributing information to employees regarding the use of Hazardous substances in the workplace. “It is known as the Right-to-Know Act”.

Hazardous substances are hard to recognize as they may not be seen (radiation or medical gases) or may not be used and stored correctly. Material Safety Data Sheets (MSDS) have been obtained for all substances and chemicals present in the workplace that are known to pose a health or physical hazard.
**Material Safety Data Sheets**

The MSDS are organized alphabetically in ring binders which are maintained by the
Copies of any MSDS are available to any employee, student or volunteers. In addition, each department has a ring binder containing MSDS’s for the products used in that department.

The MSDS may all look a little different, but there are ten sections you are more likely to see:

1. **CHEMICAL IDENTIFICATION**—Name of substance and company who prepare the MSDS along with manufacturer’s name, address or phone.

2. **COMPOSITION**—Hazardous ingredients in common and chemical names.

3. **HAZARDS**—potential health effects and symptoms of exposure such as rash.

4. **FIRST AID MEASURES**—Steps to take if someone has been exposed before professional medical assistance.

5. **COMBUSTIBILITY**—Explosive and fire properties as well as appropriate extinguisher.

6. **ACCIDENTAL RELEASE MEASURES**—How to clean up a leak or spill.

7. **STORAGE AND HANDLING**—How to minimize contact with the hazardous substance.

8. **EXPOSURE CONTROLS AND PERSONAL PROTECTIVE EQUIPMENT**—Proper ventilation and any PPE needed.

9. **PHYSICAL AND CHEMICAL PROPERTIES**
10. **STABILITY AND REACTIVITY**—Conditions that might contribute to an exposure due to a reaction.

Please see the following pages for an example of a Material Safety Data Sheet
MATERIAL SAFETY DATA SHEET

IODINE SPOTTER

Date Issued: 15 Jan 1998

US MANUFACTURER:
S.C. Johnson Commercial Markets, Inc.
S.C. Johnson Professional
6110 16th Street
Sturtevant, Wisconsin 53177-0903
Phone: (800) 725-6737
MSDS Internet Address:
www.hciprofessional.com
Emergency Phone: (800) 851-7145

Hazard Rating

<table>
<thead>
<tr>
<th>HAZARD RATING</th>
<th>HMTS</th>
<th>HAZARD</th>
<th>NFPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 - Very High</td>
<td>1</td>
<td>Health</td>
<td>1</td>
</tr>
<tr>
<td>3 - High</td>
<td>0</td>
<td>Flammability</td>
<td>0</td>
</tr>
<tr>
<td>2 - Moderate</td>
<td>1</td>
<td>Reactivity</td>
<td>1</td>
</tr>
<tr>
<td>1 - Slight</td>
<td>1</td>
<td>Special</td>
<td>1</td>
</tr>
<tr>
<td>0 - insignificant</td>
<td>1</td>
<td>Not recognized</td>
<td>1</td>
</tr>
</tbody>
</table>

DISTRIBUTED IN CANADA BY:
S.C. Johnson Professional, Inc.
Phone: (519) 756-7000
1 Webster Street, Suite 100
Brandford, Ontario N3T 5R1
Transportation Emergency:
CANNTEC (collect) (613) 998-6666
Emergency Phone: (800) 851-7145

CANADIAN MANUFACTURER:
S.C. Johnson Professional, Inc.
Phone: (519) 756-7000
1 Webster Street, Suite 100
Brandford, Ontario N3T 5R1

SECTION 1 - PRODUCT IDENTIFICATION

PRODUCT NAME: IODINE SPOTTER
REASON FOR CHANGE: Hazard Rating.
PRODUCT USE: Industrial/Institutional: Carpet care.

SECTION 2 - INGREDIENT INFORMATION

INGREDIENT
Sodium Sulfite (CAS# 7757-83-7)................. 1-5
[PA NJ MA] Sodium Bisulfite (CAS# 7611-90-5).... 10-20
Water (CAS# 7732-18-5).................. 80-90

EXPOSURE LIMIT/TOXICITY
5 mg/m³ AGGTH/OSHA TWA LD50: 2.0
mg/kg (oral-rat)
NOT ESTABLISHED

SECTION 3 - HEALTH HAZARDS IDENTIFICATION (Also See Section 11)

ROUTE(S) OF ENTRY: Eye contact. Skin contact.
EFFECTS OF ACUTE EXPOSURE:
EYE: May cause: Slight to mild irritation.
SKIN: May cause: Slight to mild irritation.
INHALATION: May cause irritation to nose, throat and respiratory tract.
INGESTION: None known.
MEDICAL CONDITIONS GENERALLY RECOGNIZED AS BEING AGGRAVATED BY EXPOSURE
Persons with pre-existing sensitivity to sulfites may be more susceptible to allergic reaction. Individuals with chronic respiratory disorders such as asthma, chronic bronchitis, emphysema, etc., may be more susceptible to irritating effects.

SECTION 4 - FIRST AID MEASURES

EYE CONTACT: Flush immediately with plenty of water. If irritation develops, get medical attention.
SKIN CONTACT: Flush immediately with plenty of water. If irritation develops, get medical attention.
INHALATION: If breathing is affected, remove to fresh air. Get medical attention immediately.
INGESTION: No special requirements.

SECTION 5 - FIRE AND EXPLOSION INFORMATION
MATERIAL SAFETY DATA SHEET

IODINE SPOTTER

Date Issued: 15Jan1998
Supersedes: 17Dec1997

SECTION 5 - FIRE AND EXPLOSION INFORMATION (continued)

FLAMMABLE LIMITS ........... Not applicable.
AUTOIGNITION ............... Not applicable.
TEMPERATURE ............... Not applicable.
EXTINGUISHING MEDIA ...... Foam, CO2. Dry chemical, Water fog.
SPECIAL FIREFIGHTING ... Cool and use caution when approaching or handling fire-exposed
PROCEDURES ............... containers. Fire fighters should wear self-contained breathing
apparatus and protective clothing.
UNUSUAL FIRE AND ... No special hazards known.
EXPLOSION HAZARDS

SECTION 6 - PREVENTIVE RELEASE MEASURES

STEPS TO BE TAKEN IN ... Absorb with oil-dri or similar inert material. Sweep or scrape up
CASE MATERIAL IS ..... and containerize. Do not let spilled or leaking material enter
RELEASED OR SPILLED ..... watercourse.

SECTION 7 - HANDLING AND STORAGE

PRECAUTIONARY .......... CAUTION: Avoid contact with skin, eyes and clothing. Avoid
INFORMATION ............. breathing vapor. KEEP OUT OF REACH OF CHILDREN. FOR INDUSTRIAL
OTHER HANDLING AND USE ONLY.
STORAGE CONDITIONS ..... Do not use if allergic to sulfites. Wash thoroughly after
handling. Store in a cool, dry place with adequate ventilation.
Keep away from heat and flame. Keep from freezing.

SECTION 8 - SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION .. No special requirements under normal use conditions. If
mists/vapors are not adequately controlled by ventilation, use
appropriate respiratory protection to prevent overexposure.
VENTILATION .............. General room ventilation adequate.
PROTECTIVE CLOTHES .... Neoprene.
EYE PROTECTION ........... No special requirements under normal use conditions.
OTHER PROTECTIVE ........ No special requirements.
MEASURES

SECTION 9 - PHYSICAL AND CHEMICAL PROPERTIES

COLOR ...................... Clear, Colorless.
PRODUCT STATE ............ Liquid.
ODOR ...................... Odorless.
ph ......................... 7.02
ODOR THRESHOLD .......... Not available.
SOLUBILITY IN WATER ...... Complete.
SPECIFIC GRAVITY ........ 1.14
[H2O=1]
VISCOITY .................. Not available.
VAPOR DENSITY [AIR=1] ... Not available.
EVAPORATION RATE [BUTYL ACETATE=1] Not available.
VAPOR PRESSURE (mm Hg) ... Not available.
BOILING POINT ............ Not available.
FREEZING POINT ........... Not available.
COEFFICIENT OF WATER/OIL Not available.
SECTION 9 - PHYSICAL AND CHEMICAL PROPERTIES (continued)

PERCENT VOLATILE BY VOLUME (%)  > 30
VOLATILE ORGANIC COMPOUND (VOC).
THEORETICAL VOC (LB/MM)
Not available.
Not available.

SECTION 10 - STABILITY AND REACTIVITY

STABILITY CONDITIONS........... Stable.
Excessive heat.
INCORPORATION TO AVOID........... Strong acids (e.g., muriatic acid).
HAZARDOUS DECOMPOSITION PRODUCTS
Products of combustion may include: sulfur oxides, sodium oxides.
HAZARDOUS POLYMERIZATION
Will not occur.
HAZARDOUS POLYMERIZATION CONDITIONS TO AVOID
Not applicable.

SECTION 11 - TOXICOLOGY INFORMATION (Also See Section 3)

LD50 (ACUTE ORAL TOX).......... Estimated to be greater than 5000 mg/kg (rats).
LD50 (ACUTE Dermal TOX)........ Estimated to be greater than 2000 mg/kg. (rat).
LC50 (ACUTE INHALATION TOX).... Not available.
EFFECTS OF CHRONIC EXPOSURE none known.
SENSITIZATION.............. May occur in susceptible individuals. Prolonged or repeated contact may cause allergic dermatitis.
CARCINOGENICITY........... None known.
REPRODUCTIVE TOXICITY........ None known.
TERATOGENICITY........... None known.
MUTAGENICITY........... None known.

SECTION 12 - ECOLOGICAL INFORMATION

ENVIRONMENTAL DATA........... Not available.

SECTION 13 - DISPOSAL CONSIDERATIONS

WASTE DISPOSAL............. No special method. Observe all applicable Federal/ Provincial/ State regulations and Local/ Municipal ordinances regarding disposal of non-hazardous materials.

SECTION 14 - TRANSPORTATION INFORMATION

CANADIAN SHIPPING NAME........ IODINE SPOTTER.
DOT CLASSIFICATION........... Not applicable.
PIN/NIP......................... Not applicable.
Packing GROUP............... Not applicable.
EXEMPTION NAME............... Not applicable.
MATERIAL SAFETY DATA SHEET

IODINE SPOTTER

Date Issued: 15 Jan 1998

Supersedes: 17 Dec 1997

SECTION 15 - REGULATORY INFORMATION

WHMIS CLASSIFICATION: Non-regulated.

All ingredients of this product are listed or are excluded from listing on the U.S. Toxic Substances Control Act (TSCA) Chemical Substance Inventory.

All ingredients in this product comply with the New Substances Notification requirements under the Canadian Environmental Protection Act (CEPA).

This product is not subject to the reporting requirements under California's Proposition 65. These ingredients from Section 2 are subject to the following reporting requirements:

PA - The Pennsylvania Hazardous Substance List
NJ - The New Jersey Right to Know Hazardous Substance List
MA - The Massachusetts Hazardous Substance List

SECTION 16 - OTHER INFORMATION

ADDITIONAL INFORMATION: Use as directed.
EPA REGISTRATION #: Not applicable.

PREPARATION INFORMATION

PREPARED BY: Manufacturer's Technical Support Department. Refer to page 1 (Manufacturer) for contact information.

This document has been prepared using data from sources considered technically reliable. It does not constitute a warranty, express or implied, as to the accuracy of the information contained herein. Actual conditions of use and handling are beyond seller's control. User is responsible to evaluate all available information when using product for any particular use and to comply with all Federal, State, Provincial and Local laws and regulations.

PRINT DATE: 02 Feb 1999
Hazardous Material Storage

All hazardous chemical containers are labeled, tagged or marked to indicate the product name as it appears on the MSDS, the manufacturers name and a warning concerning the hazards of the material. Storage tanks or pipes are labeled with the identity of their contents and the hazards they present, if any.

ALWAYS CHECK THE CONTAINER LABEL BEFORE HANDLING ANY SUBSTANCE

Valley Hospital provides employees with protective equipment to use when working with hazardous substances. Protective equipment available includes gloves, goggles/eye shields, face shields, and gowns.

REMEMBER:

It is your responsibility to use the equipment, to use it properly, and to be aware of potential hazards.

Chemicals – Misuse = DANGER

CHEMICALS + EDUCATION = SAFE PRACTICE
Part VI: Disaster/Emergency Preparedness

Mass casualty plans to assess and treat a larger number of seriously injured persons than the Emergency Department can normally handle, and evacuation procedures, should it be necessary to empty the building, or a portion thereof, have been developed. Specific detailed plans for each emergency are included in the Red Emergency Preparedness Procedure Flipchart which is available to YOU in your department.
You will know an emergency plan has been activated when you hear the following codes announced on the Hospital PA system. Remain on or return to your unit for further instructions.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>Code Blue</td>
<td>Adult Emergency</td>
</tr>
<tr>
<td>Code White</td>
<td>Pediatric Emergency</td>
</tr>
<tr>
<td>Code 3</td>
<td>Infant Abduction Code Status/unit will be announced over PA system. Monitor unit entrance/exit or search for child on your unit until all clear sounds.</td>
</tr>
<tr>
<td>Code 5</td>
<td>Evaluation</td>
</tr>
<tr>
<td>Code 8</td>
<td>Bomb Threat</td>
</tr>
<tr>
<td>Code 12</td>
<td>Disaster</td>
</tr>
</tbody>
</table>
REMEMBER!

The RED EMERGENCY PREPAREDNESS PROCEDURE FLIPCHART is available to YOU in your department!!!!
Part VII: Patient Rights

The American Hospital Association published a Patient Bill of Rights in 1973. Patient Rights fall into four general categories:

1. The right to competent treatment.
2. The right to information about their condition and treatment.
3. The right to accept or refuse treatment.
4. The right to privacy.

It is the policy of the Valley Hospital to comply with the Patient Bill of Rights Law (P.L. 170, 1989) and all applicable state regulations pertaining to patient rights requirements to ensure that all patients are given respectful care at all times.

All patients or their family members receive a copy of patient rights and responsibilities when they are admitted to the hospital. In addition, a copy of patient rights and a copy of a Board of Trustees Resolution with respect to patient responsibilities is posted in each patient room. Copies of patient rights are also posted in common areas of the hospital such as Patient Registration, the main lobby and the Emergency Department.

Interpretive Services for the Non-English Speaking Patient

It is a policy of the Valley Hospital to provide interpretive services for patients identified as having Limited English Proficiency (“LEP”).

Interpreters can be contacted through Patient Relations via a list of employees who are proficient in the needed language or through the AT&T Language Line.

LEP persons are notified of their right to language assistance and to the availability of such assistance free of charge, via signs posted and maintained in regularly encountered languages other than English, in waiting rooms, reception areas, and other initial points of entry.


Part VIII: Risk Management

An Occurrence Report is to be completed whenever an event occurs which deviates from what is expected to occur during the normal “standard operating procedure”. All incidents or events that have outcomes that are not expected, and all incidents or events that may cause harm or injuries to patients, hospital staff, visitors, volunteers, or members of the medical/dental staff must be reported on a hospital report form.

A sample form is attached. You obtain this form from your immediate supervisor.

This report should be filled out immediately after the incident occurs and sent to Risk Management. Anyone who has witnessed or has knowledge of the incident should complete the Occurrence Report.
Part IX: Utilities

Users must have a basic knowledge of operation for all utility systems in their work area.

A. Elevators:

The hospital has eight elevators. The two elevators closest to the Main Lobby are for the use of visitors. The other five are for general use.

Patients and medical emergencies ALWAYS HAVE PRIORITY when using the elevators.

If you are stuck in an elevator:

- use the telephone or intercom in the elevator to notify the telecommunication department operator or someone outside the elevator
- identify yourself, tell which elevator you are on, the floor location - if you know it
- state other pertinent information -- a patient is in the elevator
- remain calm while waiting for assistance

DO NOT USE THE ELEVATORS DURING A FIRE DRILL OR FIRE EVENT.

B. Heating / Ventilating / Air Conditioning system:

It is important to consider the practices that enable the heating-ventilating-air conditioning (HVAC) system to operate efficiently and contribute to providing a clean, comfortable environment in which to work and provide patient service.

Leave the thermostat adjusted to a comfort range of approximately 70-75 degrees.

If you have to adjust the thermostat, remember an immediate difference in the temperature may not be noticed. It takes time for the system’s air handler to adjust to the change.

Only open windows in emergency situations. Opening windows bypasses the filtering system, allowing unfiltered air into a room. It creates an imbalance in the system, which may adversely affect other areas of the hospital. Opening windows may result in damage from wind or rain.

Report problems with the HVAC system to Facilities Management Department. Ext. 2255
C. **Plumbing:**

All problems with plumbing should be reported to Facilities Management. Problems may include: leaks, clogged waste lines, inappropriate hot water temperatures, fire sprinkler activation with no fire source, and steam leaks. Inform patients, visitors, volunteers, and staff to avoid the problem area. Use good judgment in deciding whether or not there is an emergency and an evacuation is needed.

Boilers in Facilities Management supply steam. It is piped to different locations throughout the building for use in heating water, sterilizing equipment, running humidifiers, etc.

Never attempt to approach the leak directly. Steam is under pressure and will cause severe burns.

Notify Facilities Management, immediately. Ext. 2255

Secure the area and keep patients, visitors, volunteers, and staff away until help arrives.
Part X: Sensitive Areas

Sensitive areas are areas of restricted access, open only to authorized personnel. At The Valley Hospital, Sensitive areas include, but are not limited to the following:

- Medication rooms
- Emergency room
- Critical Care and Intermediate Care
- Operating room
- The Family Wellness Area
- Pharmacy
- Endoscopy
- Medical Records Services
- Boiler room
- Mechanical Equipment room
- Magnetic Resonance Imaging (MRI) Area*
- All patient care areas

Stay out of these areas unless you are authorized to be there or are sent there on hospital-related business. Individuals assigned to work in these areas should be alert to the presence of unauthorized personnel. If you see someone who should not be in the area, ask what they need, direct them to their proper destination and/or alert your supervisor and/or Security. Security personnel can be reached through the telecommunication department operator.

*See next page for more information.
Magnetic Resonance Imaging (MRI) technology utilizes a powerful magnet field to produce images that aid diagnosis. The magnet is always on, therefore no ferromagnetic objects can be taken into the MRI unit. These include implanted medical devices such as a defibrillator, a stent, or a hearing aid or dangerous medical equipment such as oxygen tanks, IV pumps, wheelchairs and stretchers. Personal items that can attach themselves to the magnet are keys, hairpins, credit cards, ID tags, etc. Therefore NO ONE can enter the MRI room without being screened by the MRI staff.

**REMEMBER! THE MAGNET IS ALWAYS ON**
Part XI: Ergonomics

Ergonomics is defined as the science of adapting equipment, procedures, and surroundings to people. Applying it helps prevent injuries and improves efficiency on the job.

The Valley Hospital is committed to working with you to provide an ergonomically sound workplace.

Repetitive Motion Injuries (RMI) are among the most common associated with inappropriate ergonomics at work or in the home. Common types of RMI are carpal tunnel syndrome, tendinitis, circulation problems, and tenosynovitis. Other injuries associated with poor ergonomic work areas occur to the back, and muscles, and may result in eyestrain, headache, or fatigue.

When working with Video Display Terminals (VDT) or Personnel Computers (PC) consider these ergonomic techniques:

- allow sufficient leg room
- use a document holder to keep the documents you are using at the same height and distance as the screen
- sit about an arm’s length away with the screen tilted back slightly
- when you are sitting upright, the top line of the screen should be just below eye level
- to reduce glare, change the position of the screen or any nearby lighting
- feet should be flat on the floor, knees level with hips, and lower back supported
- avoid positions in which your body is twisted
- use wrist supports or rests to keep wrists straight, a pillow for your lower back, and a screen filter to reduce glare
- arms should rest at your sides with elbows at a right angle, and wrists straight.
Additional ergonomic tips:

- use proper lifting techniques - avoid twisting, lift with your legs by bending knees and keeping your back straight and keep the object close to your body.
- ask for help to lift heavy or awkward objects
- change positions or tasks frequently to avoid repeated stress on a single part of the body.
An Advance Directive formally permits patients to make their health care decisions known in advance of a medical crisis to their family, their physician, as well as the hospital.

There are three types of Advance Directives:

- The Living Will provides the physician with instructions on what to do if the patient lapses into a coma -- use or withhold life support, artificially administered feeding, blood, etc.
- The Durable Power of Attorney appoints an individual to speak for the patient and to make decisions on giving or withholding treatment in the event the patient cannot speak for themselves.

Advance Directives are a patient’s right by both Federal and New Jersey State Law. They are one means by which an individual can exercise self-determination over the types of treatment provided in specific situations.

An Advance Directive is not the same as a DNR/No CPR order nor can it be assumed that the presence of an Advance Directive indicates that the patient does not want life sustaining treatment.

To be valid an Advance Directive must be signed and dated by the individual, in the presence of 2 adult witnesses or a lawyer or a notary or a judge. At The Valley Hospital, in accordance with Administrative Policy (#27.01) the following are not permitted to act as a witness:

1. the designated healthcare representative(s),
2. the attending physician,

The directive can be revoked, changed or reinstated at any time by the patient, verbally or in writing (whether or not the patient is deemed competent at the time). The proxy may be called upon to further interpret the patient’s wishes if the patient is confused or unable to participate in the decision making.

The Advance Directive can be implemented when the patient lacks capacity and meets one of the following criteria:

1) he/she is determined to be permanently unconscious or in a persistent vegetative state
2) treatment is determined to be futile or experimental
3) he/she has a terminal condition (6 months or less to live) with or without provision of life sustaining treatment
4) the patient has a serious irreversible illness or condition and the risks/burdens of treatment to be withheld or withdrawn outweigh the benefits or the imposing of the treatment on an unwilling patient in this condition would be inhumane.
Additional points to remember:

The process is initiated as follows:

Upon every admission, inquiry will be made as to the presence of an Advance Directive. Inquiry will also be made for the following outpatients; Dialysis, (Chemotherapy/ Radiation), Cardiac Rehab, Endoscopy, Laser, Minor OR, and Same Day Surgery. If the patient has a directive, a copy is to be obtained and placed in the medical record. If the patient has a directive but does not have it at the time of admission, that fact must be noted in the medical record. An attempt to obtain the directive must be initiated following admission by the staff on the unit to which the patient is assigned.

When an Advance Directive is received, the document must be acknowledged and reviewed by the physician, and validated by the Registered Nurse. Documentation on the patient record of attempts to obtain or the actual placement of Advance Directives on the patient chart is required at The Valley Hospital.

Educational information is available for all hospital personnel and the community.

The Advance Directive is the property of the patient and, therefore, cannot be “done” by anyone else or revoked by anyone else.
Part XIII: Age Specific Considerations in Patient Care

Each person is an individual, one-of-a-kind. In many different ways, however, each person is also similar to other persons of his or her age. How you communicate with persons of various age groups will vary. Tailor your language and voice to fit the person. Make eye contact. Accommodate the need for privacy. Avoid having your conversation overheard.

BABY/INFANT

Babies respond to your voice and to eye contact, speak in a tone that communicates comfort and safety. They use crying to let you know they are in distress or pain. Because a baby’s immune system is not fully developed, they “catch” diseases more easily. Babies need plenty of sleep so protect them from loud noises, such as loud talking, doors slamming, or equipment noise.

CHILD

Toddlers and Preschoolers: Toddlers, 1-3 years, develop greater physical independence and begin asserting themselves. Preschooler, 3-5 years, begin to understand right from wrong, and fair from unfair. Use their name, speak in short sentences, and use concrete terms. Both toddlers and preschoolers may communicate much of their stress and discomfort by their behavior. They can be uncooperative, generally resistant, and do the opposite of what you ask them to. Above all, you must stay calm.

School Age: These children look for approval from peers and adults, and develop problem-solving abilities and a sense of right and wrong. They need clear and simple explanation and reassurance because fear of the unknown can be greater than their fear of reality. Use the name they prefer to be called.

ADOLESCENT

Rapid growth may make a teen awkward or gangly. They go through many changes—physical, emotional, social, and mental. While adolescents are beginning to think and look like adults, they don’t always use adult judgment. They have mood swings, and often direct their anger outward. They need information and emotional support to make good decisions, and need to feel that they have some control over their life. Teens need acceptance by their peers. Privacy for this age group is very important. Use the name they prefer to be called.
ADULT

Adults’ senses slowly diminish over time. They may experience stress leaving home, establishing new identities as individuals, starting new jobs or careers, meeting and choosing mates, and becoming parents. Adults who are feeling distressed may respond to you with anger, crying, uncooperativeness, or silence. Adults need a sense of control, privacy, time and space to make their own decisions. Use formal address (Mr., Mrs., and Miss) unless you are asked to use their first name.

AGING ADULT

While getting older is not a disease, several physiological changes make aging adults more prone to illness and disease then other groups. Side effects from medication, depression, malnutrition or a disease-related ailment, and the inability to cope with changes and surroundings can cause confusion. Communicating with the aging adults requires patience, compassion, and respect. Aging adults often need extra time to process and understand what you say. Listen to them carefully and patiently, give enough time for them to both understand your message and express their thoughts. Using short, simple, and direct sentences while speaking slowly and clearly helps them hear what you say.
Part XIV: Americans With Disabilities

In accordance with Title III of the American with Disabilities Act 42U.S.C. and the New Jersey law against Discrimination, it is a policy of the Valley Hospital to provide a facility that is barrier free and to promote the care of persons with disabilities.

This is accomplished by:

✓ Ensuring that facilities are accessible to and usable by individuals with disabilities.

✓ Allowing access to the hospital by designated animals trained to provide assistance for an individual with a disability.

✓ Providing auxiliary aids to ensure affective communication with the Visually and Hearing Impaired (written materials, telephones compatible with hearing aids, mouth sticks, pocket amplifiers, closed captioning, TDD’s, taped texts and large print).

✓ Disseminating signage throughout the public access areas fo the hospital (Exhibit A) See next page.

✓ Providing a form for the hearing impaired to indicate preferred mode of communication.

✓ Identifying hearing impaired patients with signage endorsed by the National Association of the Deaf.

✓ Offering the services of a qualified sign language interpreter.
Part XV: Corporate Compliance

The Valley Hospital is an organization built on ethics and integrity. Corporate Compliance is a program, which reinforces and strengthens our commitment to operate responsibly and ethically. This module does not address department specific policies and procedures. It is the responsibility of each department to educate staff members about these. This module includes information about:

- Corporate Compliance
- Code of Ethics
- Patients Rights
- Americans with Disabilities Act (ADA)
- HIPAA (Health Insurance Portability and Accountability Act)

Corporate Compliance Program: Corporate Compliance refers to the hospital’s commitment to adhere to the federal and state regulations that impact our business practice. Corporate Compliance is about doing what is right by preventing and detecting violations of law through enforcement of The Valley Hospital Code of Ethics Policy.

Just as the organization has an obligation to operate with integrity, so do the employees. All Valley Hospital employees must scrupulously comply with all policies and procedures included in the Corporate Compliance Program Manual, the Valley Hospital Policy and Procedure Manual, the Human Resources Policy and Procedure Manual, and the Policy and Procedure Manual specific to the functions of individual departments.

Every area of the hospital has rules and regulations which we must follow. OSHA regulations, proper coding of medical records, medical waste disposal, billing practices and maintaining patient confidentiality to meet HIPAA standards are just a few examples. We monitor compliance through internal audits which are routinely conducted.

If we do not follow federal and state regulations, it can be a criminal offense. Because of this, the Valley Hospital has implemented a Corporate Compliance plan which is an internal fraud detection and prevention program. Employees are trained to understand the regulations and their personal responsibility to report any activity that appears to violate the law, rules, regulations or the Code of Ethics.

If an employee has a question or concern, the key direction is to ask. In any situation where you are unclear about the rules or regulations, you should remember to:

- Stop
- Think
- Clarify
**Reporting a Corporate Compliance Violation:**
If you feel a law, rule or regulation is being violated, there are several ways for you to report the situation.

- Raise concerns first with your supervisor.
- Discuss the situation with the Vice President or Care Center Administrator in charge of your area.
- Call one of the Corporate Compliance Officers:
  - Mitch Rubinstein, Vice President, Medical Affairs
  - Richard Keenan, Vice President, Finance and CFO
  - Anne Raftery, Vice President, Human Resources
  - Jeffrey Lieto, Vice President, Ambulatory & Ancillary Care
  - Ann Marie Leichman, CCA, Medical/Surgical Care Center
- Call the Corporate Compliance Message Line (201-447-8000, x2993)

When you have reported a possible violation, the Corporate Compliance Officers will make every effort to maintain your confidentiality. There will be no retribution if you report a possible violation in good faith; however, anyone deliberately making a false accusation will be subject to discipline.

**If an internal investigation shows a violation**, we will take the appropriate corrective action:

- making restitution
- notifying governmental agencies
- disciplinary action, if necessary
- implementing changes to prevent a similar violation from recurring

**The Valley Hospital “Code of Ethics”** policy is an overall statement of our ethical principles and values. All employees are encouraged to read this and all policies in their entirety. Areas that are addressed:

- We treat all patients wit dignity, respect and courtesy.
- We provide quality healthcare to all of our patients without regard to race, age, religion, national origin, sex, sexual preference, handicap, diagnosis, ability to pay, or source of payment.
- We obtain informed consent for treatment when necessary.
- We inform patients of their right to make advance directives for healthcare.
- We respect our patients’ confidentiality and privacy.
- All patients have a right to know the names of the professionals caring for them.
- All patients have a right to:
  - a translator or interpreter, if needed
  - copies of policies, if requested
  - copies of rules for patients and visitors
  - physical privacy, unless assistance is needed
  - freedom from physical and mental abuse
  - freedom from restraints, unless authorized by a physician for a limited period of time to protect themselves and others.
  - receive sufficient time, information, and assistance for their continuing healthcare needs after discharge.
  - receive assistance in the transfer to another facility, if required or requested.
prompt access to the information in the medical record
a copy of their medical record.

• We take great care to assure that all billings reflect truth and accuracy.
• All patients have the right to receive an itemized bill, if requested.
• We provide emergency medical treatment to all patients, regardless of ability to pay.
• We do not pay for referrals.
• We do not accept payments for referrals that we make.
• We are committed to complying with all applicable laws, regulations, and accreditation standards.
• We will not tolerate harassment by anyone based on the diverse characteristics or cultural background of those who work with us.
Part XVI: Constructive Work Environment

Valley Health System is committed to providing a constructive work environment free of harassment.

Unlawful harassment or discrimination is defined as harassment or discrimination based on any legally protected characteristic. Some of the characteristics protected are race, sex, religion, age, military service, pregnancy, color, national origin, disability, or genetic information. Unlawful conduct might include differences in compensation or terms of employment; preferential treatment or disparate treatment, labeling, mimicking, and exclusion from certain job categories or activities in a department.

Generally, someone who feels he or she has experienced or witnessed harassment would discuss the situation with the other party which is often enough to resolve the situation. In some circumstances one may prefer reporting the situation to his or her manager or supervisor who may communicate with Human Resources to handle the issue.

A complaint may also be made via the Corporate Compliance Confidential Message Line at:

| The Valley Hospital       | 201-447-8000, Ext. 2993 |
| Valley Home Care          | 201-291-6296            |
ORIENTATION MODULE POST-TEST

Please use answer sheet – do not write on this test!

Questions 1 and 2 refer to Part I: Valley Hospital Mission & Values

1. The mission of Valley Hospital is serving the community by healing and caring for patients, comforting their families and teaching good health.
   
   A. True   B. False

2. The values of the Valley Hospital include: service, excellence, respect values and:
   
   a. ethics
   b. community
   c. quality
   d. education

Questions 3 through 5 refer to Part II: Confidentiality and Privacy

3. Which of the following activities could compromise patient confidentiality?
   
   a. casual conversation about a patient in the elevator.
   b. Reading a fax addressed to a co-worker.
   c. Sharing computer passwords with co-workers.
   d. All of the above

4. HIPAA is a federal legislation aimed at protecting confidentiality and security of health data.
   
   A. True   B. False

5. Examples of protected health information are:
   
   a. Patient names
   b. Medical Record numbers
   c. Social Security numbers
   d. All of the above

Questions 6 and 7 refer to Part III: Electrical Safety

6. Equipment must be checked by Biomedical Engineering if it:
   
   a. overheats
   b. has been dropped or bumped vigorously while in transit
   c. has a worn, discolored, or frayed plug or cord
   d. all of the above

7. It is important to keep patients, co-workers, and yourself as dry as possible because liquids are conductors of electricity.

   A. True   B. False
Questions 8 – 12 refer to Part IV: Fire Safety

8. Because fire is considered one of the greatest hazards a hospital can face, staff should take the following steps to minimize this hazard and its dangers:
   a. be aware of the environment around you
   b. take responsibility for prevention and early detection of any fire hazard
   c. report unsafe conditions to your immediate supervisor
   d. all of the above

9. The acronym R A C E is helpful to remember the order of steps to follow in the hospital plan in the event of a fire.
   A. True   B. False

10. If you see smoke or a flame, you sound the alarm by following this sequence of steps:
   a. activating the nearest call box, then notifying the switchboard by dialing 2233
   b. dialing 911, then shouting “fire”
   c. shouting “fire alarm” and running up and down the corridor to alert everyone
   d. All of the above

11. To extinguish a fire successfully, the right type of fire extinguisher must be used. A fire extinguisher labeled BC or ABC can be used on electrical and flammable liquids.
   A. True   B. False

12. The proper steps to be used when using a fire extinguisher are:
   a. Rescue, alarm, confine, extinguish
   b. Pull, aim, squeeze, sweep
   c. Ready, aim, fire

Questions 13 – 16 refer to Part V: Hazardous Materials/Right-to-Know

13. The State of New Jersey has a well-defined system for reporting and distributing information to employees regarding the use of hazardous substances in the workplace. It is known as:
   a. Advance Directives
   b. Universal Blood and Body Fluid Precautions
   c. The Exposure Control Plan
   d. The Right-to-Know Act

14. Valley Hospital provides employees with access to information about hazardous substances through:
   a. Material Safety Data Sheets (MSDS)
   b. Container labels
c. Both A and B

d. None of the above

15. Your co-worker has been cleaning the rug in the patient lounge with iodine spotter and spills some on her arms. You would:
a. Flush skin with betadine and alcohol and call physician
b. Flush skin immediately with plenty of water
c. Flush skin with normal saline and remove victim to fresh air

16. It is your responsibility to be aware of potential hazards and use personal protective equipment properly.

A. True  B. False

Questions 17-18 refer to Part VI: Disaster/Emergency Preparedness

17. When the telecommunication operator announces Code 12 on the overhead paging system this means:
a. there is a fire in the building
b. the town water supply is low
c. the hospital Disaster Plan has been implemented
d. the telephone system is out of service

18. During a disaster situation, all employees play a vital role to ensure safe and efficient care of the patients. Specific information about your role and responsibilities during a disaster can be found in:
a. the Exposure Control Plan
b. the Patient Care Services Standards Manual
c. Emergency Preparedness Flip Chart
d. The Supervisors Manual

Questions 19-21 refer to Part VIII: Risk Management/Incident Reports

19. The person with knowledge of the incident should complete an incident report form immediately after the incident occurs, when possible.

A. True  B. False

20. All information in the Incident Report Form should be factual and descriptive of the event.

A. True  B. False

21. Types of reportable incidents at Valley Hospital are patient, visitor/personnel, equipment, medication, and puncture wound/ slash exposure.

A. True  B. False

Questions 22 – 23 refer to Part IX: Utilities
22. To enable the heating-ventilating-air conditioning (HVAC) system to operate efficiently it is important to:
   a. open windows only in emergency situations because opening windows bypasses the filtering system.
   b. Open the windows at least once during the day
   c. Answer a and b

23. All problems with plumbing such as – leaks, clogged waste lines, inappropriate hot water temperatures, and/or steam leaks – should be reported to:
   a. Risk Manager
   b. Materials Management
   c. Supply and Distribution Department
   d. Facilities Management

Questions 24-25 refer to Part V: Sensitive Areas

24. Sensitive areas are areas of restricted access open only to authorized personnel.
   A. True       B. False

25. Which of the following are considered sensitive areas:
    a. medication rooms
    b. Emergency room and Critical Care areas
    c. Pharmacy and Medical Records
    d. MRI Suite
    e. All of the above

Questions 26-28 refer to Part XI: Ergonomics

26. Ergonomics is the science of adapting equipment, procedures, and surroundings to people.
   A. True       B. False
27. Using ergonomic principles helps to prevent injuries and improves efficiency on the job.
   A. True   B. False

28. Common types of Repetitive Motion Injuries include:
   a. carpal tunnel syndrome
   b. tendinitis
   c. circulation problems
   d. all of the above

**Questions 29-32 refer to Part XII: Advance Directives**

29. Advance Directives are a patient’s right by Federal and New Jersey State Law.
   A. True   B. False

30. Which of the following people are not permitted to witness a patient’s Advance Directive?
   a. the patient’s spouse
   b. the attending physician
   c. any Valley Hospital employee

31. To be valid an Advance Directive must:
   a. be signed and dated by the individual
   b. be appropriately witnessed by 2 adults, or a lawyer or a notary or a judge
   c. be completed by a family member
   d. only answers a and b

32. The presence of an Advance Directive indicates that the patient does not want life sustaining treatment.
   A. True   B. False

**Question 33 refers to Part XIII: Age Specific Considerations in Patient Care**

33. Which of the following actions are appropriate when interacting with patients of various age groups?
   a. use short, simple direct sentences and speak slowly
   b. pay particular attention to the teen’s need for privacy
   c. avoid having your conversation overheard
   d. All of the above
**Question 34 refers to Part XIV: Americans With Disabilities**

34. A hearing impaired patient is required to provide his own sign language interpreter at all times.

   A. True   B. False

**Question 35 refers to Part XV: Corporate Compliance**

35. The Valley Hospital Corporate Compliance program is designed to:

   a. prevent and detect violations of the law
   b. ensure the honesty and integrity of hospital operations
   c. provide employees with training necessary to identify rules and regulations with which they must comply
   d. all of the above
The Valley Hospital
Ridgewood, NJ

STUDENT SELF LEARNING ANSWER SHEET

NAME ____________________________________________

________________________________________

AGENCY _____________________________________________________________________ DATE __________

DATE _______________________________________________________________________

Place your answer on the line that corresponds to the number on your test and sign the attached Statements of Confidentiality and Statement of Understanding. Return entire packet to the Education Department.

1____  13____  25____
2____  14____  26____
3____  15____  27____
4____  16____  28____
5____  17____  29____
6____  18____  30____
7____  19____  31____
8____  20____  32____
9____  21____  33____
10____ 22____  34____
11____ 23____  35____
12____ 24____
The Valley Hospital
Infection Control Department
Independent Study for Supplemental Staff

Please read the following information and answer the post test.

Infection Control means doing everything possible to prevent hospital-acquired (nosocomial) illnesses.
• The danger of infection is always present. Everyone, in every hospital department, must work together to prevent infection in patients, hospital staff, and hospital visitors.

Infection Control is important because it is vital to our patients' well-being, and to yours, too!
• Infections can lengthen a patient's stay; increase hospital costs; cause inconvenience, pain, even death.
• You are exposed to many germs that can make you sick and keep you out of work. You could also spread illness to your family and friends.

Cleanliness is the key to infection control. Handwashing is the single most effective way to prevent infections. Hand hygiene can be accomplished using soap and running water or by utilizing a sanitizing hand rub. To properly clean you hands, take off all jewelry and be sure to remove any chipped nail polish. On patient care units, natural nails are encouraged. Fake nails, inlays, gels, tips and other augmentation are not permitted.

Soap and Water Hand Wash Protocol:
• Use soap, warm water and lots of friction. Lather and scrub hands and wrists for at least 15 seconds, then rinse thoroughly. Pay attention to finger nails and areas that are creased like your palms.
• Dry hands well on paper towels. Use a dry paper towel to turn off faucets.

Hand Hygiene with Waterless Hand Sanitizers:
• Follow instructions on the outside of the container.
• Put a golf ball size amount of foam into the palm of your hand.
• Rub you hands together paying attention to your nails, between your fingers and areas of you hands that are creased, like your palms.
• Continuing rubbing your hands together until they are completely dry.

If your hands are visibly dirty, then please wash using soap and running water.

When to wash your hands:
• Before you begin your rounds and after you have completed your rounds.
• Before and after physical contact with each patient.
• After using the toilet, blowing your nose, or covering a sneeze.
• Whenever hands become obviously soiled.
• Before eating, drinking or handling food.
• Whenever you’re in doubt – Wash!!

Know the precautions you must take if exposure to blood or other body fluids, broken skin or mucous membranes is possible. In general, we follow standard precautions for all of our patients. This means that we treat all blood and body fluids as if they were infectious. This will mean gloving when having contact with a patient’s blood or body fluid. You may also see some patients on transmission-based precautions. These precautions include:
• Airborne precautions for infectious dust particles or small-particle droplets.
• Droplet precautions for infectious large-particle droplets (such as from sneezing or coughing) and
• Contact precautions (skin-to-skin contact or contact with a contaminated object).

Be aware of the isolation signs that are posted on the doorway into the patient room. You will not enter the rooms of patients on isolation/precautions unless this has been mutually agreed upon with the Department and Infection Control.

Handle and store food safely.
**Remembering to do the following will help in keeping food safe while at work:**
• Wash your hands before preparing, serving or eating food.
• Wash fresh fruits and vegetables thoroughly
• Clean and disinfect cutting boards and countertops
• Frequently clean refrigerators and microwave ovens.
• Keep cold foods at or below 45 degrees F.
• Keep hot foods at or above 140 degrees F.
• Keep frozen foods at 0 degrees F.

**What to do when you are feeling ill…..**
If you are not feeling well, please take time to care for yourself. Coming to work when you are coming down with a cold or other illness only places you at risk as well as our patients. Good infection control starts with **YOU**. We want you here just as much as you want to be here, but we want you here when you are well and able to do your best.

If you have an injury or condition which prevents you from washing your hands, you must stay home until your condition is resolved. This includes the need to wear hand, arm and wrist casts and other restraints.

Any questions or concerns, please do not hesitate to call the Clinical Education Department or the Infection Control Department (extension 2295).
INFECTION CONTROL
POST TEST

Name:________________________________________________________________

Department:_____________________________________________

Date:_____________________________________________________

1. Hand washing/hand hygiene is the single most important way to prevent the
spread of infections. True_______ False_______

2. In order for hand washing to be effective, I must scrub my hands for
a minimum of 1 minute. True_______ False_______

3. I have a deadline for completing a special project today. In the
interest of saving time, it’s okay to skip hand washing after
bathroom breaks today.
True__________ False__________

4. I have a sore throat and a fever but I think I can make it through the day, so it’s
okay to come to work. True_______ False_______

5. I have prepared tuna salad for my lunch today. I should make sure
that it is kept at a temperature of no more than 45 degrees F.
True__________ False__________

2006
STUDENT/FACULTY
STATEMENT OF CONFIDENTIALITY

The Valley Hospital has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In the course of my assignment at The Valley Hospital, I may come into the possession of confidential patient information.

I understand that such information must be maintained in the strictest confidence both while I am a student and after I terminate or conclude my relationship with The Valley Hospital. As a condition of my assignment, I hereby agree that I will not at any time during or after my assignments with The Valley Hospital disclose any patient information whatsoever.

When patient information must be discussed with any healthcare practitioners in the course of my work, I will use discretion to assure that such conversations cannot be overheard by others who are not involved in the patient’s care.

I understand the user ID/password assigned for access to any Valley Hospital computer system is unique to me and for my use only. This code identifies me in the computer system. I am accountable for system access and entries performed with my personal security code.

If issued a password, I agree not to release it to anyone else. I will not post, share or otherwise distribute my password. I will contact the Information Systems department immediately if I have reason to believe the confidentiality of my password has been broken. I will be required to create a new password.

By signing below, I acknowledge that I have read the above and accept the responsibility associated with these statements. I understand violation of this agreement may be cause for immediate termination of my association with The Valley Hospital.

_____________________
Student name (print)

_____________________
Student Signature

___________ date
THE VALLEY HOSPITAL
Ridgewood, N.J.

VENDOR/OUTSIDE CONTRACTOR
STATEMENT OF CONFIDENTIALITY

As a condition of my association with The Valley Hospital, I understand that the information that I will access through all Valley Hospital Information Systems and manually generated records include sensitive and confidential patient information. I understand that it is my responsibility to maintain confidentiality of all information, both clinical or financial, that is entrusted to me. This obligation shall exist while I am under contract or associated The Valley Hospital and shall continue after my association, contract expiration, or termination regardless of the reason.

I specifically understand that information regarding patients, employees and individuals affiliated with Valley Hospital is to be disseminated to only those individuals who have a need to know.

I agree to access patient information only as necessary to accomplish the purpose of my job description.

I understand the user ID/password assigned for access to any Valley Hospital computer system is unique to me and for my use only. This code identifies me in the computer system. I am accountable for system access and entries performed with my personal security code.

If issued a password, I agree not to release it to anyone else. I will not post, share or otherwise distribute my password. I will contact the Information Systems Department immediately if I have reason to believe the confidentiality of my password has been broken. I will be required to create a new password.

By signing below, I acknowledge that I have read the above and accept the responsibilities associated with these statements. I understand that I will be subject to disciplinary action, suspension and possible immediate termination if I violate any of the above agreed upon statements.

Name(Print)________________________________

Signature___________________________________

Date________________________________________
STATEMENT OF UNDERSTANDING AND COMPLIANCE WITH THE VALLEY HOSPITAL’S CODE OF ETHICS

NAME: ______________________________________________

TITLE: ______________________________________________

SCHOOL: ___________________________________________

As a student at The Valley Hospital, I certify that I have been educated in the Corporate Compliance Program and the Corporate Code of Ethics and agree to abide by them during the terms of my engagement. I acknowledge that I have a duty to report any alleged or suspected violation of the Code of Ethics or the Corporate Compliance Program.

Today’s Date: ________________________________________

Signature: __________________________________________

Print Name: _________________________________________
THE VALLEY HOSPITAL
CORPORATION COMPLIANCE CERTIFICATION

certifies that it has read and understands the Code of Ethics and Corporate Compliance Program in force at The Valley Hospital and agrees to abide by it during the entire term of its relationship with The Valley Hospital.

understands its obligation to fully comply with all federal and state laws and regulations that apply to the services being rendered by it.

understands that it has a duty to report any alleged or suspected violations of the Code of Ethics, the Corporate Compliance Program or federal and state laws and regulations to a Corporate Compliance Officer at The Valley Hospital.

(COMPANY NAME):

By: _____________________________

Date: ___________________________