

United Hospital Center  
Education Department

Affiliate Agency  
**Student/Faculty/Instructors**  
Orientation Packet  
**Clinical**

2017

# Directions

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Directions to the New UHC:



## **DIRECTIONS**

### **Directions from I-79 North**

Traveling north on I-79, take exit 124, turn left onto Route 279 then turn left onto Medical Park Drive. Visitor parking lot is adjacent to the front of the hospital.

### **Directions from I-79 South**

Traveling south on I-79, take exit 124, turn right onto Route 279 then turn left onto Medical Park Drive. Visitor parking lot is adjacent to the front of the hospital.

### **Directions from Route 50 East (Flemington/Grafton areas)**

Traveling West on Route 50 turn onto Route 279 and drive an approximate five miles (3rd stoplight) turn left onto Medical Park Drive. Visitor parking lot is adjacent to the front of the hospital.

### **Directions from Shinnston Area**

Traveling from Shinnston, take Route 131 (Saltwell Road), turn right onto Route 707 then left onto Jerry Dove Drive. Turn right onto Medical Park Drive. Visitor parking lot is adjacent to the front of the hospital.

or

Traveling from Shinnston, take Route 131 (Saltwell Road) to I-79 and travel south one exit (124 Jerry Dove Drive) and turn right onto Route 279, travel a short distance then turn left onto Medical Park Drive. Visitor parking lot is adjacent to the front of the hospital.

### **Directions from Route 50 East from Parkersburg**

Traveling East on Route 50 from Parkersburg to I-79 North; once on I-79, take exit 124 (Jerry Dove Drive), turn left onto Route 279 then turn left onto Medical Park Drive. Visitor parking lot is adjacent to the front of the hospital.

## **For more information, visit UHC's website:**

**<http://www.uhcwv.org/index.php>**

# Welcome and Introduction

Welcome to United Hospital Center! We hope this will be a place to learn as well as take excellent care of our patients.

## Mission of United Hospital Center

The mission and purpose of United Hospital Center is to **enhance the health status of the citizens of North Central West Virginia** by pursuing spiritual, charitable, scientific, and educational goals in providing safe, quality care and treatment without discrimination as to gender, race, color, religion, age, national origin, disabilities, or financial status.

Purpose: The purpose of this packet is to inform you of policies and procedures that will safely guide your decision-making and practice. If you have questions, please consult your instructor, preceptor, Department Manager, Nurse Manager, Charge Nurse, or the Education Department for additional information.

## Resources

- Education Department is the liaison for the affiliating agencies. We will be happy to answer any questions you may have. Contact Heather Hall at 681-342-1885 or e-mail at [hallhe@uhcwv.org](mailto:hallhe@uhcwv.org)
- UHC Intranet – policies and procedures are listed on the intranet. Click on the “blue e” (explorer) on any computer. If the UHC intranet does not appear, type **uhcweb** in the address line. A link to the patient services policies and procedures is listed on the left side of the screen.

## **Patient Services/Education Department**

Patient Services/Education Department is located on the Garden Level. When entering from the front, main entrance, make a left and r the staircase down to the garden level. Go left and Patient Services/Education Department is the first door on the right.

### **Director of Education**

**Brenda Conch, RN, MSN, CEN**

**Extension: 1870**

**Pager # 550**

<b>Educator</b>	<b>Extension</b>	<b>Pager</b>
Megan Heater, RN	# 1874	# 031
Patti Cook, RN	# 1862	#821
Kelly Flohr, RN	# 1864	#856
<b>Librarian</b>		
Heather Hall, B.S.MGHI Liaison to Affiliate Agencies	# 1885	#485
<b>Support Staff</b>		
Kathy Ferrell Patient Services Administrative Assistant	# 1860	

## **Library Guidelines for Students**


Librarian Hours: Monday through Friday  
8 AM – 4:30 PM

During your clinical experience at United Hospital Center, you are granted access to the Medical Library. The library is located on the Garden Level behind Patient Services/Education Department. There are five computers with internet access as well as several journals and books.

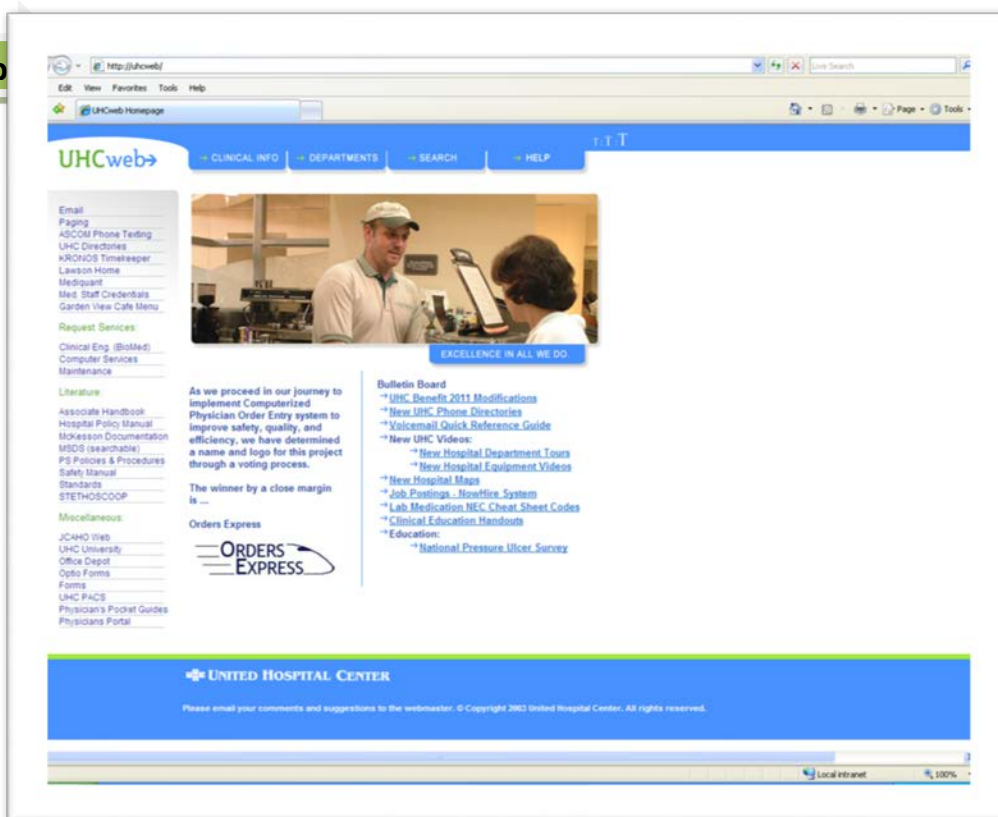
# Policies and Procedures

Policies are a reflection of the Hospital's mission and operations. Procedures are a description of the steps necessary to accomplish a policy. UHC has many policies and procedures that assist in reaching its mission and guide the practice of many departments.

In order to provide the best care while in the learning environment, familiarize yourself with the department's policies and procedures. UHC maintains its policies and procedures on the intranet. To access them, please follow the steps below:

1. Click on the blue  "E" icon.
2. The screen should open up to UHC Intranet webpage. If it does not, type <http://uhcweb/> in the address box in the top left hand corner and click the enter button. The UHC webpage will open.

uhcweb



[Email](#)  
[Paging](#)  
[ASCOM Phone Texting](#)  
[UHC Directories](#)  
[KRONOS Timekeeper](#)  
[Lawson Home](#)  
[Mediquant](#)  
[Med. Staff Credentials](#)  
[Garden View Cafe Menu](#)

**Request Services:**

[Clinical Eng. \(BioMed\)](#)  
[Computer Services](#)  
[Maintenance](#)

**Literature:**

[Associate Handbook](#)  
[Hospital Policy Manual](#)  
[McKesson Documentation](#)  
[MSDS \(searchable\)](#)  
[PS Policies & Procedures](#)  
[Safety Manual](#)  
[Standards](#)  
[STETHOSCOOP](#)

**Miscellaneous:**

[JCAHO Web](#)  
[UHC University](#)  
[Office Depot](#)  
[Optio Forms](#)  
[Forms](#)  
[UHC PACS](#)  
[Physician's Pocket Guides](#)  
[Physicians Portal](#)

UHC Policies and Procedures are located in the Literature section under:

- Associate Handbook
- Hospital Policy Manual
- PS (Patient Services) Policies & Procedures.

*Additionally, the following departments have unit specific policies:*

*Cardiopulmonary  
Critical Care  
Cardiovascular  
Emergency Department  
Infection Control  
Maternal Child  
Oncology  
Recovery Room  
Pediatrics  
Pharmacy  
Surgery  
UTCC*

# General Information

## Appearance: General, Jewelry, Hair, and Clothing

The impression students at UHC make on others is often a visual one. Personal appearance should reflect a concern for your image as well as the hospital's. Associates must present a neat, clean, and professional appearance. Personal hygiene should be well maintained.

- **Uniform** – Faculty are asked to wear either professional dress or school uniform. Students are asked to wear the school uniform. Clothing must be neat, wrinkle-free, and clean. Appropriate underclothing is required and must be undetectable through outer clothing. Skirts/dresses are to be at or about knee length or longer and must be appropriate for a professional environment. Shorts and skorts are not permitted. Shirts and blouses intended to be buttoned must be buttoned appropriately. Clothing must fit so that inappropriate exposure does not occur during normal work activities (bending, reaching, etc.). Midriff must be covered at all times. For safety purposes, direct patient caregivers' shoes must have a closed toe and have a closed heel or heel strap, with the exception of medical clogs.
- **Identification Badge** - photo identification badges must be worn at all times where they are highly visible, above the waist, with the photo facing out. The name, picture, job title and department must be clearly visible and not covered with stickers or pins.
- **Fingernails** - Health Care Workers that provide direct or semi-direct patient care to immuno-compromised patients must have natural fingernails no longer than the tips of the fingers (artificial fingernails not permitted). Current infection control research and regulatory agencies have found:
  - Microorganisms can be harboring beneath the fingernails.
  - Colonization of microorganisms, particularly gram-negative bacilli and yeasts, is increased when the health care worker has artificial or acrylic fingernails. The organisms can then be transmitted to patients or the health care worker's family.

Artificial Fingernails are defined as any fingernail that is attached to the natural fingernail, including plastic press-on, acrylic fingernails and/or acrylic fingernail tips, etc.

- **Head and facial hair coverings** - lint-free caps (or hoods) must completely cover and contain all head and facial hair and must not be worn outside the Operating Room. Bearded personnel must wear a hood that completely covers the hair.
- **Tattoos** - tattoos of a risqué, obscene or obnoxious nature must be completely covered.
- **Chewing Gum** – faculty, and students will refrain from chewing gum when conducting business with customers or providing patient care.



- **Jewelry** - excessive jewelry and/or visible body piercing (nose rings, eye studs, tongue piercing, etc.) other than ears, are prohibited. Ear "gauging" is not permitted. The wearing of jewelry by staff routinely involved in operating machinery is strongly discouraged. Excessive jewelry is considered to be such things as multiple bracelets, necklaces, rings or earrings. Direct patient care providers are encouraged to be conservative in the wearing of jewelry. Acceptable jewelry would be:
  - one ring/ring set per hand
  - one wrist watch or one bracelet per arm
  - and one short necklace.
 Items such as heavy necklaces, dangling earrings, or any other personal embellishment which pose a significant risk of entanglement or harm to the associates, faculty, student, or patients are inappropriate.
- **Hair and Cosmetics** - Hair below shoulder level must be tied back or worn up. Extreme hair colors and styles are prohibited. Facial hair is to be kept combed, neat, and clean. Cosmetics should be used with discretion. Heavy scented perfumes/colognes are prohibited. Heavy scented perfumes/colognes are prohibited. Avoid strong odors, including perfume, cologne, and tobacco.

**Reference:**

- ***Hospital Policy: Dress Code***
- ***Associate Handbook Personnel Policy: Artificial Fingernails***
- ***Infection Control Policies and Procedures, Operating Room Infection Control: Head and Facial Hair Coverings***
- ***Hospital-Wide Service Standards***

## **Parking**

Parking for students is available at the extreme north end of the Visitor Parking Lot in the front of the hospital. The area is located near the flagpoles. Students are asked to carpool whenever possible.

Students must follow directional arrows in the surface lot and observe speed regulations while traveling around the hospital or through parking areas.

Infractions of the parking policy will not be tolerated. One infraction may cost the student of the Affiliate Agency parking privileges. Any vehicle illegally parked in a fire lane or the ambulance area will be subject to towing at the owner's expense.

**Reference:**

***Hospital Policy: Parking Regulations***

## **Cafeteria**

The cafeteria is open from 6:00am – 8:00pm and 1:00am – 4:00am.

Staggering the students through the cafeteria will help maintain quick, quality service for everyone. Students wearing their uniform and badge will receive the hospital associate discount.

## **Use of Cellular Phones**

**Patients, Visitors and Physicians** may use cellular telephones anywhere in the hospital except for the following restricted areas:

- A. Emergency Department Clinical Areas
- B. Cardiac Cath Lab / CT / Special Procedures
- C. Operating Department Clinical Areas
- D. Post Anesthesia Care Unit (PACU) Clinical Areas
- E. CCU

Associates and students are permitted to use cellular telephones in the cafeteria only, and then, only on their scheduled breaks.

### ***Reference:***

***Hospital Policy: Cellular Phones***

## **Paging**

1. To page within the hospital dial #77
2. Wait for the prompt and enter the number you want to page
3. Enter the number you want the individual to call

You may also text page from the UHC Intranet. Once you are on the intranet site, click on "Paging" on the left side of the screen and follow the prompts.

## **Telephones**

The way you answer the phone forms a first impression of UHC.

- When answering the phone smile and state:
  - Department/unit
  - Name
  - "How may I help you?" or
  - "How can I help you?"
- If you put someone on hold, ask for their permission (e.g., "May I put you on hold?") If the caller states no, ask if you can call them back. (e.g., "May I have your number so I can call you right back?")
- Do not have personal phone conversations in the presence of a patient/visitor.
- Personal phone calls are limited to emergencies and/or information gathering. Any other personal phone calls must be done on break or in private areas away from patients/visitors.

## Information for Nursing Students

Agency nursing students **may**:

- Perform patient care using skills for which they have been instructed with the supervision of their instructor or the primary RN for the patient.
- Administer medications under the direct supervision of the instructor or the primary RN for the patient.
- Perform nursing procedures within the scope of the WV Nursing Licensure practice under the direct supervision of their instructor or primary RN for the patient.
- Have access to narcotics for administration only when they are with their instructor or the RN in charge of the patient. They may administer narcotics to patients only in the presence of their instructor or primary RN for the patient. **Under no circumstances are they to obtain or administer medications alone.**
- Document nursing care, including assessments, updates to patient care, and medication administration. Documentation must be reviewed for accuracy and co-signed by faculty. It is also the student's responsibility to ensure their documentation is co-signed by their instructor.
- Perform point of care lab testing, including blood glucose monitoring, under the direct supervision of a faculty member/RN that has been trained and proven competent on all waived testing.

Nursing students **may not**:

- Perform invasive procedures or administer medications without their faculty member or primary care RN for the patient.
- Administer chemotherapy.
- Hang/administer blood products. They may shadow the RN who is administering the blood and they may monitor the patient before, during, and after a transfusion.
- Take phone or verbal orders. They may listen on another phone line.
- Initiate/implement restraints. Nursing students may perform and document observations and other delegated activities according to protocol.
- Serve as witnesses for informed consent or advance directives.
- Scrub in during surgical procedures.

## **UHC Satellite Rotation Information 2014**

### **Cardiac Rehab - 2430**

Location: First floor, north of entrance, across from vending area

Report to: Cheryl Farley

Appropriate Dress: School Uniform/UHC Badge

Note: Do not report until 8:00am

### **Respiratory Therapy - 2405**

Location: 2<sup>nd</sup> Floor, go to Critical Care, pick up black phone, say you are reporting for a Respiratory Therapy rotation, go through doors, and make slight right to Respiratory office.

Report to: Gary Johnson (Pager 004) or Rich Zorick

Appropriate Dress: School Uniform/UHC Badge

### **Cath Lab - 2350**

Location: Second Floor - North

Report to: Outpatient Surgery Admitting Desk

Appropriate Dress: School Uniform/UHC Badge

### **Critical Care (CCU) - 2100**

Location – Second Floor - North

Report to: CCU waiting room, ring bell for entry, and ask for charge nurse

Appropriate Dress: School Uniform/UHC Badge

### **Diagnostic Services – 1300**

Location: First Floor

Report to: Diagnostic services desk behind information desk at main entrance

Appropriate Dress: School Uniform/UHC Badge

### **Emergency Department - 1100**

Location: First Floor - North

Report to: Charge Nurse

Appropriate Dress: School Uniform/UHC Badge

**Family Medicine – 681-342-3600**

Location: Physician's Office Building (POB)-5<sup>th</sup> floor

Report to: Kim Harvey

Appropriate Dress: School Uniform/UHC Badge

**Cancer Center – Infusion - 1800**

Location: First floor – Oncology Center - South

Report to: Nurse at Desk

Appropriate Dress: School Uniform/UHC Badge

**Surgery - 2200**

Location: Second Floor

Report to: Outpatient Surgery Admitting Desk

Appropriate Dress: School Uniform/UHC Badge. You will change into OR scrubs. Make sure your hair is off the collar and in a ponytail, if necessary.

Note: This is an observational role only.

**Outpatient Surgery - 2300**

Location: Second Floor

Report to: Outpatient Surgery Admitting Desk

Appropriate Dress: School Uniform/UHC Badge

**Recovery Room - 2330**

Location: Second Floor

Report to: Outpatient Surgery Admitting Desk

Appropriate Dress: School Uniform/UHC Badge. You will change into Recovery Room scrubs. Make sure your hair is off the collar and in a ponytail, if necessary.

**Wound Care-1888**

Location: Patient Services/Education Office –Garden Level

Report to: Stephanie Davis

Appropriate Dress: School Uniform/UHC Badge

Note: Wednesday's at 9:30am

## **Nursing Documentation**

Nursing documentation is accomplished through the McKesson Clinicals Computerized Documentation and Medication Administration Systems. There are still some forms that require paper documentation. Please refer to the individual nursing units for required documentation.

HED and Admin Rx training is provided by the nursing instructor. You must have a student login to access the system, which you will receive after training. Your instructor must always co-sign documentation.

Although patient assessment is a part of the learning experience, the Registered Nurse assigned to the patient is still remains responsible for assessment, intervention, and evaluation of the patient's needs.

Departments currently not using HED or AdminRx include:

- Operating Room
- Emergency Department
- Outpatient Surgery
- Recovery Room

Additional acronymns:

- HED - Horizon Expert Documentation – patient care documentation
- AdminRx – computerized medication administration
- HMM – Horizon Meds Manager – computerized functions of the pharmacy
- HLab – Horizon Lab – computerized functions of the laboratory
- HPF – Horizon Patient Folder – computerized storage of patient chart
- Optio – computerized program for printing out frequently used paper forms
- HEO-Horizon Expert Orders

## Nurse Managers

<b>UNIT</b>	<b>MANAGER</b>	<b>PHONE</b>
7 North Progressive Care Adult Med/Surg	Josh Drain	Nurse's Station: 2840 Office: 2781
6 North Progressive Care Adult Med/Surg	Kara Elko	Nurse's Station: 6100 Office: 6150
6 South Oncology	Tina Harding	Nurse's Station: 6300 Office: 6350
5 North UTCC	Amy Atkinson	Nurse's Station: 5100 Office: 5150
5 South Ortho/Neuro	Kim Abruzzino	Nurse's Station: 5300 Office: 5350
4 North Pediatrics	Sharon Mitchell	Nurse's Station: 4100 Office: 4150
4 South Obstetrics	Misty Harlow	Nurse's Station: 4300 Office: 4350
Emergency Dept	John Backus	Nurse's Station: 1100 Office: 1190
Observation Unit	Sharon Mitchell	Nurse's Station: 1125 Office: 1130
Critical Care	Dave Strait	Nurse's Station: 2100 2150

# Nursing Roles at UHC

**Nurse Manager** – Responsible for overall quality of patient care on the unit

**Charge Nurse** – Responsible for coordinating care between the physician, ancillary staff and nursing.

**Registered Nurse** – Responsible for overseeing the care team and care of assigned patients.

**Certified Registered Nurse Anesthetist** – A Registered Nurse who receives a Master Level of education in anesthesia nursing. The CRNA under the direction of the Anesthesiologist coordinates and cares for the patient undergoing anesthesia.

**IV Team Nurse** – a Registered Nurse that is specially trained in IV insertion techniques and functions throughout the house to insert IV's, help manage central lines, PICC lines and Midline catheters.

**Licensed Practical Nurse** – Works under the supervision of the RN for delegated tasks related to patient care on the team.

**LPN II** - Licensed Practical Nurse, who works under the supervision of the RN, has at least 6 months of initial nursing experience and has completed the UHC LPN II program for advancement of skills designated by UHC Policy.

**Patient Care Assistant (PCA)** – Trained patient care associate who works with the LPN and RN to provide patient care.

**Infection Control Nurse** – Responsible house-wide for continuity of care regarding infection control and appropriate treatment modalities for patients.

**Associate Health Nurse** - Works with Human Resources and hospital associates for associate health related issues including Family Medical Leave, work related injuries, immunizations, etc.

**Central Supply/ Purchasing** – RN works with sales representatives, physicians and staff to coordinate purchase and use of healthcare products. She also leads the Product Committee to review and evaluate new products and to discontinue products that have changed or are no longer in use.

**Educator** – RN responsible for training and staff development house wide including orientation of new nursing staff and graduate nurses. This department is also responsible for coordinating clinical rotation experiences of students.

**Critical Care Educator** - RN responsible for critical care training and orientation to the Critical Care, ER and Recovery Room.



**Wound and Ostomy Nurse Consultant-** Provides education to Wound and Ostomy patients and serves as a resource to physicians, nurses and patients.

**Information Technology Specialist** - RN working in the IT department to coordinate computer driven programs utilized for patient care.

**Vice President of Patient Services** – The VP coordinates patients, families and staff concerns and oversees operations of the systems in place to provide excellent patient care.

**Case Manager** – Registered nurses who review a patient's care during their stay at United Hospital Center and coordinates discharge and post discharge care and referrals.

**Director of Case Management** – Registered Nurse who coordinates care of patients and directs and enforces regulatory organizational standards throughout the hospital.

**Clinical Coordinator** - Registered Nurse that functions as the 'traffic controller' of the hospital. Responsibilities include coordinating all patient, staff and physician interaction.

**The Joint Commission Coordinator** – Monitors and coordinates implementation of The Joint Commission standards throughout the facility.

**Quality Assurance Coordinator** - Monitors and reviews patient care, safety and length of stay.

**Certified Diabetes Educator (CDE)** – Registered Nurse credentialed to demonstrate that the certified health care professional possess distinct and specialized knowledge, thereby promoting quality care for persons with diabetes and has met the rigorous eligibility requirements.

**Diabetes Education Coordinator** – One who is responsible for overseeing the planning, implementation and evaluation of the Diabetes Self Management Education at UHC. The Coordinator must have academic or experiential preparation in the care of persons with chronic disease experience in program management.

# **United Hospital Center Faculty/Student Orientation Required Orientation Safety Modules**

## **Instructions:**

**Please read each module and make yourself familiar with the information and referenced policies.**

**After reading each module, check the appropriate box on the attached check sheet and sign the bottom. Your signature at the bottom of all forms is direct disclosure that you have completed and understand the required education.**

## **UHC Mission, Values and Behavioral Standards**

### **MISSION**

The mission and purpose of United Hospital Center is "to enhance the health status of the citizens of North Central West Virginia by pursuing spiritual, charitable, scientific, and educational goals in providing quality care and treatment without discrimination as to gender, race, color, religion, age, national origin, disabilities, or financial status."

### **VALUES STATEMENT**

In recognition of the need for an organization's employees and agents to clearly understand and comply with its values structure, particularly during times of substantial upheaval and change, UHC has adopted the following clear set of values:

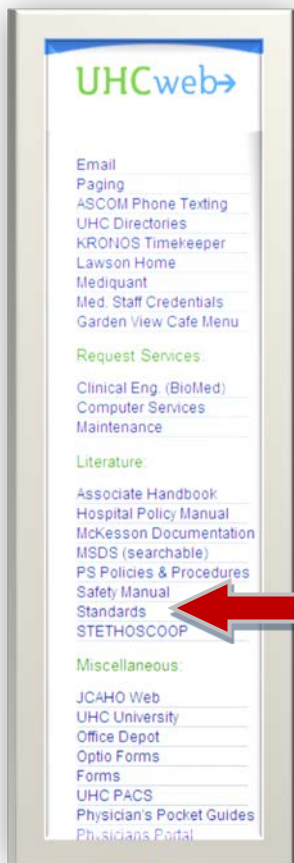
- Dedication to staff and patient safety;
- Dedication to quality and cost effectiveness;
- Maintenance of charity care;
- Commitment to understanding and meeting the needs of the purchaser of healthcare;
- Maintenance of our traditional presence as a health service in the community, generating and nursing holistic wellness;
- Provision of access to healthcare for as many as possible;
- Recognition that the delivery of healthcare depends upon many partnerships, particularly with physicians;
- Dedication to the education of healthcare professionals;
- Commitment to high personal standards of honesty and integrity of employees and representatives;
- Dedication to proactive leadership in seeking to carry out the mission and purpose of UHC and compliance with its values.

**UHC is an EQUAL EMPLOYMENT OPPORTUNITY Employer**

*Reference:*

*Hospital Policy Manual – Mission/Vision/Values Statement*

# Hospital-Wide Service Standards



All faculty and students are expected to help fulfill United Hospital Center's mission. It is important to understand that many factors play a role in making this happen. Many customers judge clinical quality based on their service experience at UHC. Therefore, every encounter with a patient, visitor, or physician, is important.

The following pages review the Hospital-Wide Service Standards. Each department has a set of service standards in addition to the hospital wide service standards.

*It is important to review the service standards for the unit or department where you are performing your clinical rotation.*

UHC Standards:				
Hospital Wide Service Standards				
1 West:	Behavior	Service		
2 South:	Behavior	Service		
3 Center:	Behavior	Service		
4 Center:	Behavior	Service		
4 North:	Behavior	Service		
5 North:	Behavior	Service		
5 South:	Behavior	Service		
Business Office:	Behavior	Service	Telephone	
Cardiac Rehab:	Behavior	Service		
CardioPulmonary:	Behavior	Service		
CCU:	Behavior	Service		
Central Services:	Behavior	Service		
Chaplaincy:	Behavior	Service		
Clinical Engineering:	Behavior	Scoping	Service	Work System
Computer Services:	Service			
Diagnostic Services:	Behavior	Scoping	Service	
Dialysis:	Patient Service	Scoping	Staff Behavior	
Distribution:	Service			
Emergency:	Behavior	Charge Nurse Service	Lab Nurse Service	Scoping
	Staff Nurse Service	Triage Nurse Service		
Engineering:	Behavior	Scoping	Specific Behavior	Specific Service
Food Service:	Behavior	Cafeteria Service	Clinical Dietitians	Galley Tech Service
	Service			
IT/IA:	Behavior	Scoping	Service	
Home Health:	Behavior	Service		
Hospice:	Behavior	Service		
House Services:	Behavior	Service		

# Hospital-Wide Service Standards

Faculty and students are to help fulfill the mission of United Hospital Center. This section deals specifically with service standards. Many consumers judge clinical quality based on their service experience at UHC. Therefore, every encounter a faculty or student has with a patient, visitor, physician, or hospital associate is important. The purpose of these standards is to encourage positive customer service behaviors consistently throughout the organization.

- **On the grounds**
  - Give patients and visitors the right of way on sidewalks, streets, and parking lots (includes walking and in cars).
  - Offer assistance to those who appear to be in need and if passing an entrance offer help to a patient or visitor getting out of a vehicle.
  - Security will inform both associates and visitors in a positive way “no smoking” in “no smoking” areas.
  - Be patient with customers who are not familiar with the facilities.
- **Positive behavior and attitude**
  - Express yourself with a delivery of a positive attitude and body language.
  - (Smile) Say “Hello, Good Morning, Good Afternoon, Good Evening” when passing pedestrians, both Associates and visitors.
- **Elevator**
  - Be the last one on the elevator
  - If you are going up or down one floor, use the stairs (unless there is a medical issue).
  - Make eye contact with passengers.
  - Press the button for passengers, if you have an opportunity.
  - Hold the elevator door open when you see someone coming toward it.
  - Wait until passengers exit the elevator before entering the elevator.
  - Avoid elevators designated for patients and supply transport only. Elevators near PACU and the elevator on the north wing are designated for patients and supply transport.
- **Waiting Areas**
  - Communicate delays in Services (department specific).
  - Answer telephones in waiting areas, if passing by.
  - Monitor room temperature and assist in maintaining tidiness by picking up magazines, newspapers, etc. (department specific).
- **Hallways**
  - No excessive noise (keep quiet in the halls), no yelling (unless it is an emergency).
  - Take lost visitors to their destination, “I just happen to be going that way” and walk at their pace.

- **Patient and visitor confidentiality**
  - Use “MUM” signal to stop associates, physicians, students, or faculty who may be speaking of patients in an inappropriate area.
  - Patient and visitor confidentiality and privacy must be observed.
- **Script for questions outside of hospital related to confidential issues and patient matters**
  - “I am very sorry I cannot discuss that with you. It is the patient’s right and my responsibility to protect their confidentiality and privacy. I’m sure you can appreciate that.”
  - “I understand your concern; however, I am not at liberty to discuss this patient’s medical condition with you.”
- **Patient Rooms (including Emergency Department)**
  - When the patient and/or family arrive on the unit greet them by stating, “Welcome to our unit, whatever we can do for you or your family, please let us know.” “We are happy to be able to take care of you.”
  - Knock on the patient’s room door before entering.
  - Greet patients and visitors with “hello, good morning, good afternoon, etc.”
  - Address patients and associates by name. (DO NOT address patients or associates by honey, sweetie, babe, dear, etc.)
  - Introduce yourself by first name and job title. “Hello, my name is Bill and I am your Student Nurse.”
  - If a visitor is asked to leave a patient’s room for an extended period-of-time because of care needs, take them to the waiting area and inform them when they will be able to return.
  - Direct or take visitors to:
    - Public telephones
    - Vending areas
    - ATM Machine
    - Cafeteria
    - Waiting Areas
    - Coffee Shop
- **All areas of the hospital**
  - Use common courtesy, “please, thank you, yes sir, yes ma’am, no sir, no ma’am.”
  - Avoid loudness
  - Do not discuss associates or faculty in public areas. If you have a concern take it to the appropriate individual.
  - Do not take breaks in lobbies or waiting rooms.
  - Do not block traffic in hallways by standing around in large groups.
  - Never complain in patient or public areas.
  - Never state to patients or visitors, “we’re so busy and/or understaffed today.”
  - Pick up litter or call for Housekeeping if it is a large job or spill.
  - Do not use foul language anytime, anywhere.

- When a patient and/or visitor has a problem or needs assistance, address the issue and resolve it immediately. If further assistance is needed, consult your instructor, preceptor, or supervising associate.
- **Teamwork**
  - Caring for patients is everyone's responsibility.
  - Patient care will always be the primary reason for interactions.
  - All communications will be patient centered and pleasant.
  - Rudeness is not appropriate. We must at all times treat one another as adult professionals with courtesy, respect, and honesty. Be cooperative and helpful whenever possible.
  - Recognize that many individuals have varying levels of expertise.
  - Be tolerant of those with whom you work and associate with at UHC. Although conflicts may arise, professional courtesy is expected. Set aside differences while working together.
  - Do not undermine another's work. Be discreet about what you say and interact with those around you honestly and directly.
  - Be supportive to those with whom you work by offering to help and by setting an example of cooperation that is expected in the workplace.
  - Address unresolved problems by discussing them with faculty, instructor, nurse manager, nurse supervisor, or charge nurse.
- **Safety**
  - Acts of negligence that result in safety concerns will not be tolerated.
  - All students and instructors are encouraged to report safety issues that are observed or brought to their attention.
- **Enforcement of Standards**
  - UHC policies are to be observed. If gross violations are noted, it will be brought to the attention of the school officials. Refer to

*Reference:*

*Standards – Hospital-Wide Service Standards*

## SMOKING POLICY

This policy is written for the consideration and protection of the health of all patients, visitors, Associates and other customers of United Hospital Center. It is designed to achieve a smoke-free environment at UHC. We plan to achieve this by:

1. Offering smoking cessation classes at regular intervals.
2. Informing the public of the dangers of smoking.
3. Offering nicotine addiction program referrals for inpatients.
4. Implementing the following as a smoking policy of UHC.

Patients are not permitted to smoke at UHC. The social worker will assist the patient with smoking cessation information or nicotine addiction programs. No visitor or Associate will be permitted to smoke inside or outside the building with the exception of inside their own vehicle. No tobacco products may be used while inside UHC facilities. (This is to include smokeless tobacco.).

It is expected that all students adhere to this policy and refrain from the use of tobacco while in a UHC building, property, or vehicles owned or leased by UHC. Although not recommended, students are permitted to utilize tobacco in their personal vehicles.

Violations of the policy may result in restrictions or cancellations of clinical rotations at UHC.

Medical staff, residents, customers, visitors, students, volunteers, vendors, and contracted personnel may ask their designated UHC staff personnel for assistance in locating cessation resources while on UHC campus. Security and management staff members may also be utilized to enforce the policy and to report violations.

**Reference: Hospital Policy Manual - Smoking Regulations**

## **LEADERSHIP – Corporate Ethics**

It is the responsibility of the leadership of UHC to demonstrate the values embodied in the Code of Conduct, by personal example, and in their management practices. What follows are some of the core principles of the WVUHS Code of Conduct:

- Excellence as the standard of quality for our services
- Honest communications
- Respect for patient's rights, including confidentiality and privacy
- Fairness in our business dealings including disclosure to address conflicts of interest, and financial management which is cost-effective
- Equal opportunity to a positive work environment
- Partnership with other providers
- Commitment to the education of tomorrow's providers
- Civic duty to comply with federal, state and local laws, rules and regulations
- Leadership to motivate change, not merely respond to it
- Zero tolerance of criminal activity, or conspiracy to commit a crime.

**Refer to Hospital Policy – Management's Rights & Responsibilities**



## **PERFORMANCE IMPROVEMENT: Utilization Review (UR) Plan**

The purpose of the Utilization Review (UR) Plan is to ensure that patients are provided quality care in an environment of minimal risk. UHC has a structured Performance Improvement process. The organization has the responsibility of continuously designing, measuring, assessing and improving its performance. The values of this system will include providing services in a cost effective manner, with a focus on improving organizational performance and providing positive patient health outcomes. The Performance Improvement committee assures that performance measures are consistent with the organization's mission, vision, strategic planning goals. It emphasizes assessment of potential opportunities for improvement and the need to reduce and/or eliminate undesirable changes in performance.

Objectives include:

- Promoting the most efficient and effective use of available health services and facilities;
- providing and maintaining safe, high quality patient care, treatment and services;
- Documenting current patterns of utilization;
- Identifying patterns of over and under utilization;
- Recommending plans of corrective actions; and
- Monitoring and measuring the impact of action taken.

Quality Initiatives are areas of care that the government has identified as areas of improvement. Currently UHC's Quality Initiatives include:

- Pressure Ulcer Prevention
- Central Line Infection Prevention
- Antibiotic Timing
- Tight Glucose Control
- Prevention of Hospital Acquired Infection
- Clinical Pathways
- Core Measures: AMI, CHF, CAP, SIP
- Prevent DVT / PE

**HOSPITAL POLICY SUBJECT: RISK MANAGEMENT PROGRAM and  
CONTINUOUS QUALITY IMPROVEMENT: MAJOR PRODUCT TEAM  
EFFORTS**

## **SAFETY**

The UHC Patient Safety Program is a multidisciplinary committee that oversees the patient safety initiatives. The Patient Safety Program is designed to support and promote the mission and vision of UHC. The initiatives support a culture that embraces standard compliance as a continuous process of enhancing the hospital's ability to provide high-quality, safety patient care.

At United Hospital Center, the Safety Director can be reached at extension #2331.

### **The Safety Manual is available on UHC Intranet**

#### **Incident/ Accident/ Sentinel Event Reporting**

Sentinel Events are unexpected occurrences involving death or serious physical or psychological injury, or the risk thereof (Risk Event). For example: attempted suicide of a patient in the hospital, and infant abduction, rape, hemolytic transfusion reaction, or surgery on the wrong patient, side or body part. The associate notifies the Risk Manager immediately of any unexpected occurrence by telephone (ext. 1604). If the Risk Manager is not available, the associate leaves a voice message and notifies the Administrator on Call or the Clinical Coordinator.

Incident/ Accident occurrence is an event that is not consistent with the routine care of a particular patient or an event that is not consistent with the normal operations of a particular organization. Report all events that involve:

1. Patient Incident - including medication errors (including near miss), falls, or equipment failure.
2. Visitor Injury or Accident including off-duty associates, volunteers, students, vendors, and medical staff.

Forms are available in each unit for reporting incidents/accidents. At United Hospital Center, we take pride in having a blame-free, non-retaliatory reporting environment. Please work with us to improve our systems and provide the highest quality of care. United Hospital Center has policies regarding incident and accident reporting.

**Refer to Associate Handbook – Safety & Fire Prevention and Hospital Policy – Accident/Incident Reporting**

## CORPORATE COMPLIANCE

Compliance = acting consistently with applicable laws and doing the right thing.

UHC believes that a strong compliance program is a natural extension of our core values. We know that our associates would never deliberately become involved in unlawful behavior and that inaccurate billing most likely results from processing errors. UHC is dedicated to following a Compliance Program that helps us go above and beyond the standards set by the Federal Government.

The United Hospital Center Compliance Department is located on the Garden Level within the Administration Suite; Compliance Manager Aleta Stout, serves as a resource for you (ext: 1610).

[Refer to Hospital Policy – Compliance Hotline Calls and Cases](#)

## FALSE CLAIMS

### What is considered a False Claim?

A false claim may exist when information is “knowingly” submitted that is not complete or accurate. Monitoring should be in place to check claims for accuracy and completeness.

**Every** associate has a responsibility to identify, report, and correct actual and potential false claim violations in his or her operational area by monitoring activities such as:

- charge entry
- completeness and accuracy of documentation
- verification of orders
- accuracy of coding
- insuring registration information is accurate

**Errors** in any of these areas may result in a false claim.

If you have a concern regarding a possible compliance issue, including any potential false claims violations, always consult your supervisor first, unless you are uncomfortable doing so. You may call the Compliance Hotline (number below). To the extent permitted by law, your call will remain confidential. No disciplinary action will be taken against you for utilizing this resource.

WVUHS Compliance Toll-free Hotline. 1-877-298-4376, 1-877-AWV-HERO

[Refer to Hospital Policy – Compliance Hotline Calls and Cases](#)

## TEAM DYNAMICS

Every associate at United Hospital Center plays a vital role on our team. From one department to the other, our patients could not be adequately cared for without all members of the team doing his or her part.

### **Teamwork**

- The work is everyone's responsibility until it is done.
- Patient care will always be primary reason for staff interactions.
- All communications will be patient-centered and pleasant.
- Rudeness is never appropriate. We must at all times treat one another as adult professionals with courtesy, respect and honesty in addition to being cooperative and helpful whenever possible.
- Recognize that we each have an area of expertise.
- Respect the privacy of fellow associates. Show consideration and be sensitive to a fellow associate's inconvenience. Avoid eleventh-hour requests. Consider another's priorities in addition to your own.
- Be tolerant of fellow associates. Recognize that conflicts may exist among co-workers but professional courtesy is expected. Set aside differences when working together. Realize we all have personal shortcomings.
- Be loyal to your co-workers and United Hospital Center. Do not undermine other people's work. Be discreet about what you say and interact with co-workers honestly and directly.
- Welcome new associates. Be supportive by offering help and setting an example of the cooperation expected in the workplace.
- Address unresolved problems by going to the appropriate supervisor. Remember that non-supervisory associates may not have the authority to make procedural changes.

**Refer To Associate Handbook – Service Standards**

## WORKPLACE VIOLENCE PREVENTION

Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting. A workplace may be any location either permanent or temporary where an employee performs any work-related duty.

This includes, but is not limited to, the buildings and the surrounding perimeters, including the parking lots, field locations, clients' homes and traveling to and from work assignments

United Hospital Center shall strive to maintain a safe and non-threatening environment for patients, visitors and staff. This includes the provision of physical and emotional supportive measures during acute episodes of physical and/or verbal aggressive behaviors.

**Refer to Hospital Policy – Violence in the Workplace**

## **HARASSMENT IN THE WORKPLACE**

**UHC CONDEMNS HARASSMENT OF ALL TYPES AND  
IT WILL NOT BE TOLERATED AT UHC.**

UHC considers verbal or physical harassment of its associates and applicants for any reason to be totally unacceptable.

Harassment includes: deliberate repeated and/or unsolicited verbal comments or gestures based on (but not limited to) race, religion, gender (sex), national origin, age, disability, veteran or familial status, which causes discomfort or humiliation, unreasonably interferes with an individual's work performance, or creates an offensive working environment.

Incidents of harassment must be reported immediately to the associate's supervisor, the Department Head, appropriate Vice President, VP of Human Resources, Chaplaincy Staff, Associate Relations Coordinator or the President of United Hospital Center.

Complaints of Harassment in the Workplace will be investigated.

**Refer to Associate Handbook – Harassment in the Workplace**

## **PATIENT RIGHTS AND RESPONSIBILITIES**

Just as UHC Associates have rights and responsibilities to patients and other associates, patients also have rights and responsibilities to which they are expected to adhere. These rights and responsibilities include

The Right to:

- Access of Care
- Respect and Dignity
- Privacy and Confidentiality
- Safety and Security
- Identity
- Information and Communication
- Access to Visitors
- Consent and Participation in Care
- Management of Pain
- Refusal of Treatment
- Consultation with other services and/or physicians
- Continuity and Transfer

The Patient has a responsibility to:

- Provide prompt attention to their bill
- Abide by Hospital Rules and Regulations
- Provide accurate and complete information pertaining to their care
- Comply with instructions from nurses and other healthcare personnel
- Respect the rights of other patients, visitors and hospital personnel
- Ask questions when they don't understand
- Accept the Consequences if they do not follow the treatment plan
- Make ethical decisions pertaining to care, treatments, etc.

**For complete details pertaining to Patient's Rights and Responsibilities, see the Patient's Rights and Responsibilities posters visible throughout the hospital.**

## **CONFIDENTIALITY/ HIPAA**

UHC has this policy to set forth UHC's concern for the confidentiality of patient and associate health information as a high priority and an expectation of every associate and set forth reasonable expectations and guidelines related to patient and associate confidentiality.

Please Note that you will be required to sign a HIPAA Agreement as part of your student orientation packet completion process.

**Refer to Hospital Policies – Confidentiality – Patients and Associates; Associate Handbook – Confidentiality of Associates and Patient Release of Information and Patient Services Policy – Confidentiality – Process When Patient Requests that No Information be Given Out.**

## **CULTURAL DIVERSITY**

The word "culture" is used to define the integrated pattern of human thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. We must be aware of cultural differences among our population. Culture shapes individuals' experiences, perceptions, decisions and how they relate to others. It influences the way patients respond to medical services and preventive interventions. Understanding a patient's diversity - their values, traditions and history as an individual is an integral part of providing high-quality patient care.

Culturally sensitive care targets the entire person, not just his or her diagnosis or physical condition.

Cultural competence

- Begins with education/awareness
- Grows with knowledge
- Enhances with skill
- Refines through experience

Listen to your patient, ask them questions, and involve them in treatment decisions. If you are unsure about the right way to care for your patient, please see your supervisor or instructor.

## **LANGUAGE INTERPRETING SERVICES**

To ensure that all individuals receive appropriate care, United Hospital Center follows the Joint Commission on Accreditation of Healthcare Organizations standard of respecting the patient's right to and need for effective communication. Language Services plays an integral part in the patient care process.

For Language Services, please contact the Clinical Coordinator.

**Refer to Hospital Policy – Interpreter Services for Deaf/Hard of Hearing**

## ORGAN AND TISSUE DONATION

United Hospital Center is affiliated with Center for Organ Recovery & Education (CORE) for organ and tissue donation and the West Virginia Eye Bank for eye donation. UHC follows the rules and regulations of these agencies. Human organs and tissues are defined as the human heart, lung, liver, kidney, pancreas, bone, bone marrow, eye, skin, veins or any other tissue exclusive of blood.

The Center for Organ Recovery & Education (CORE) is the non-profit agency that manages the organ and tissue donor program for western Pennsylvania, West Virginia and Chemung Co., New York.

United Hospital Center will identify potential organ, tissue, and eye donors, and will offer the next-of-kin of every medically suitable deceased patient the opportunity to donate – an anatomical gift. The principles of voluntary giving will always be upheld while considering the wishes of the families of potential donors. The Clinical Coordinator contacts CORE on behalf of United Hospital Center.











- The decision to donate does not interfere with medical care.
- CORE is notified only after all life-saving efforts have failed.

**Refer to Hospital Policy – Organ & Tissue Procurement and Patient Services Policy – Donation, Organ**



**United Hospital Center**  
**EMERGENCY CODES**

Effective 7-30-11

<b>Code BLUE</b> 	<b>Cardiopulmonary Arrest</b> <p>Dial <b>#2222</b>. Say “<b>Code Blue</b>” and give your specific location.</p> <p>“<b>Code Blue – Broselow</b>” is paged if the patient is a child.</p>	<b>Code AMBER</b> 	<b>Infant/Child Abduction</b> <p>Dial <b>#2222</b> and provide age of abducted. Immediately search the entire area. Observe all doors, elevator areas and exiting doors. Report suspicious behavior to Security.</p>
<b>Code TRIAGE</b> 	<b>Mass Casualty</b> <p>All employees are to report to their designated work area and wait for direction from administration and/or Incident Command.  <b>Level 1, 2, 3</b></p>	<b>Code WALKER</b> 	<b>Missing Adult Patient</b> <p>Dial <b>#2222</b> to report. State sex, age, clothing detail, and location last seen. Search area. Observe exits. Stop and question anyone. Dial <b>#2222</b> to announce possible sightings.</p>
<b>Code WEATHER</b> 	<b>Severe Weather</b> <p>Code Weather “<b>Stand-by</b>”, -- prepare to implement appropriate severe weather response plan. Code Weather “<b>Activate Response Plan</b>”— implement appropriate severe weather response plan.</p>	<b>Code GRAY</b> 	<b>Workplace Violence</b> <p>Dial <b>#2222</b>. Assist Security Team with managing and/or de-escalating the situation. Secure the area pending arrival of Security.</p>
<b>Code BLACK</b> 	<b>Horizontal or Vertical Evacuation</b> <p><b>Code Black</b> followed by the <b>location</b> would mean to evacuate that department. <b>Code Black</b> with <b>no department location</b> announced would mean to evacuate the entire facility.</p>	<b>Code ORANGE</b> 	<b>Hazardous Materials Release</b> <p>If hazardous material is greater than 1 liter, dial <b>#2222</b> to report the spill. Evacuate area. If possible, close doors. If less than 1 liter, follow department guidelines for clean-up.</p>
<b>Code RED</b> 	<b>FIRE</b> <p><b>RACE</b>  Rescue, Alarm <b>#2222</b>, Confine, Extinguish (Evacuate).  <b>PASS</b>  Pull the Pin, Aim at the base of the fire, Squeeze handle, Sweep side to side</p>	<b>Code MAGNUM</b> 	<b>Active Shooter</b> <p>Dial <b>#2222</b> to report</p> <p>Evacuate if possible  or  Shelter in place if necessary</p>



## ELECTRICAL SAFETY

All patient care equipment is to be inspected by Bio-medical personnel before use. Damaged or malfunctioning hospital equipment must be removed from service, labeled and reported to Clinical Engineering for repair.

Hospital Grade plugs and cords must be used with every piece of electrical equipment involved in patient care and patient rooms. These plugs must have 3 prongs (ground) and a green dot. Both the plug and the cord should be heavy duty. Plugs should fit securely into receptacles (not loosely).

**Do not use a piece of equipment if the plug feels warm to touch after inserting into the receptacle. Cheater Plugs (Adapters) which convert 3 pronged plugs into 2 pronged plugs are never permissible. All devices should be grounded.**

In the event **you smell, or see smoke or fire** of any electrical equipment (i.e. computers), **always activate the fire alarm system.**

**Refer to Associate Handbook – Safety & Fire Protection and Safety Manual Subject: Departmental Safety Guidelines – Electrical Safety**

## SAFE MEDICAL DEVICES ACT

In the hospital, you sometimes see medical devices fail. Some failures are harmless; however, patients are sometimes injured by malfunctioning or poorly designed devices. There is a Federal Law designed to protect you and patients from such incidents. This law is called the Safe Medical Device Act (SMDA) and it is enforced by the FDA.

To comply with the regulation, health care facilities must educate all employees to report medical device incidents to the SAFETY MANAGER (extension 1070 or beeper 462).

**Refer to Hospital Policy – Safe Medical Device Act**

## MEDICAL WASTE MANAGEMENT



Federal and state laws regulate how medical waste is handled, packaged and labeled. Medical waste includes laboratory waste, liquid waste, liquid human and animal waste, pathological waste and sharps.

- All containers with medical waste will be labeled with a biohazard symbol.
- Medical waste will be separated at the point of origin into proper containers.
- All sharps (glass, needles, sharp instruments) will be placed in appropriate red containers.
- All other medical waste is to be placed in nearest red bag receptacle.
- Routine trash is not to be placed in red bag receptacles.

**Reference Safety Manual Subject Infectious Waste Management**

## HOSPITAL HAZARDOUS MATERIALS

The OSHA Hazard Communication Standard was published in August 1987 and is more commonly known as the **Right-To-Know**. No matter where you work, you have the right-to-know about any potentially hazardous substance(s) that you may work with or could be exposed to, how to protect yourself with safe work practices, and be provided with the resources, engineering controls and personal protective equipment for your safety and health.

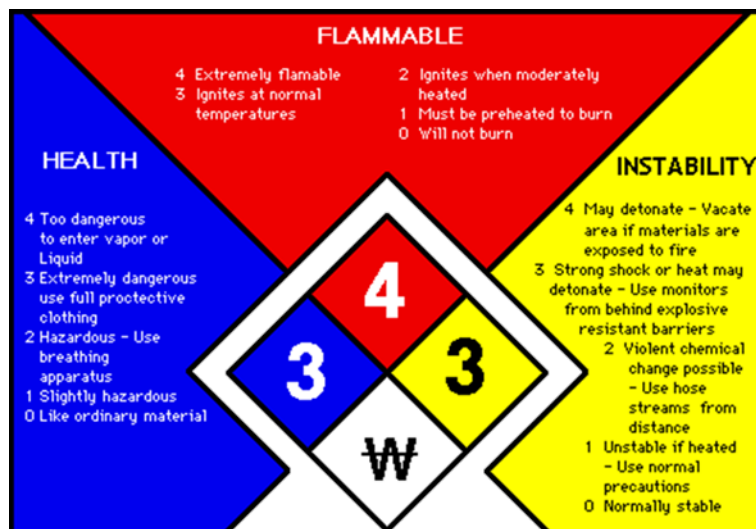
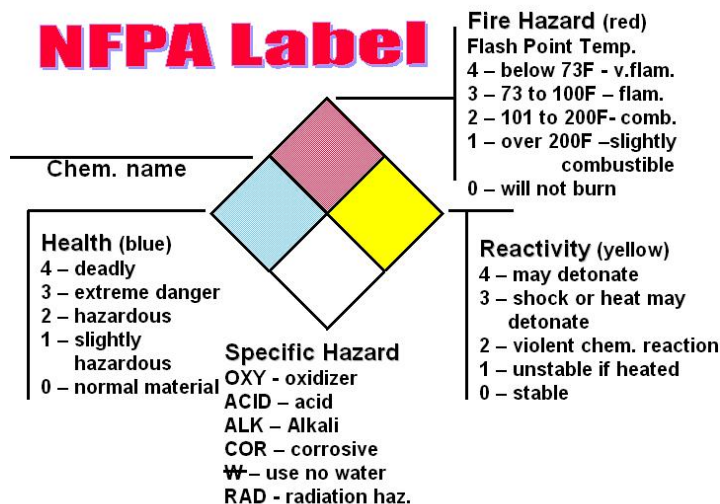
Always Read - Container labels

If a chemical is unknown or unlabeled, assume it is hazardous.

Refer to Material Safety Data Sheets (MSDS) as needed

### Labels and MSDS

**Labels** provide an **immediate source** of information and tell you whether or not a chemical is hazardous through warning words like “corrosive” or “toxic”. They communicate the chemical’s name, who made it, emergency phone numbers, why it is hazardous, and how to protect yourself. Labels come in many forms and will tell you which areas the chemical is dangerous; **health, fire, reactivity and personal protective equipment required when working with it.**



Always read the label **before** and **every time** you use the chemical. The label and MSDS will inform you about safe handling practices for the chemicals you work with.

**Material Safety Data Sheets (MSDS)- Are available ON THE INTRANET. If you have any questions, contact the Safety Manager Ext: 1070**

**Reference: Safety Manual Subject Hazard Communication**

## BACK INJURY PREVENTION

United Hospital Center is dedicated to the prevention of work related injuries - including back injury. United Hospital Center has a back Safety Program and has invested in various types of lifting equipment for each patient care area. All lifting and transferring of patients shall be performed utilizing the approved lift/transfer equipment and methods to prevent patient and employee injury - **please utilize appropriate equipment with the assistance of a trained staff member.**

[Refer Patient Services Policy – Back Safety; Minimal Lift](#)

## RADIATION SAFETY

At UHC we are licensed by the Nuclear Regulatory Commission (the NRC) to use radioactive materials to diagnose and treat diseases.



To make sure that all UHC associates are safe from the effects of radiation, recognize the RADIOACTIVE MATERIAL WARNING symbol. DO NOT enter an area that displays this symbol without being accompanied by a staff member.

[Reference: Safety Manual Subject Radiation Safety](#)

## STANDARD PRECAUTIONS/ PPE

Consider all patients potentially infectious. Use appropriate personal protective equipment (available in the PPE wall storage units located in the hallways).

Personal Protective Wearing Apparel Includes

- CPR pocket mask
- Surgical Mask
- Goggles/ full face shield
- Fluid resistant apron or cover gowns
- Protective gloves
- Protective shoe covers
- Protective hair covers

[Refer to Patient Services Policy Universal Precautions Use of Protective Apparel](#)

## BLOOD-BORNE PATHOGENS

Health care workers could be exposed to blood-borne pathogens by accidental needle sticks and splashes. The most common blood-borne pathogens (BBP) are Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV). HIV causes AIDS, disabling the body's immune system so it can't fight infections. The HBV and HC Virus infect the liver and may lead to fatal illnesses such as liver cancer. These BBP can be found in blood, blood products (plasma), semen, vaginal secretions, amniotic fluid, fluids surrounding the brain, spine, heart, joints, chest, abdomen and other fluids containing visible blood. BBP are transmitted by:

- needle stick injuries
- infected body fluids that has contact with breaks in the skin (cut, scrapes)
- splashes into the mouth, nose or eyes from blood or body fluids
- sex
- using dirty drug needles
- pregnant woman can pass a BBP to her baby

Since healthcare workers could be exposed to a BBP, they must follow Standard Precautions. This means treating all blood and body fluids as if they are infected with a BBP and use safer practices and sharp devices to protect from exposures occurring.

Personal Protective Equipment (PPE), such as gloves, goggles, gowns, and masks are available throughout UHC.

PPE should be worn when contact with blood and body fluids is possible.

PPE must be discarded when removed. Other important work practices are:

- hand hygiene before applying gloves and after removing gloves,
- use safe sharps products and devices with safety features when possible,
- use protective resuscitation devices when providing rescue breathing.

Sharps containers are available throughout UHC. Place needles, broken glass or sharp objects into sharp containers. Change sharp containers when  $\frac{3}{4}$  full.

**Do not recap needles.** Never reach into trash containers to retrieve item or compress contents. Take special care when handling, collecting or transporting blood or potentially infectious materials. These materials must be stored in leak-proof containers clearly labeled with red or orange biohazard labels to protect others from exposures. To clean a blood/body fluid spill, wear gloves and utilize a spill kit from the appropriate location on the unit.

If exposure to blood/body fluid occurs, wash area with soap and water and report the incident to your supervisor **immediately** for proper follow-up testing and treatment. It is important that we know how the incident occurred and what device was involved.

In case of an exposure do the following:

- Wash the affected area with antibacterial soap and warm water.
- Complete an incident report.
- Go directly to the Emergency Department
- Notify your instructor.

Important information contained in the incident report:

Name of patient - Room number - Patient date of birth  
Patient physician - Brand of device - Size of device

**Refer to Infection Control Policies (Under Patient Services Policies) – Artificial Nails and Hand Hygiene**

## IMMUNIZATIONS

To ensure that you have had the necessary vaccinations required as a healthcare worker – documentation will be required. You will be required to provide an immunization and health record as part of your rotation requirement. Rotations MAY NOT begin until all immunization information is received.

**NOTE:** An **annual Influenza Vaccine** is highly recommended for any associate, student, or instructor working with the patients at United Hospital Center.

## TB EXPOSURE CONTROL

Patients exhibiting possible TB symptoms will be placed in isolation in one of the negative air flow rooms until medically cleared by their physician. Respiratory protection (PAPR's) will be worn by all associates having contact with patients who are in Airborne Precautions.



**PAPR Required When Entering Room**

**Reference: Safety Manual Subject: Respiratory Protection**

## INFECTION CONTROL POLICY: HAND HYGIENE

All personnel will use the hand-hygiene techniques, as set forth in the following procedure. The CDC has recommended guidelines on when to use non-antimicrobial soap and water, an antimicrobial soap and water, or an Alcohol-base hand rub.

- Before coming on duty
- When hands are soiled
- Before each patient encounter
- Before applying sterile gloves and inserting a central intravascular catheter
- Before applying gloves and inserting indwelling catheters, peripheral vascular catheters, other invasive devices that do not require a surgical procedure
- After coming in contact with patient's intact skin, i.e. taking a patient's blood pressure, pulse lifting/moving the patient
- After working on a contaminated body site and then moving to a clean body site on the same patient
- After coming into contact with bodily fluids, dressing, mucus membranes, etc. and hands are not visibly soiled i.e. handling sputum containers, bedpans, urinals, catheters

## **INFECTION CONTROL POLICY: HAND HYGIENE (cont'd)**

- After contact with medical equipment / supplies in patient areas
- Always after removing gloves
- Leaving an isolation room
- After toileting
- After smoking
- After blowing or wiping the nose
- Before and after eating

### **Practicing Hand Hygiene Correctly**

HAND RUB (foam and gel)

Apply to palm of hand (amt. depends on product).

Rub hands together, covering all surfaces, focusing on fingertips and fingernails.

Continue until hands are dry.

### **Procedure:**

- Using antimicrobial soap and water or non – antimicrobial soap and water:
- Keep clothing away from sink and splashes.
- Turn on water and adjust temperatures for your comfort.
- Wet hands and apply dispensing soap solution to hands. Lather well (soap reduces surface tension enabling the removal of bacteria).
- Clean fingernail area (bacteria may be harbored beneath fingernails).
- Wash hands thoroughly, using rigorous scrubbing action for at least 15 seconds. Work lather around fingernails, top of hands, etc. (to facilitate eradication of all bacteria).
- Rinse hands and wrists under running water.
- Repeat hand hygiene technique, if necessary (to prevent recontamination of hands).
- Dry hands with clean paper product. (Do not use multiple use cloth towels).
- Turn off sink with used paper towel and discard.
- Avoid using hot water for hand hygiene. Repeated use of hot water may increase the healthcare worker's risk of dermatitis.

## **Hand Hygiene Facts**

Improved adherence to hand hygiene (i.e. hand washing or use of alcohol-based hand rubs) has been shown to terminate outbreaks in health care facilities, to reduce transmission of antimicrobial resistant organisms (e.g. methicillin resistant staphylococcus aureus) and reduce overall infection rates. It is the single most effective way to reduce spread of infection.

When hands are visibly soiled, washing with soap and water is recommended.

The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves. Gloves reduce hand contamination by 70% to 80%, prevent cross-contamination and protect patients and health care personnel from infection.

## Hand Hygiene Facts (cont'd)

Alcohol-based handrubs significantly reduce the number of microorganisms on skin, are fast acting and cause less skin irritation.

Alcohol-based handrubs take less time to use than traditional hand washing.

Health care personnel should avoid wearing artificial nails and keep natural nails less than 1/4 inch long if they are involved in direct patient care.

**Reference: Universal Precautions**

### CLOSTRIDIUM DIFFICILE (C-Diff)

Alcohol foam or gels do **NOT** destroy C. Difficile spores. When taking care of a patient with C-Diff, wash hands using soap and water. Educate staff and visitors regarding the importance of hand washing. Remove foam hand cleaner from room.

**Reference: Patient Services Policy/Procedure Subject: Clostridium Difficile**

### ISOLATION AND REQUIRED PRECAUTIONS

Always refer to the Transmission-Based Isolation precaution quick reference chart.

Airborne Precaution – Always wear a PAPR or N95 in this isolation category. All potential TB Patients must be masked if outside their room. Patient will be placed in negative air-flow room.

Contact Precaution – Negative air-flow rooms are not required. Always wear gloves and gowns.

Contact Precaution II (Clostridium Difficile) – Negative air-flow rooms are not required. Always wear gloves and gowns, do NOT use alcohol hand washing.

Droplet Precaution – Negative air-flow rooms are not required. Always wear mask, gown and gloves, if droplets will be aerosolized such as with respiratory treatments or suctioning – PAPRS required.





## Standard Precautions – Blood/Body Fluids precautions practiced on all pts.



## ISOLATION AND REQUIRED PRECAUTIONS

### Isolation Signage at United Hospital Center



<p>This patient requires:</p> <p><b>CONTACT PRECAUTIONS</b></p> <p>Anyone entering this room must wear appropriate PPE. Visitors please check at the Nurse's Station before entering room.</p> 	<p><b>TYPE</b></p> <p><b>CONTACT</b></p>	<p><b>DISEASES</b></p> <ul style="list-style-type: none"> <li>• MRSA / VRE / GI / UTI / Wound (Infection or Colonization)</li> <li>• MRSA / VRE (Respiratory Infection or Colonization)</li> <li>• Enteric Infections (e.g., E. coli 157, Hepatitis A, Shigella/Salmonella)</li> <li>• Pediculosis (Lice), Scabies (Remain in isolation for 24 hours after effective therapy)</li> <li>• Zoster – Localized</li> <li>• RSV &amp; Enterovirus in Children</li> <li>• Large Draining Wounds (abscess / cellulitis / decubitus ulcers)</li> </ul>	<p><b>PPE</b></p> <div>  <p>Gloves</p> </div> <div>  <p>Gown</p> </div> <div>  <p>Wash hands with soap &amp; water or alcohol foam</p> </div> <div> <p><b>OTHER</b></p> <ul style="list-style-type: none"> <li>• Dedicated equipment</li> <li>• Private room or cohort</li> </ul> </div>
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This patient requires:  
**CONTACT II PRECAUTIONS**  
Anyone entering this room must wear appropriate PPE.  
Visitors please check at the Nurse's Station  
before entering room.

# CONTACT II

- Clostridium Difficile (C. Diff)
- Diarrhea with Pending Lab Results



Gloves



Gown



Wash hands with  
soap & water only  
**DO NOT USE  
ALCOHOL FOAM**

## TRANSPORT

- Always cover patient with clean linens before transporting to other departments
- Notify receiving department of necessary precautions

## OTHER

- Dedicated equipment
- Private room or cohort



This patient requires:  
**AIRBORNE PRECAUTIONS**  
Anyone entering this room must wear appropriate PPE.  
Visitors please check at the Nurse's Station  
before entering room.

# AIRBORNE

- Measles
- Varicella (Chickenpox)
- Varicella Zoster – Disseminated (Contact and airborne precautions)
- Tuberculosis
- SARS
- Avian Influenza



Gloves



Gown



Wash hands with soap  
& water or alcohol foam



PAPR required when  
entering room

## TRANSPORT

- Limit transport of patients
- Place surgical mask on patient
- Notify receiving department of precautions




## OTHER

- Dedicated equipment
- Private room or cohort

This patient requires:






## DROPLET PRECAUTIONS

Anyone entering this room must wear appropriate PPE.  
Visitors please check at the Nurse's Station before entering room.



# DROPLET

- Pertussis
- Haemophilus Influenza Type B (invasive)
- Influenza (Viral and H1N1)
- Meningitis until Lab Confirmation

 Gloves
   
  
 Gown
   
  
 Wash hands with soap & water or alcohol foam
   
  
 Isolation mask required when entering room
   
  
 Always wear PAPR protection when performing bronchoscopy or respiratory treatment (including vent/BiPAP, suctioning, use of inhalers, respiratory distress or excessive coughing)
   
  

DO NOT THROW PAPRs AWAY!

TRANSPORT

- Limit transport of patients
- Place surgical mask on patient
- Notify receiving department of precautions

OTHER

- Dedicated equipment
- Private room or cohort



SPECIFIC INSTRUCTIONS ARE LOCATED INSIDE THE  
CABINETS OUTSIDE OF EACH PATIENT ROOM.

**Refer to Patient Services Policy – Universal Precautions and the  
Infection Control Policy Subject: Patient Isolation System**

## PPE

Consider all patients potentially infectious. Use appropriate personal protective equipment (available in the PPE wall storage units located in the hallways).

Personal Protective Wearing Apparel Includes

- CPR pocket mask
- Surgical Mask
- Goggles/ full face shield
- Fluid resistant apron or cover gowns
- Protective gloves
- Protective shoe covers
- Protective hair covers

**Refer to Patient Services Policy Universal Precautions Use of Protective Apparel**

## LATEX ALLERGY

Many items in the hospital are made of natural latex rubber; individuals can have or develop an allergy to Latex Products. Patients are assessed for Latex Allergy on admission. If you know that you have an allergy to Latex – please notify your instructor or clinical supervisor.

Signs/symptoms of hypersensitivity to latex include:

- Skin: rash, swelling, hives, itching, redness, irritation
- Eyes: itchiness, tearing, watering, redness
- Upper airway: runny nose, throat tightness/swelling, sneezing
- Lower airway: asthma, wheezing, cough, shortness of breath, chest discomfort
- GI: nausea, vomiting
- Cardiovascular: chest pain, palpitations, hypotension, lightheadedness, tachycardia

An anaphylactic reaction to any allergen is a life threatening event that requires immediate activation of the UHC emergency response system by dialing 2222.

**Example of Some Common Products that Contain Latex:** A complete data base of latex free products is available through Central Services, Ext. 1450.

Ace wraps/TEDS	Feeding nipples
Airways	Foam rubber/eggcrate mattresses
Ambu bags	Gloves
Balloons (non-Mylar)	Band-Aids
Heating blankets	Hemodialysis equipment
Hot water bottles	Catheters
Isolation OR masks	Multidose vial/ prefilled syringes
Nasogastric tubes	Pacifiers
Crutch tips/pads	Dental devices
Drains	Elastic fabric
Stethoscope tubing	Endotracheal tubes
Surgical tape	Enema tips
Tourniquets	Ventilator hose
Wheelchair seats/tires	

If a patient has a latex allergy, obtain a 'latex free cart' from Central Supply. Remove all latex products from the patient room area. If you question whether a product contains latex, call central supply or the pharmacy.

**Refer to Patient Services Policy – Latex (Rubber) Allergy – Management of Patient/Associate With.**

## PATIENT SAFETY

Our first obligation as health care providers is to “do no harm”. Patient safety is a critical and fundamental aspect of our quality of medical care and services. United Hospital Center has always placed quality care and the safety of its patient and employees as its greatest priority.

## NATIONAL PATIENT SAFETY GOALS

***National Patient Safety Goals*** – Certain patient safety best practices have been identified which, if implemented effectively, will prevent errors and injury to patients. We have adopted these best practices and rely upon our entire staff to implement them faithfully.

***The Goals for 2015 are:***

- Improve the accuracy of patient identification
- Improve the effectiveness of communication among caregivers
- Improve the safety of using medications
- Reduce the risk of health care associated infections
- Accurately and completely reconcile medications across the continuum of care
- Reduce the risk of patient harm resulting from falls
- Reduce the risk of influenza and pneumococcal disease in institutionalized older adults
- Reduce the risk of surgical fires
- Encourage patients’ active involvement in their own care as a patient safety strategy
- Prevent health care associated pressure ulcers (decubitus ulcers)
- The organization identifies safety risks inherent in its patient population
- Improve recognition and response to changes in a patient’s condition
- The organization meets the expectations of the Universal Protocol

For Education regarding the National Patient Safety Goals, refer to the UHC Intranet under biweekly education.

**[Refer to Hospital Policy - Patient Safety Program](#)**

## HANDOFF COMMUNICATION/SHARED

The **SHARED** mnemonic has been chosen as the method to standardize handoff communication at United Hospital Center. SHARED has been incorporated into the patient KARDEX to assist individuals providing report when transferring care of the patient to another provider:

- S** = Situation
- H** = History
- A** = Assessment
- R** = Requirements
- R** = Readback
- E** = Events
- D** = Documents

Adhere to the SHARED report format in all communications when transferring information or care of a patient to another associate.

### HAND-OFF

The primary objective of a “hand-off” is to provide accurate information about a patient's care, treatment and services, current condition and any recent or anticipated changes.

In health care there are numerous types of hand offs, including but not limited to:

- Nursing shift changes
- Physicians transferring responsibility to another physician on-call
- Temporary responsibility for staff leaving the unit for a short time
- Nursing and physician hand off from ED to inpatient units, different hospitals, nursing homes, and home health care,
- Anesthesiologist report to PACU staff

[Refer to Patient Services Policy – Handoff Policy](#)

## SAFE MEDICATION ADMINISTRATION

- A list of medications used by this facility that are look / sound alike is kept in the Pharmacy Department at UHC and is disseminated in patient care areas.
- All look / sound alike medications will have a warning displayed on the patient's Medication Administration Record for use as information when medication is administered.
- All look / sound alike medications will have a professional note attached to the formulary for a warning to the pharmacy department when placing an order into the computer system
- A look / sound alike medication warning will print on label for information use when picking and dispensing medications.

## SAFE MEDICATION ADMINISTRATION (cont'd)

- The following is the approved list:

- ⌚ Actos / Precose
- ⌚ Lovastatin / Lotensin
- ⌚ Primacor / Natreacor
- ⌚ Accupril / Accolate
- ⌚ Vincristine / Vinblastine
- ⌚ Carboplatin / Cisplatin
- ⌚ Clonidine / Klonopin
- ⌚ Lisinopril / Fosinopril
- ⌚ Pravachol / Prevacid
- ⌚ Glipizide / Glyburide
- ⌚ Navane / Norvasc
- ⌚ Prozac / Prilosec
- ⌚ DiaBeta / Zebeta
- ⌚ Bactroban / Bacitracin
- ⌚ Terazosin / Prazosin
- ⌚ Dopamine / Dobutamine
- ⌚ Aloprazapram / Lorazepam
- ⌚ Epinephrine / ephedrine
- ⌚ Hydromorphone / morphine
- ⌚ Lantus / Lente / Levimir
- ⌚ Humulin / Humalog
- ⌚ Daunorubicin / Doxorubicin / Doxorubicin liposomal
- ⌚ Taxol / Taxotere
- ⌚ Amaryl / Reminyl
- ⌚ Remicade / Rutixin
- ⌚ Clonidine / clonazepam
- ⌚ Serazone / Seroquel
- ⌚ Lamisil / Lamictal
- ⌚ Toprol XL / Topamax

The following **HIGH RISK** medications will be verified by “two licensed nurses” prior to administration. Verification will be noted in AdminRX or Chemotherapy Check Sheet for antineoplastic agents. PACU will document on the PACU Flow Sheet. Both licensed nurses must verify calculated rate and pump flow.

Co-signature is identification of medication and dose.

- Insulin IV infusions
- Antineoplastic agents
- Narcotic Infusions (PCA, Epidural)
- Heparin infusions
- Hypertonic saline

If carrying more than one injectable medication at a time to the bedside, both must be labeled (this includes saline flush). The label must include drug name, strength and amount.

**Reference: Patient Services Policy Safe Medication Administration/  
Pharmacy Policy, Look Alike/Sound Alike**



## MEDICATION RECONCILIATION

The medication reconciliation process occurs at admission, transport to the operating room, change of unit, and upon discharge. Medication reconciliation is a process of identifying the most accurate list of all medications a patient is taking. The medication reconciliation is printed out of McKesson's Horizon Expert Documentation.

**Reference: Patient Services Policy Procedure Medications - Reconciling Medications.**

## PATIENT AND FAMILY INVOLVEMENT IN CARE

Healthcare decisions will ultimately affect patients' lives. Therefore, patients have a moral and ethical right to play a meaningful role in making decisions and participating in their own care.

- Patients and/or families receive education on the role they play in receiving safe care.
- Patient and/or families will be informed that their questions regarding care, treatment and medications is desirable as we work together to prevent errors from occurring.
- Patient education is performed by a variety of staff throughout the length of stay.
- Patient involvement in care includes and is not limited to the following:
  1. Advanced Directives (if patient does not have AD)
  2. Pain Control Handout
  3. Confidentiality
  4. Organ and Tissue Donation
  5. Patient Rights and Responsibilities
  6. General Information (Visiting, Personal Belongings and Telephone)
  7. Patient Safety (Falls, IC, Personal Hygiene, Safe Medication Use, and Problem Resolution)
  8. Patient education materials/resources regarding various diagnoses and procedures are available on each nursing unit

**Reference: Hospital Policy Patient Safety Program; Patient Services Policy Procedure Patient Teaching**



## RECOGNITION AND RESPONSE TO PATIENT CONDITION

United Hospital Center has a “Rapid Response” protocol and team to assist nursing staff with concerns in the change in a patient’s condition.

### Protocol for Consultation with Rapid Response Team

Staff Concerned /worried about patient  
Heart rate less than 40 or greater than 130  
Systolic blood pressure less than 90  
Acute mental status change  
Respirations less than 8 or greater than 30  
Acute drop in O2 saturation less than 90%  
O2 increased to 50% or O2 sat less than 90%  
Acute significant bleed  
Seizures  
Failure to respond to treatment

Call UHC operator:

Ask for Rapid Response Team to be activated to your location  
Call physician to inform of patient status  
Print from OPTIO Rapid Response Record

**Reference: Hospital Policy Patient Safety Program; Patient Services Policy Procedure Rapid Response.**

## Skin Assessment/Pressure Ulcer Risk

### Six Essential Elements of Pressure Ulcer Prevention

**The two major steps of preventing pressure ulcers are:**

- **first, identifying patients at risk**
- **second, reliably implementing prevention strategies for all patients who are identified as being at risk**

## Skin Assessment/Pressure Ulcer Risk (cont'd)

<b>1. Conduct a Pressure Ulcer Admission Assessment for All Patients</b>
<b>2. Reassess Risk for All Patients Daily</b>
<b>3. Inspect Skin Daily</b>
<b>4. Manage Moisture: Keep the Patient Dry and Moisturize Skin</b>
<b>5. Optimize Nutrition and Hydration</b>
<b>6. Minimize Pressure</b>

### PRESSURE ULCER PREVENTION

Provide head to toe skin assessment daily.	Upon admission, all stageable wounds will be measured and photographed per nursing policy. All occlusive dressings are removed with wound assessment unless otherwise ordered by MD, including Wound Vacs.
Keep bed in prevention mode	Provide head to toe skin assessment daily.
Turn/reposition every 2 hr.	Place consult for appropriate specialty bed.
Offer bedpan/toilet every 2hr.	Turn/reposition every 2 hr.
Keep heels off of bed through use of pillows or off-loading boots.	Offer bedpan/toilet every 2hr.
HOB elevated no more than 30 degrees when possible.	Keep heels off of bed through use of pillows or off-loading boots. (not necessary with Clinitron surface)
Use waffle cushion when up in chair. Encourage frequent wt. shifts. Limit time in chair to 2 hr. increments if possible.	HOB elevated no more than 30 degrees when possible.
Encourage ambulatory/ROM exercises as indicated	Use waffle cushion when in chair. Encourage frequent wt. shifts. Limit time in chair to 2 hr. increments if possible.
Consult dietician for nutritional evaluation/supplemental recommendations. Provide small, frequent meals.	Encourage ambulatory/ROM exercises as indicated

Encourage fluid intake unless restricted.	Consult dietician for nutritional evaluation/supplemental recommendations. Provide small, frequent meals.
Incontinence/skin care per standard nursing orders.	Encourage fluid intake unless restricted.
	Incontinence/skin care per standard nursing orders.
	Wound care dressings per standard nursing orders.
	WCC consult for all Stage III and IV wounds

## ABUSE, NEGLECT, AND DOMESTIC VIOLENCE

All patients are assessed for abuse, neglect and/or exploitation on admission so that the appropriate treatment, education, reporting, and referrals are provided to the patient.

All health professionals are bound by law to report any suspected cases of elder mistreatment and child abuse or neglect.

Legal Requirements of Reporting:

- Child Abuse & Neglect (Any person under the age of 18).
- Adult Abuse & Neglect (Any person 18-65 years old).
- Elderly Abuse & Neglect (Any person over the age of 6)

Child and Adult Protective Services are part of the West Virginia Department of Health and Human Services. Contact numbers are 627-2295 or 1-800-352-6513.

### Adult Abuse and Neglect

#### Local Domestic Abuse Resources Include:

Hope, Inc., Domestic Violence 24-Hour Help Line: 367-1100  
Domestic Violence Centers  
Harrison County: 624-9835  
Lewis County: 269-8233  
Gilmer County: 462-5352  
Doddridge County: 873-1416  
Marion County: 367-1100

**Refer to Hospital Policy on Abuse and Neglect**

## INSTITUTIONAL ABUSE BY AN ASSOCIATE

Abusive behaviors will not be tolerated at United Hospital Center. Substantiated abuse is grounds for immediate termination. Any reported incident will be thoroughly investigated. If the accusation is substantiated, the associate will not only be subject to disciplinary action in connection with their employment, but will be reported to the appropriate licensing or certification board.

### ***Examples of Unacceptable Behavior***

- Hitting, slapping
- Use of excessive force
- Sarcasm, belittling, verbal putdowns
- Neglectful behavior

[Refer to Associate Handbook](#)

## UNIVERSAL PROTOCOL Surgical/ Invasive Procedure Site Verification

Purpose:

To help improve communication for patients going to surgery or receiving invasive procedures, the Joint Commission (TJC) requires specific elements to be checked and documented. The five key elements include:

**Correct Patient**  
**Correct Side/Site**  
**Correct Position**  
**Correct Relative Radiographic Films**  
**Correct Implants/Instruments**

The Checklist for Surgical or Invasive Procedure Site/Side Verification can be printed from Optio and is to be used for all procedures in Cath Lab, Bronchoscopy, Specials, OR and Cardioversions.

[Refer to Patient Services Policy - Surgical/Invasive Site Verification and Hospital Policy – Surgical & Invasive Procedure Site Verification](#)

## ACCEPTABLE AND UNACCEPTABLE ABBREVIATIONS/READBACK

For verbal or telephone orders or for telephonic reporting of critical test results, write the information on the physician's order sheet and then verify the complete order or test result by performing "read-back". Reading back the information from the written order insures that the information has been communicated and recorded correctly.

## “DO NOT USE ABBREVIATIONS”

The list of abbreviations NOT to be used included the following:

U,u

IU

Q.D., QD,, q.d., qd

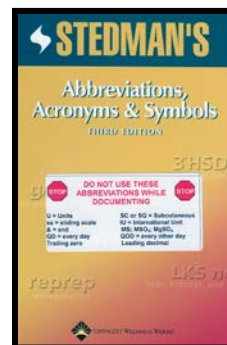
Q.O.D., QOD, q.o.d. qod

Trailing zero (X.0 mg)

Lack of leading zero (.X mg)

MS

MSO4

$$\text{MgSO}_4$$


Implementation of this list applies to all orders and all medication related documentation when handwritten or entered as free text into a computer.

Each Nursing Unit has a copy of Steadman's Manual of Acceptable abbreviations for further reference

## REPORTING CRITICAL TESTS AND VALUES

All critical test results/values will be called within one hour to the responsible licensed caregiver or the physician. Documentation of the call, including time, date, and who received that critical results/values must be made as a permanent part of the patient's medical record.

**Critical Test Values (Panic Values)-** those finding that require rapid communication.

**Responsible Licensed Caregiver-** Charge Nurse, RN caring for patient, Clinical Coordinator, Respiratory Therapist.

**Reference: Patient Services Policy Procedure Critical Test Results**

## PREVENTING PATIENT FALLS

On admission and every day, the patients must be assessed for high fall risk factors. High fall risk patients will be identified with an YELLOW bracelet and YELLOW sticker on the chart and Kardex.

**Refer to Patient Services Policy and Procedure ‘Adult High Fall Risk Safety Program’. High Fall Risk’.**

## RAPID RESPONSE

The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient’s condition appears to be worsening.

United Hospital Center Rapid Response Team Protocol for Consultation:

- a. Staff concerned/worried about patient
- b. Heart rate less than 40 or greater than 130
- c. Systolic blood pressure less than 90
- d. Acute mental status change
- e. Respirations less than 8 or greater than 30
- f. Acute drop in O2 saturation less than 90%
- g. O2 increased to 50% or O2 saturations less than 90%
- h. Acute significant bleed
- i. Seizures
- j. Failure to respond to treatment

If any associate recognizes acute changes in patient condition as defined above – dial 2222 and notify the PBX Operator that a Rapid Response is required, be prepared to relay the patient’s room and bed number.

**Refer to Patient Services Policy – Rapid Response Team**

## CODE BLUE RESPONSE TEAM

If the associate discovers an individual that is unresponsive or suddenly collapses – immediately dial 2222 to activate the Code Blue Response.

**Refer to Hospital Policy – Code Blue**

## PAIN MANAGEMENT RESPONSIBILITIES

Staff will routinely use a pain intensity rating scale appropriate for the patient population. The pain intensity measures should ensure consistency across departments. Examples of pain intensity scales are the 0 – 10 scale (where zero equals no pain and 10 is the worst pain ever experienced) and the Wong-Baker FACES pain rating scale (smile-frown). Pain is assessed upon admission, at the beginning of each shift, when the patient states a complaint of pain, and reassessed after pain medication has been administered.

As a member of the patient's care team, it is our responsibility to promptly report complaints of pain/discomfort, changes in condition, or visible signs of discomfort to a member of the nursing staff.

**Teach Patients That Pain Is Important And Their Reports Of Pain Will Be Believed.** Patients will be informed at the time of their initial assessment that relief of pain is an important part of their care. All of us have heard others make such comments as, "I don't think she's having that much pain," or "He said he was having pain but he fell asleep." **Such comments are not acceptable.** Personal values and intuition do not constitute a professional approach to the patient with pain. **The Patient is the only authority on whether they are experiencing pain or not.**

[Refer to Patient Services Policy – Pain Management & Documentation](#)

## RESTRAINT AND SECLUSION

United Hospital Center (UHC) supports the belief that the use of restraint and seclusion poses an inherent risk to the physical safety and psychological well-being of the individual and staff. Restraint or seclusion is only used in an emergency, when there is an imminent risk of an individual physically harming himself/herself or others, including staff, or when the individual is at high risk for self injury when accidentally removing equipment that is providing vital therapy or treatment and then must be discontinued at the earliest possible.

Because of their risk of injury standards for restraint use are implemented.

- Depending on the type of restraint or the use of isolation, frequent assessments of the patients must be done and documented.
- Orders must be obtained from physicians.

Preventive strategies or alternatives to restraint/seclusion must be attempted and documented before instituting restraint/seclusion. Use of least restrictive measures is always a first choice.

[Patient Services Policy and Procedure on Restraint and Seclusion](#)

## CARE OF THE DYING PATIENT

Dying patients have unique needs and require interventions that address comfort, dignity, psychosocial, emotional and spiritual issues. The care of the dying patient often includes caring for the patient's family regarding issues relating to death and grief. Patients may experience pain related to the end of life. Pain management in the final last days of life is imperative:

- Dying in pain is one of the biggest fears for most people.
- Assessment of pain in the unconscious patient should be frequent. Medicate as indicated.
- Moaning is common and not necessarily indicative of pain.
- Reassure families that pain is being managed.

As the body succumbs to the effects of terminal disease major organs begin to fail – as a result, nursing care will need tailored to the unique needs of the individual patient.

The following systems are affected during the dying process:

- Gastrointestinal
- Respiratory
- Cardiovascular
- Musculoskeletal
- Renal

When patients have come to terms with dying they often become less communicative. Families see this as rejection – reassure them. Help them to give the patient “permission to die”. Terminal care or end of life care can be exhausting for families and other loved ones.

Hospice care is end of life care provided by health professionals and volunteers. Care is provided in the patient's residence or, at times, a long term nursing facility. The goal is to help individuals who are dying to do so with comfort, dignity, and peace. Assistance is available to families 24 hours a day, seven days a week.

Palliative Care Team – utilizes a comprehensive approach to treating serious illness that focuses on the physical, psychological and spiritual needs of the person. Its goal is to achieve the best quality of life available to the person by relieving suffering and by controlling pain and symptoms”. Palliative care is sometimes called comfort care. Consult messages may be left by calling extension 1836.

**Patient Services: Palliative Care Team Consult; Palliative Care Of Dying Patients**



## **ADVANCE DIRECTIVES**

There is a consensus that patients with decision-making capacity have the right to self-determination in health care decisions and that patients' decisions should be communicated to their health care providers and respected by them. The purpose of this policy is to promote patient self-determination through the implementation of patient advance directives at United Hospital Center. Health care professionals at United Hospital Center will be educated about advance directives to achieve this policy goal.

Advance Directives – written or oral statements by the patient expressing preferences concerning health care decision-making should the patient lose the capacity to make such decisions for him/herself. The two most common forms of written advance directives are the Living Will and Medical Power of Attorney.

All patients receive Advance Directive/Medical POA information on admission. If a patient chooses to complete the advance directive, a Public Notary will come to the patient and sign and stamp the document making it a legal document. All secretaries and coordinators are Notaries making the courtesy available on all shifts. Once Advance Directives have been done, a copy is kept in medical records. With each admission, a copy must be available on the patient's chart.

**Refer to the Hospital Policy - Living Will/ Medical Power of Attorney (Advance Directives)**

## **DO NOT RESUSITATE (DNR)**

- DNR's are legal, valid documents ordered by the attending physician.
- DNR orders are tailored to each patient's specific wishes.
- The DNR order must be written and review documentation must occur on the progress prior to surgery if surgery is indicated.

It is the responsibility of health care professionals to honor the advance directives of patients, if there is no ethical or moral conflict with the hospital's mission or values. If because of personal moral convictions, a physician cannot implement the provisions of a written advance directive, the physician shall cooperate with the Medical Power of Attorney, representative or surrogate decision maker to attempt to arrange for the prompt and orderly transfer of the patient to the care of another physician.

**Reference: Hospital Policy DNR**

## **SUICIDE PRECAUTIONS FOR THE NON BEHAVIORAL HEALTH UNITS**

Upon admission and during each assessment we must be aware of patients who are at risk for suicide. We do this by:

- Listening to our patients
- Observing their behavior
- Considering their overall health or primary diagnosis
- Asking if they are having thoughts of harming themselves

Listen to your patient and report concerns regarding their mental state or psychological well-being.

- Often it is not what they say but how they say it.
- Watch for signs of anxiety, depression, withdrawal, hopelessness.

Comments that a patient is feeling overwhelmed and may be potentially suicidal should be taken seriously. The comments should be reported to either the charge nurse or the physician immediately. Comments and follow-up actions by staff should be documented.

**Refer to Patient Services Policy – Suicidal Patients**

## **PATIENT TEACHING**

Patient education is performed by a variety of staff throughout the length of the patient's stay. Documentation of patient teaching/education will be documented in HED or on the teaching form used in your department. Patient teaching will be listed as a knowledge deficit on the Multidisciplinary Plan of Care Written information is provided based on the age and understanding of the individual patient.

**Patient Services Policy/Procedure Subject: Patient Teaching**

# **UNITED HOSPITAL CENTER** (Return to Education)

## ORIENTATION CHECK OFF

PLEASE CHECK OFF EACH MODULE AFTER COMPLETING THE TUTORIAL

**PLEASE PRINT**

<b>NAME:</b>	<b>CLINICAL/ NON-CLINICAL/ VENDOR/ FORENSIC/ :</b>
<b>Company/ School:</b>	<b>DATE:</b>

<input type="checkbox"/> MISSION/ VALUES/ VISION <input type="checkbox"/> SERVICE STANDARDS	<input type="checkbox"/> ELECTRICAL SAFETY	<input type="checkbox"/> SAFE MEDICATION ADMINISTRATION <input type="checkbox"/> MEDICATION RECONCILIATION
<input type="checkbox"/> SMOKING POLICY	<input type="checkbox"/> SAFE MEDICAL DEVICES ACT	<input type="checkbox"/> PATIENT/FAMILY INVOLVED IN CARE <input type="checkbox"/> RECOGNITION/RESPONSE TO PT COND.
<input type="checkbox"/> LEADERSHIP/CORPORATE ETHICS	<input type="checkbox"/> MEDICAL WASTE MANAGEMENT <input type="checkbox"/> HAZARDOUS MATERIALS/ MSDS	<input type="checkbox"/> SKIN ASSESSMENT/PRESSURE ULCER RISK
<input type="checkbox"/> PERFORMANCE IMPROVEMENT	<input type="checkbox"/> BACK INJURY PREVENTION/	<input type="checkbox"/> ABUSE NEGLECT/DOMESTIC VIOLENCE <input type="checkbox"/> INSTITUTIONAL ABUSE BY ASSOCIATE
<input type="checkbox"/> SAFETY/ INCIDENT REPORTING	<input type="checkbox"/> RADIATION SAFETY	<input type="checkbox"/> UNIVERSAL PROTOCOL/SURGICAL SITE VERIFICATION
<input type="checkbox"/> CORPORATE COMPLIANCE <input type="checkbox"/> FALSE CLAIMS ACT	<input type="checkbox"/> STANDARD PRECAUTIONS <input type="checkbox"/> PERSONAL PROTECTIVE EQUIPMENT	<input type="checkbox"/> ABBREVIATIONS/READBACK <input type="checkbox"/> CRITICAL RESULTS
<input type="checkbox"/> TEAM DYNAMICS	<input type="checkbox"/> BLOODBORNE PATHOGENS	<input type="checkbox"/> PREVENTING PATIENT FALLS
<input type="checkbox"/> WORKPLACE VIOLENCE PREVENTION	<input type="checkbox"/> IMMUNIZATIONS	<input type="checkbox"/> RAPID RESPONSE/CODE BLUE
<input type="checkbox"/> HARRASSMENT IN THE WORKPLACE	<input type="checkbox"/> TUBERCULOSIS (EXPOSURE CONTROL)	<input type="checkbox"/> PAIN MANAGEMENT
<input type="checkbox"/> PATIENT RIGHTS	<input type="checkbox"/> INFECTION CONTROL HANDWASHING	<input type="checkbox"/> RESTRAINT & SECLUSION
<input type="checkbox"/> CONFIDENTIALITY/ HIPAA	<input type="checkbox"/> ISOLATION AND REQUIRED PRECAUTIONS <input type="checkbox"/> CLOSTRIDIUM DIFFICILE	<input type="checkbox"/> CARE OF THE DYING PATIENT
<input type="checkbox"/> CULTURAL DIVERSITY <input type="checkbox"/> LANGUAGE INTERPRETTING SERVICES	<input type="checkbox"/> LATEX ALLERGY	<input type="checkbox"/> SUICIDE PRECAUTIONS FOR NON-BEHAVIORAL HEALTH
<input type="checkbox"/> ORGAN & TISSUE DONATION	<input type="checkbox"/> PATIENT SAFETY <input type="checkbox"/> NATIONAL PATIENT SAFETY GOALS	<input type="checkbox"/> PATIENT TEACHING
<input type="checkbox"/> EMERGENCY RESPONSE CODES/ <input type="checkbox"/> FIRE SAFETY	<input type="checkbox"/> HANDOFF COMMUNICATION/SHARRED	

**I hereby certify that I have completed the required educational modules and that I have received, read, understand and agree to abide by the West Virginia United Health System CODE OF CONDUCT (Corporate Compliance) and all related policies, procedures, rules and regulations.**

Signature	Date
-----------	------

United Hospital Center  
Verification of Immunization/Requirements for Clinical Rotations  
Students  
2017

Last name:	First name:	Middle Initial:
School:	DOB:	Date:
Phone Number:	E-Mail Address:	Rotation Department:

**The following immunizations/titers must be up-to-date and this completed form on file at United Hospital Center before clinical rotations may start. Copies of the following records must remain on file at the college/university and be accessible if requested by UHC and/or accrediting agencies.**

Required	Hepatitis B	Yes ____	No ____	Include Month & Year
	Immunized	Yes ____	No ____	If yes, date(s): #1 _____ #2 _____ #3 _____
X	Titer	Yes ____	No ____	If yes, date: _____
	Declination	Yes ____	No ____	Attach form
	<b>MMR</b>			
	Immunized	Yes ____	No ____	If yes, date: _____
X	Titer	Yes ____	No ____	If yes, date: _____
	<b>Varicella</b>			
	Immunized	Yes ____	No ____	If yes, date: _____
X	Titer	Yes ____	No ____	If yes, date: _____
	<b>Tdap</b>			
X	Immunized	Yes ____	No ____	If yes, date: _____
	<b>PPD</b>			
X	2-step – 2 separate tests not more than 1 year apart. -OR- CXR if PPD is positive	Yes ____ Yes ____	No ____ No ____	If yes, date(s): #1: _____ #2: _____ If yes, date: _____
	<b>Influenza</b>			
X	Immunized	Yes ____	No ____	If yes, date: _____ Lot #: _____ Expiration Date: _____
	Declination	Yes ____	No ____	Attach form
X	<b>CPR</b> Health Care Provider Class	Yes ____	No ____	If yes, expiration date: _____
X	<b>Drug Screen</b>	Yes ____	No ____	If yes, date: _____
X	<b>Criminal Background Check</b>	Yes ____	No ____	If yes, date: _____
X	<b>Physical</b>	Yes ____	No ____	If yes, date: _____
	<b>WV RN License</b> (Nursing Instructor)	Yes ____	No ____	License #: _____
	<b>CRNA Malpractice Ins.</b>	Yes ____	No ____	Insurance #: _____
	<b>Current UHC Associate</b>	Yes ____	No ____	Job Title: _____

I hereby certify that the above information is true and accurate to the best of my ability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**  
HIPAA \_\_\_\_  
Safety \_\_\_\_  
Latex \_\_\_\_  
TB \_\_\_\_

United Hospital Center  
Vaccination Requirements for Faculty/Instructors/Students  
Clinical – Patient Contact  
2017

**Vaccinations/Titers**

- Hepatitis B and titer - titer can be obtained 1 month after receiving vaccination
- MMR and titer – titer can be obtained 1 month after receiving vaccination
- Varicella and titer - titer can be obtained 1 month after receiving vaccination
- Tdap immunization – Diphtheria, Pertussis – healthcare workers/students under the age of 65 who have direct patient contact in hospitals or clinics should get a dose of Tdap. A 2-year interval since the last Td is suggested, but not required.
- PPD – 2-step skin test – two separate tests, not more than 1 year apart
  - If a student is a freshman and has not had a PPD within the last year, then they will need to have two skin tests, two weeks apart.
  - If the student has a documented NEGATIVE baseline PPD within the last 12 months, then they will continue to obtain a PPD skin test every 12 months thereafter.

**Additional Requirements:**

- Current CPR Card– **must** be the Health Provider Class
- Drug Screen
- Criminal Background Check (date of criminal background check upon acceptance into the program is acceptable)
- Physical

**Forms:**

Verification of Immunization/Testing  
Latex Sensitivity/Allergy Screening  
TB Screening Questionnaire  
HIPAA Agreement  
Information Form/Safety Packet Verification  
Computer Training (if required)  
Name Badge

**Nursing Instructors also need:**

Glucometer Check-off  
Hemaprompt Check-off  
Color Blind Test  
IT Password Reactivation Form

UHC strongly encourages participation in the Influenza vaccination program. The hospital will be unable to provide this to students. A list will be requested during the active flu season of students who have had the vaccine or have declined the vaccination.

**Results of all vaccinations and additional testing results must be kept on file by the college/university. The college/university must be able to produce the copies if requested by UHC and/or accrediting agencies.**

**SUBJECT: HIPAA – CONFIDENTIALITY AND SECURITY  
AGREEMENT****CODE: H – 10****EFFECTIVE DATE: 4/03****REVISION DATE: 2/05, 4/08, 5/13****REVIEW DATE: 2/05, 4/08, 4/11, 5/13; 1/16****PAGE 1 OF 2****RELATED POLICIES:**

As an Associate, physician, referring physicians and their staff, other healthcare provider, student, volunteer, vendor, contractor, or temporary/contract associate, associated with United Hospital Center and/or its affiliates including, but not limited to United Summit Center, Inc., United Physician's Care, Inc., United Medequipment and Infusion Pharmacy or any WVUHS entity, you may have access to confidential information including protected health information (PHI), business asset data, secret, proprietary, or private information obtained through your association with one or more of these entities. The purpose of this Agreement is to help you understand your personal obligation regarding confidential information.

Confidential information, including protected health information (PHI), business asset data, secret, proprietary, or private information is valuable and sensitive and is protected by law and by strict confidentiality policies. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), establishes standards for the protection of patient information. Inappropriate disclosure of PHI may result in the imposition of fines up to \$250,000 and ten years imprisonment per incident.

Accordingly, as a condition of and in consideration of my access to confidential information, I agree to abide by the following:

1. I will not access confidential information, including protected health information (PHI), business asset data, secret, proprietary, or private information which I have no legitimate need to know and for which I am not an authorized user.
2. I will not in any way divulge, disclose, copy, release, sell, loan, review, alter or destroy any confidential patient information, including protected health information (PHI), business asset data, secret, proprietary, or private information unless expressly permitted by existing policy except as properly approved in writing by an authorized officer of UHC or its affiliate(s) within the scope of my association with such entity.
3. I will not utilize another user's password in order to access any system. I will not reveal my computer access code to anyone else. **I accept personal responsibility for all activities occurring under my password.**
4. If I observe or have knowledge of unauthorized access or divulgence of the confidential information, including protected health information (PHI), business asset data, secret, proprietary, or private information. I will report it immediately to my supervisor and to the WVUHS Security Officer.
5. I will not seek personal benefit or permit others to benefit personally by any confidential information, including protected health information (PHI), business asset data, secret, proprietary, or private information that I may have access to or that I access as an unauthorized user.
6. I understand that all information, regardless of the media on which its stored (paper, computer, videos, recorders, etc.), the system which processes it (computers, voice mail, telephone systems, faxes, etc.), or the methods by which its moved (electronic mail, face to face conversation, facsimiles, etc.) is the property of UHC or its affiliate(s) and shall not be used inappropriately or for personal gain and shall not be removed from the premises without prior authorization. I also

**SUBJECT: HIPAA – CONFIDENTIALITY AND SECURITY  
AGREEMENT****CODE: H – 10****EFFECTIVE DATE: 4/03****REVISION DATE: 2/05, 4/08, 5/13****REVIEW DATE: 2/05, 4/08, 4/11, 5/13; 1/16****PAGE 2 OF 2****RELATED POLICIES:**

understand that all electronic communication shall be monitored and subject to internal and external audit.

7. I understand that discussions regarding patient and/or protected health information shall not take place in the presence of persons not entitled to such confidential information and shall not take place in public places (such as elevators, lobbies, off premises, etc.).
8. I agree to abide by all rules and regulations as specified in UHC's or its affiliate(s) policies unless specifically altered by a separate contractual agreement. I can request that a copy of these policies be provided to me.
9. I understand that my failure to comply with this Agreement (intentional or unintentional) may result in disciplinary action, which might include, but is not limited to, termination of employment and/or loss of my privileges with the UHC, dismissal from the premises, loss of access to PHI and could result in my being held personally liable in a court action by a patient or their family.
10. I understand that the obligations in this Agreement continue after the end of my association with UHC or its affiliate(s).
11. As a referring physician or referring office staff, I will access only patient information under our immediate care. I will notify UHC with any change in staff that has access to UHC Portal. Access will not be transferred to another staff member without UHC notification.
12. If a breach is noted and PHI is reviewed, accidentally or otherwise, by an unauthorized source, this is to be reported to United Hospital Center immediately.

**By signing this agreement, I acknowledge that UHC or its affiliate(s) has an active on-going program to review records and transactions for inappropriate access and I understand that inappropriate access or disclosure of information can result in penalties including disciplinary action, termination, refusal of access to premises, and/or legal action.**

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Signature

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Date

---

Printed Name

If under 18 years of age, signature of parent or legal guardian is required.

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Signature of parent/legal guardian

---

Date

---

Printed Name

# **UNITED HOSPITAL CENTER** **LATEX ALLERGY SCREENING**

Student/Faculty/Instructor Last Name (print):		First Name (print):
School:	DOB:	Date:

Risk Factor Assessment																														
<b>Exposure History:</b>																														
Do you wear latex gloves regularly or are you otherwise exposed to latex regularly?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
Do you have a history of eczema or other rashes on your hands?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
Do you have a medical history of frequent surgeries or invasive medical procedures?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
Did these take place when you were an infant?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
Do you have a history of "hay fever" or other common allergies?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
Do your fellow workers wear latex gloves regularly?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
Do you take a beta-blocker medication?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
<p><b>Circle any foods below that cause hives, itching of the lips or throat, or more severe symptoms when you eat or handle them:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 5px;">avocado</td> <td style="padding: 5px;">apple</td> <td style="padding: 5px;">pear</td> <td style="padding: 5px;">celery</td> <td style="padding: 5px;">carrot</td> <td style="padding: 5px;">hazelnut</td> </tr> <tr> <td style="padding: 5px;">kiwi</td> <td style="padding: 5px;">papaya</td> <td style="padding: 5px;">pineapple</td> <td style="padding: 5px;">peach</td> <td style="padding: 5px;">cherry</td> <td style="padding: 5px;">plum</td> </tr> <tr> <td style="padding: 5px;">apricot</td> <td style="padding: 5px;">banana</td> <td style="padding: 5px;">melon</td> <td style="padding: 5px;">chestnut</td> <td style="padding: 5px;">nectarine</td> <td style="padding: 5px;">grape</td> </tr> <tr> <td style="padding: 5px;">fig</td> <td style="padding: 5px;">passion fruit</td> <td style="padding: 5px;">tomatoes</td> <td style="padding: 5px;">potatoes</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </table>							avocado	apple	pear	celery	carrot	hazelnut	kiwi	papaya	pineapple	peach	cherry	plum	apricot	banana	melon	chestnut	nectarine	grape	fig	passion fruit	tomatoes	potatoes		
avocado	apple	pear	celery	carrot	hazelnut																									
kiwi	papaya	pineapple	peach	cherry	plum																									
apricot	banana	melon	chestnut	nectarine	grape																									
fig	passion fruit	tomatoes	potatoes																											
<b>Contact Dermatitis Assessment:</b> (for associates who wear latex gloves frequently)																														
Do you have rash, itching, cracking, chapping, scaling, or weeping of the skin from latex glove?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
Have these symptoms recently changed or worsened ?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
Have you used different brands of latex gloves?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
If so, have your symptoms persisted						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
Have you used non-latex gloves?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
If so, have you had the same or similar symptoms as with latex gloves?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
Do these symptoms persist when you stop wearing all gloves?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
<b>Contact Urticaria (Hives) Assessment:</b> (for associates who wear latex gloves frequently)																														
When you wear or are around others wearing latex gloves do you get hives, red itchy swollen hands within 30 minutes or, "water blisters" on you hands within a day?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
<b>Aerosol Reaction Assessment:</b>																														
<b>When you wear or are around others wearing latex gloves, have you noted any:</b>																														
Itchy, red eyes, fits of sneezing, runny or stuffy nose, itching of the nose or palate:						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
Shortness of breath, wheezing, chest tightness or difficulty breathing?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
Other acute reactions, including generalized or severe swelling or shock						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
<b>History of Reactions Suggestive of Latex Allergy:</b>																														
Do you have a history of anaphylaxis or of intra-operative shock?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
Have you had itching, swelling or other symptoms following dental, rectal or pelvic exams?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
Have you experienced swelling or difficulty breathing after blowing up a balloon?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
Do condoms, diaphragms or latex sexual aids cause itching or swelling?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
Do rubber handles, rubber bands or elastic bands or clothing cause any discomfort?						<input type="checkbox"/> YES <input type="checkbox"/> NO																								



# UNITED HOSPITAL CENTER

## STUDENT/FACULTY/INSTRUCTOR ANNUAL/EXPOSURE TUBERCULOSIS SCREENING QUESTIONNAIRE

**Who completes form: 1. Students/Faculty/ Instructors**

**Students/Faculty/instructors who have had a positive PPD in the past must submit documentation of the most recent x-ray along with the questionnaire on an annual basis**

**If you have any questions, you may call Heather Hall, Education at 681-342-1885.**

PLEASE PRINT

<b>STUDENT/INSTRUCTOR NAME:</b>	<b>DATE:</b>	<b>DOB:</b>
<b>SCHOOL:</b>		
<b>1. Were you born in the U.S.A.?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>If no, what country of birth? _____ What year did you move to the U. S. A.?</i>		
<b>2. Have you traveled or lived outside the U. S. A. in the last 5 years?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>If yes, where?</i>		
<b>3. Have you received BCG vaccine?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> (BCG is a vaccine used to prevent TB)		
<b>4. Have you ever had a positive TB skin test?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<b>a. If your TB test result was Positive, did you have a chest X-Ray?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>If yes, Date _____ Result _____ (attach copy of your result)</i>		
<b>b. If your TB test was positive what medication(s) did you take?</b> <input type="checkbox"/> None <input type="checkbox"/> Don't know <input type="checkbox"/> Isoniazid (INH) <input type="checkbox"/> Other _____		
<b>5. Have you ever had close contact with anyone who was sick with TB?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<b>6. Have you ever lived or worked in a medical clinic or hospital, a homeless shelter, drug or alcohol detox. facility or jail where you may have had direct contact with anyone infected with TB?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<b>7. Please indicate if you have had any of the following symptoms for three (3) to four (4) weeks or longer since your last PPD or chest x-ray:</b>		
a. chronic cough in absence of cold or flu	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. unexplained productive cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. production of sputum	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. blood-streaked sputum	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. unexplained appetite loss > 2 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f. unexplained weight loss	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g. unexplained fever lasting several weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h. chest pains when taking a breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	
i. increased fatigue/tiredness > 2 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
j. persistent night sweats/fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	
k. shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	
l. hoarseness	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**The above health statement is true and accurate to the best of my knowledge and there is no evidence of pulmonary tuberculosis or contagion. I will visit my physician or a local health department if my health status should change.**

Student/Instructor Signature \_\_\_\_\_

Date \_\_\_\_\_

# STUDENT DEMOGRAPHIC INFORMATION

DATE: \_\_\_\_\_

NAME:	
HOME ADDRESS:	<hr/> <hr/>
ADDRESS AT SCHOOL:	<hr/> <hr/>

NAME OF SCHOOL:	
DEGREE/CERTIFICATE PURSUING	
DATE OF GRADUATION:	

PHONE NUMBER:	
SOC. SECURITY #: (optional for ID Locater)	

PERSONAL E-MAIL ADDRESS:	
COLLEGE/UNIV. E-MAIL ADDRESS:	