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University Hospitals  
Case Medical Center

**Office of Patient Care, Nursing and  
Medical Outcomes**

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Supplement to NEONI Clinical Orientation Student Handbook  
Nursing Student Safety Review  
Fall, 2010 and Winter/Spring/Summer, 2011

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# University Hospitals Case Medical Center

## Mission, Vision and Values

### A. UHCMC Mission

To heal,  
To teach,  
To discover

### B. UHCMC Vision

We will lead our industry in developing and delivering the next generation of consumer-driven health care.

Superior Quality. We will pursue breakthrough medical advancements and practices to deliver superior clinical outcomes.

Personalized Experience. Our care will focus on our patients as individuals. We will provide every patient an experience customized to their medical, emotional, social, and spiritual needs.

### C. UHCMC Values

Excellence  
Diversity  
Integrity  
Compassion  
Teamwork

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## While at UHCCM

### Emergency Telephone Numbers

5555 = Medical Emergency & Fire  
(state type of emergency, building and room number)  
4357 (H-E-L-P) = Security  
4-SPIL (47745) = For all types of spills

### Emergency Codes Paged Overhead

Code RED = Fire  
Code BLUE = Medical Emergency  
(in RB&C 'Code Blue' is not to be heard over the PA system)  
Code WHITE (Adult) = Medically unstable patient  
Code ADAM MacDonald = Infant Abduction in MacDonald  
Code ADAM Rainbow = Child Abduction in RBC  
Code ORANGE = Hazardous Materials Event  
Code YELLOW = Trauma or Mass Casualties  
Code BLACK = Security Emergency, e.g., bomb threat  
Code GRAY = Severe Weather, e.g., tornado  
Code VIOLET = A person(s) who poses imminent risk to self or others

#### Emergency Baby Codes For MacDonald Only

NRP Code Pink Level 1 = Imminent delivery that may need resuscitation of newborn  
NRP Code Pink Level 2 = Imminent delivery, full resuscitation of newborn is anticipated  
NRP Code Pink Level 3 = Need to resuscitate a delivered newborn

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# University Hospitals

## Fire and Electrical Safety Management

### Fire Safety

Having reviewed Fire Safety through the NEONI Clinical Orientation Student Handbook you are familiar with the Code word for Fire, the acronyms RACE & PASS but a term unique to UHCMC is

**SEE** - this indicates where fire alarms and fire extinguishers are located

S = by stairwells

E = by elevators

E = by exits

### Fire Alarms – what you will hear....

Older buildings (Lakeside, Wearn, Hanna Pavilion, Humphrey, Bolwell, etc.)

Rings as a series of chimes. Each series of chimes has three sections.

The last section in the series of chimes indicates of the floor of the fire event.

The chimes are heard throughout all floors of the building.

The smoke doors will close.

Newer/re-modeled buildings (Lerner, Mather Pavilion, Hanna House, MacDonald, RBC, etc.)

Lights flash and a sound (like chimes...also says words) occurs on three floors... the floor of the fire event, the floor above the fire event and the floor below the fire event.

Please note: With the composer system in RBC there is a red triangle that indicates the area/room of the fire event.

Smoke doors will close.

Please note: Lerner Tower and Mather Pavilion are both called as Lerner Tower by the computer system in a fire.

After the initial fire alarm, the phrase, "Code Red, \_\_\_\_\_ location \_\_\_\_\_" can be heard over the overhead pager in all areas.

**Lastly remember....** in a fire emergency, Facilities Engineering Staff have the authority to shut off a main utility system such as main oxygen valve. Nurses are responsible for managing individual patient needs for oxygen, removal, changing to portable, etc.

### Electrical Safety

1. Inspect all electrical equipment for frayed cords, broken plugs and if working properly.
2. Check electrical equipment (with inspection stickers) to make sure the date is current.
3. If in need of repair or inspection, please place a note on the equipment with the nature of the problem and take to division secretary for further instructions.
4. The back-up generator system is tested every Wednesday morning.

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## Hazards in the Workplace Right to Know

The Occupational, Safety and Health Administration (OSHA) has identified hazards that exist in the health care setting. In the table below, you will find the hazard on one side and the protective measures to take on the other side.

Maintaining a safe work environment is everyone's responsibility. We must all actively participate in gaining the knowledge about hazards, anticipate what could be a problem and work defensively.

**Only together we can make our environment as free from risk as possible.**

- Always read the label of the product you are using. If you require more information, please go to the MSDS on-line computer system.
- Go to UHCMC Intranet; select Online Tools; Select MSDS-Material Safety Data Sheets (takes you directly to [www.MSDSonlineHQ](http://www.MSDSonlineHQ)); type in chemical name.

Hazard	Protective Measures
Infectious Waste	<p>Body Substance Isolation (Universal Precautions) should be employed.</p> <p>Red bags or needleboxes should be used for the disposal of:</p> <ul style="list-style-type: none"><li>• Bloody, soaked chux with clots present</li><li>• Dressings copiously soaked with bloody drainage.</li><li>• Blood soaked gauze, packing</li><li>• Filled foley or stoma bags, suction containers and drainage units.</li><li>• Spent blood bags with tubing</li><li>• Syringes with/without needles in sharps containers.</li><li>• Cultures and stocks of infectious agents used in labs.</li><li>• Lab wastes contaminated with infectious agents.</li><li>• Pathological wastes removed during surgery or autopsy.</li><li>• Waste contaminated with large quantities of blood.</li><li>• Waste materials from the rooms of patients with anthrax, rabies, smallpox or viral hemorrhagic fevers.</li><li>• Carcasses of animals intentionally exposed to infectious agents during research.</li><li>• Anything that has been heavily contaminated with blood/body fluids.</li></ul>

Hazard	Protective Measures
Chemotherapy Agents	<ul style="list-style-type: none"> <li>• Use of chemosafety gloves/double gloves for handling all chemotherapeutic agents and blood/body fluids of patients in the contamination period is required.</li> <li>• The need for gowns/aprons, goggles and masks will be determined on splash potential.</li> <li>• Cleaning up a small spill of chemotherapeutic agents requires wearing protective equipment, washing the area three times with soap and water and disposing of all items in the chemo waste container.</li> <li>• The chemo waste container should be used to dispose of everything contaminated with the blood/body fluid of patients in the contamination period that you might place in a waste basket/red bag.</li> </ul>
Radiation	<ul style="list-style-type: none"> <li>• In high use areas, the Radiation Safety Officer assures that all personnel are informed of precautions to be taken.</li> <li>• When a portable x-ray is being taken, stand at least 6 feet away or wear a leaded apron.</li> </ul>
Medical Gases: Oxygen  Anesthetic Gases	<ul style="list-style-type: none"> <li>• The primary danger with oxygen is that it adds to the fire potential.</li> <li>• Oxygen cylinders should be stored in a safe manner. They should always be stored on a firm foundation in a holder.</li> <li>• In areas where these agents are used specific information is provided to personnel to avoid risk.</li> </ul>

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# CAN WE TALK...ABOUT BLOOD BORNE PATHOGENS?

## INTRODUCTION:

Your job may involve contact with patient blood and body fluids. It is important to know which tasks put you at risk, when you need to take precautions and what to do in case of exposure. University Hospitals of Cleveland (UHC) has a written "Exposure Control Plan" covering OSHA's Blood Borne Pathogen Standard. **It is available by calling Infection Control at 844-1924 or Environmental & Occupational Safety at 844-1437.**

**Diseases of Concern:** Hepatitis B & C, and HIV

**Found In:** Blood, blood tinged body fluids, cerebrospinal, amniotic, pleural, synovial, peritoneal fluid, semen, vaginal secretions, body tissue of infected patients

**Passed to Healthcare Workers Via:** Percutaneous (sticks) route  
Splashes to eyes, nose, mouth or onto open, broken skin  
Human bite can transmit Hepatitis B

**Passed In the Community via:** blood to blood contact (IV drug use, history of transfusions)  
sexual activity  
infected mother to her baby

## HEPATITIS B:

Hepatitis B is a liver infection caused by the Hepatitis B virus. About 40% of those infected will show no signs of illness. Mild flu-like illness occurs in another third of those infected. The last third of infected people get very sick: nausea, vomiting, yellow skin & eyes; dark urine, skin rash & abdominal pain. It may take from 45 to 160 days to get sick after exposure to Hepatitis B. The illness can last for weeks. Less than 10% of people infected never get rid of the virus & become "carriers". These carriers have a higher chance of getting cirrhosis & liver cancer. Interferon is used currently to treat chronic infection with Hepatitis B, but not new infections. A series of shots over a 6 month period will provide protection in nearly 95% of those receiving the vaccine.

## HEPATITIS C:

Hepatitis C is a liver infection caused by the Hepatitis C virus. This infection used to be called "Non A/ Non B Hepatitis" or "Transfusion-Associated Hepatitis." Three-fourths of people infected have no symptoms. Some get abdominal pain, loss of appetite, nausea & vomiting, and jaundice. It may take 14 to 180 days before symptoms appear. Over 75% of people infected become carriers. Of those carriers, 20-60% may develop chronic active hepatitis and 5-20% may develop cirrhosis. Interferon & other anti-virals are being used to treat chronic infection with varying rates of success. There are about 4 million Hepatitis C carriers in the U.S. It is estimated that Hepatitis C carriers outnumber HIV infected people 4 to 1. Risk of infection after exposure for healthcare workers is from 4-10%. There is no vaccine for Hepatitis C. Immune globulin is not used anymore for post exposure prophylaxis, but some of the antivirals used to treat the infection are being used for Health care workers exposed to Hepatitis C patients.

## HUMAN IMMUNODEFICIENCY VIRUS:

HIV disease is a chronic infection that destroys the immune system. Most people will show antibodies ("HIV positive") to the virus 6 weeks to months after exposure. At first, people may get flu-like illness, lasting about a week. After that initial bout of symptoms, those infected can be healthy and symptom-free for up to 10-15 years. Over time though, HIV slowly depletes the body of its ability to fight off infections and some cancers. When certain infections and cancers occur that are hallmark of HIV infection or if a specific white blood cell count (CD4) is low, then people are said to have Acquired Immune Deficiency Syndrome (AIDS). There are many new medicines available that help keep people with HIV healthier longer, but eventually the infections lead to death.

Approximately 700,000 Americans have been diagnosed with AIDS, 3,000 of which are here in Cuyahoga County. Thousands more are believed to be infected with HIV. It is estimated that 10,000 to 18,000 people in Ohio are HIV positive. From 1985 to 2000, about 120 healthcare workers in the U.S. have converted to HIV positive after a workplace exposure. There is no licensed vaccine for HIV as this time, just experimental ones.

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## BLOOD BORNE PATHOGENS

### WHAT DOES THIS MEAN TO YOU?

People infected with blood borne pathogens often do not have any signs of the infection. You as a health care worker must treat all blood and body fluids as potentially infectious. Therefore, anytime you come into contact with these fluids, you need to take appropriate precautions. This is called **Body Substance Isolation (BSI)**.

Just what are appropriate precautions? Think about what may happen while you are doing the task and prepare yourself.

**Use the:**

- Right protective clothing & devices**
- Right instruments**
- Right technique**

### WHERE TO FIND EQUIPMENT?

**Masks & gloves:** Outside, inside patient rooms, treatment areas.

**Goggles/face shields:** Clean utility rooms.

**Gowns:** Laundry cart, isolation carts.

**AMBU bag:** At bedside or on Code Cart.

### HOW DO I DISPOSE OF CONTAMINATED ITEMS?

Disposable protective clothing, gloves and other materials soiled with blood/body fluids need to be disposed of in RED plastic bags.

Cloth gowns go in laundry hampers NOT in red bags. (All laundry is treated as "Infectious".)

All needles, even if not contaminated, must be disposed of in sharp's containers. Longer needles, glass or sharp objects that do not fit into sharps containers go into the large red buckets in the utility rooms.

Containers filled with blood/body fluids should be carefully emptied into hopper or the toilet and container disposed of as regulated medical waste. If the fluid cannot be poured off without risk to you, securely tie container off to prevent leakage and place in red bag or bucket.

### WHAT IF?

With all of these precautions, incidents still happen. Do the following if you are exposed:

1. Wash off areas of exposure **IMMEDIATELY**, or wipe well with antiseptic. If your eyes or mouth are affected, flush with water for 3 minutes. If your clothes are soaked, ask Nursing supervisor to obtain set of loaner scrubs. DO NOT take clothes home. Your clothes will be washed here.
2. Notify your instructor, and patient's nurse and fill out an employee incident report form.
3. Report to Corporate Health, Mon. - Fri. 0730 to 1630. Off hours and weekends, go to the Triage Nurse in the Emergency Room. Based on their evaluation, you may need to get blood tests, pills or a shot. Certain pills need to be started within 4 hrs. after exposure, so do not delay!

### SUMMARY

Workplace safety depends on you - practice BSI - make safe choices and stay healthy.

If you have any questions, call Infection Control at 41924.

To see a copy of the OSHA Blood Borne Pathogen Standard, stop in at Corporate Health, Protective Services, Infection Control, Emergency Room, Safety Office, or Core Library.



**University Hospitals Case Medical Center**  
Isolation Signs for **Adults**

Body Substance Isolation/Universal Precautions is in effect at all times. In addition, there are five other isolations that have additional specificity.

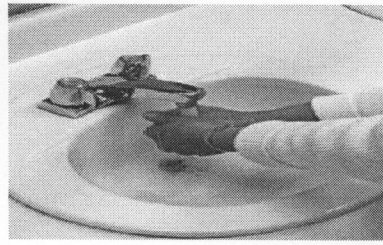
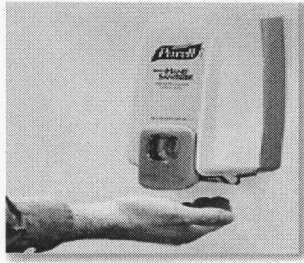
Type of Isolation	Most Commonly Used for:
<p style="text-align: center;"><b>CONTACT Precautions</b></p> <ol style="list-style-type: none"> <li>1. Single room or cohort—door can remain open</li> <li>2. Gloves for contact with patient</li> <li>3. Gowns needed if contact with patient or environment</li> <li>4. Face protection for contact with aerosol.</li> <li>5. Take off gown and gloves and wash hands when leaving the room. [Do not use hand sanitizer when “Do Not Use” sticker is on dispenser.]</li> <li>6. When patient out of room, all wounds and body fluids are to be contained. Rashes are to be covered.</li> </ol>	<ol style="list-style-type: none"> <li>a. C. difficile</li> <li>b. Diarrhea</li> <li>c. Hemorrhagic fevers</li> <li>d. Herpes zoster</li> <li>e. Lice and scabies, untreated</li> <li>f. MRSA in wound</li> <li>g. Necrotizing fasciitis</li> <li>h. Significant skin infections</li> <li>i. Multi-drug-resistant Organisms (MDRO's)</li> </ol>
<p style="text-align: center;"><b>DROPLET Precautions</b></p> <ol style="list-style-type: none"> <li>1. Single room or cohort—door can remain open</li> <li>2. Face Protection</li> <li>3. Gloves for contact with patient or environment</li> <li>4. Gowns if contamination of clothing is anticipated.</li> <li>5. Take off gloves and gown and wash hands before leaving the room.</li> <li>6. When patient out of room, must wear surgical mask.</li> </ol>	<ol style="list-style-type: none"> <li>a. Bacterial Meningitis</li> <li>b. Influenza</li> <li>c. Meningococcal disease</li> <li>d. MRSA in sputum</li> <li>e. Pertussis</li> <li>f. Multi-drug-resistant Organisms (MDRO's)</li> </ol>
<p style="text-align: center;"><b>STRICT AIRBORNE Precautions</b></p> <ol style="list-style-type: none"> <li>1. Single negative pressure room...keep door closed</li> <li>2. Special mask (particulate respirator) must be worn to enter the room</li> <li>3. Particulate respirator may be re-used if not crushed or wet.</li> <li>4. Wash hands before leaving the room</li> <li>5. When patient out of the room, must wear duckbill mask</li> </ol>	<ol style="list-style-type: none"> <li>a. Tuberculosis</li> <li>b. Avian Flu</li> <li>c. SARS</li> </ol>
<p style="text-align: center;"><b>AIRBORNE Precautions</b></p> <ol style="list-style-type: none"> <li>1. Single room...keep door closed</li> <li>2. Gown and gloves are required for direct contact if patient has a rash.</li> <li>3. Before leaving the room. remove gown and gloves, if used. Wash hands before leaving the room</li> <li>4. When patient out of the room, must wear a surgical mask. Rash must be covered, if present.</li> </ol>	<ol style="list-style-type: none"> <li>a. Chickenpox</li> <li>b. Measles</li> <li>c. Disseminated Zoster</li> </ol> <p>Caregivers must be immune to care for patient</p>
<p style="text-align: center;"><b>PROTECTIVE Precautions</b></p> <ol style="list-style-type: none"> <li>1. Single room...door may remain open</li> <li>2. Wash hands immediately prior to entering room</li> <li>3. Mask must be worn to enter the room.</li> <li>4. Mash should be removed after leaving the room.</li> <li>4. When patient out of the room, must wear surgical mask.</li> </ol>	<ol style="list-style-type: none"> <li>a. Absolute Neutrophil Count (ANC) &lt; 500</li> </ol>
<p style="text-align: center;"><b>STOP—STOP—STOP—STOP—STOP</b></p> <ol style="list-style-type: none"> <li>1. Directions to see nurse prior to entering room</li> </ol>	<ol style="list-style-type: none"> <li>a. Used at nurses discretion</li> <li>b. Use in Hanna House for all special isolations (listed above)</li> </ol>

# University Hospitals Case Medical Center/Rainbow Babies and Children's Hospital

## Isolation Signs for Pediatrics

Standard Precautions is in effect at all times. In addition, there are five other isolations that have additional specificity.

Type of Isolation	Most Commonly Used for:
<p style="text-align: center;"><b>CONTACT Precautions -orange</b></p> <ol style="list-style-type: none"> <li>1. Single room or cohort—door can remain open.</li> <li>2. Gloves and gown for contact with patient or environment.</li> <li>4. Face protection for contact with secretions.</li> <li>5. Remove gown and gloves and perform hand hygiene before leaving the room. [Do not use hand sanitizer when “Do Not Use” sticker is on dispenser.]</li> <li>6. When patient out of room, all wounds and body fluids are to be contained. Rashes are to be covered.</li> </ol>	<ol style="list-style-type: none"> <li>a. C. difficile</li> <li>b. Diarrhea</li> <li>c. Hemorrhagic fevers</li> <li>d. Herpes zoster</li> <li>e. Lice and scabies, untreated</li> <li>f. MRSA in wound or sputum/nares or any respiratory isolate</li> <li>g. Necrotizing fasciitis</li> <li>h. Respiratory symptoms in children</li> <li>i. Significant skin infections</li> <li>j. Multi-drug-resistant Organisms (MDRO's)</li> <li>k. Multi-drug-resistant gram Negative Organisms from respiratory in sputum/nares or any respiratory isolate</li> </ol>
<p style="text-align: center;"><b>DROPLET Precautions- red</b></p> <ol style="list-style-type: none"> <li>1. Single room or cohort—door can remain open.</li> <li>2. Surgical mask when entering room.</li> <li>3. Gloves for contact with patient or environment</li> <li>4. Gowns if contamination of clothing is anticipated.</li> <li>5. Remove gloves and gown and perform hand hygiene before leaving room.</li> <li>6. When patient out of room, must wear surgical mask.</li> </ol>	<ol style="list-style-type: none"> <li>a. Bacterial Meningitis</li> <li>b. Influenza</li> <li>c. Meningococcal disease</li> <li>d. MRSA in sputum (Additionally, MUST use contact precautions)</li> <li>e. Pertussis</li> <li>f. Multi-drug-resistant gram Negative Organisms (Additionally, MUST use contact precautions)</li> </ol>
<p style="text-align: center;"><b>STRICT AIRBORNE Precautions - gray</b></p> <ol style="list-style-type: none"> <li>1. Single negative pressure room; door closed at all times.</li> <li>2. Special mask (particulate respirator) must be worn to enter the room.</li> <li>3. Particulate respirator may be re-used if not crushed or wet.</li> <li>4. Perform hand hygiene before leaving the room</li> <li>5. When patient out of the room, must wear duckbill mask.</li> </ol>	<ol style="list-style-type: none"> <li>a. Tuberculosis</li> <li>b. Avian Flu</li> <li>c. SARS</li> </ol>
<p style="text-align: center;"><b>AIRBORNE Precautions</b></p> <ol style="list-style-type: none"> <li>1. Single room; door closed at all times.</li> <li>2. Gloves must be used with patient contact if patient has a rash.</li> <li>3. Wear gown if contamination of clothing anticipated.</li> <li>3. Before leaving the room.</li> <li>4. Remove gown and gloves and perform hand hygiene before leaving room.</li> <li>5. When patient out of the room, patient must wear a surgical mask. Rash must be covered, if present.</li> </ol>	<ol style="list-style-type: none"> <li>a. Chickenpox</li> <li>b. Measles</li> <li>c. Disseminated Zoster</li> </ol> <p>Caregivers must be immune to care for patient</p>
<p style="text-align: center;"><b>PROTECTIVE Precautions</b></p> <ol style="list-style-type: none"> <li>1. Single room; door can remain open.</li> <li>2. Perform hand hygiene immediately prior to entering room.</li> <li>3. Mask must be worn to enter the room.</li> <li>4. Perform hand hygiene when leaving room.</li> <li>5. Remove mask after leaving the room.</li> <li>6. When patient out of the room, must wear surgical mask.</li> </ol>	<ol style="list-style-type: none"> <li>a. Absolute Neutrophil Count (ANC) &lt; 500</li> </ol>
<p style="text-align: center;"><b>STOP—STOP—STOP—STOP—STOP</b></p> <ol style="list-style-type: none"> <li>1. Directions to see nurse prior to entering room</li> </ol>	<ol style="list-style-type: none"> <li>a. Used at nurses discretion</li> <li>b. Use in Hanna House for all isolations listed above.</li> </ol>



## **University Hospitals of Cleveland** **Hand Hygiene** **Frequently Asked Questions: FACT SHEET**

### **What is Hand Hygiene?**

- Hand hygiene is a term that applies to handwashing, antiseptic handwash, antiseptic hand rub, or surgical hand antisepsis.

### **Why is hand Hygiene so important?**

- Hand hygiene is the single most important measure you can perform to protect you from infection and patients from acquiring a health-care associated infection.
- Studies have shown that the microorganisms that cause health-care associated infections are most frequently spread from one patient to another on the hands of healthcare workers.

### **What is a health-care associated infection?**

- It's an infection that a patient acquires while in the hospital.
- An average of 7 percent to 10 percent of adult patients and as high as 30 percent of critically ill patients get health-care associated Infections.

### **How does a health-care associated infection impact patients?**

- Nearly 20,000 patients die each year as a direct result of these infections.
- They contribute to the deaths of another 80,000 patients.
- Patients can become ill with bloodstream infections, surgical site infections or urinary tract infections, and pneumonia.

### **Can I wear artificial nails and jewelry?**

- Fake nails, wraps, gels and tips are **NOT PERMITTED** for healthcare workers who have direct patient contact or work in nutritional services.
- Artificial nails have been associated with health-care associated infections.
- Natural nails should be kept short and clean, to 1/4 inch in length.
- Jewelry harbors germs, no rings are preferable, but simple band rings will harbor least amount of microorganisms.

### **How do healthcare workers' get exposed to microorganisms?**

- By doing simple tasks, like pulling patients up in bed, taking a blood pressure or pulse, or touching equipment like bedside rails, over bed tables, IV pumps.

### **How compliant are healthcare workers with hand washing recommendations?**

- Hand washing has been proven to reduce the spread of microorganisms in healthcare facilities, healthcare workers often do not wash their hands when recommended. In 34 studies of hand washing, workers washed their hands only 40 percent of the time.
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### **When should I perform hand Hygiene?**

- When you arrive to work.
- Before and after using the restroom.
- After covering a sneeze.
- Before and after eating, drinking, smoking, applying cosmetics or handling food.
- Before and after handling patient care equipment.
- When completing work and before going home.
- Before and after physical contact with any patient.
- Before and after performing any invasive procedures.
- Before donning gloves.
- After removing glove or other personnel protective equipment.
- After contact with the dogs from Pet Pals.

### **How do I perform a handwash correctly?**

- Wet hands with water and apply a dime size amount of soap. All dispenser soap at UHC is antibacterial.
- Rub hands together for at least 15 seconds, making sure you cover all surfaces of hands and fingers.
- Rinse and dry hands with disposable towel.
- To prevent recontaminating your hands, use a paper towel to turn off the faucet.

### **How do I use an alcohol-based hand rub correctly?**

- Apply product (nickel size amount) to palm of one hand and rub hands together.
- Cover all surfaces of the hands and fingers, until hands are dry.
- This action takes 10-15 seconds.

### **Are alcohol-based hand rubs really effective?**

- Alcohol-based hand rubs, according to the Center for Disease Control and Prevention, are just as effective as handwashing. However, they are not effective in killing spores—ie: *Clostridium difficile*.

### **Won't frequent use of alcohol dry out my skin?**

- Modern alcohol-based hand rubs contain skin conditioners (emollients) that help prevent drying effects.
- Studies have proven that health-care workers who routinely cleaned their hands between patients by using a modern alcohol-based hand rub had less skin irritation and dryness than those health-care workers who washed their hands with soap and water.

**Hand hygiene: Make it a habit!!!**

**PREVENTION**

**IS PRIMARY!**

**Protect patients. . . protect healthcare personnel. . .**

**promote quality healthcare!**

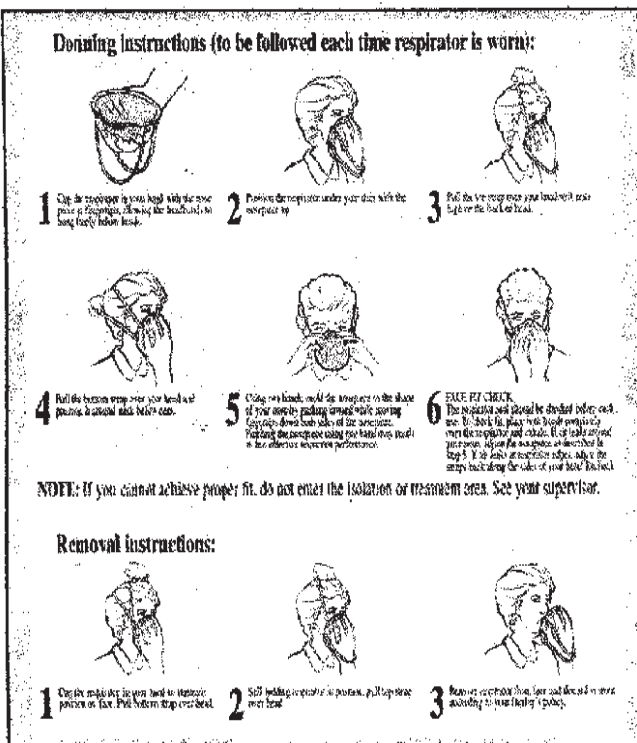
# PARTICULATE RESPIRATOR GUIDELINES

Patients are sometimes placed on “Strict Airborne Isolation” when tuberculosis is being ruled out or if the patient has active TB. Certain types of masks must be worn with any interaction with those patients or working in the area where these patients are. The masks are called “N 95 Particulate Respirators”.

## WHEN DO YOU USE A PARTICULATE RESPIRATOR?

- 1) Entering an isolation room marked with the “Strict Airborne Isolation” sign
- 2) Entering the bronchoscopy suite, pulmonary function lab or any diagnostic area if there is a patient with suspect TB or confirmed TB undergoing procedures there.
- 3) Working in the air handling system of any of the above listed areas if there are TB or R/O TB patients present.
- 4) Transporting a patient in an ambulance with suspect or confirmed TB.

## PUTTING ON THE PARTICULATE RESPIRATOR



## REUSING THE PARTICULATE RESPIRATOR:

- 1) Tag the mask with your name on the head strap or write your name on a piece of tape and tape it on the mask. **DO NOT WRITE ON THE MASK ITSELF!**
- 2) You can re-use the mask indefinitely as long as it does not get wet; it is not crushed, crumpled, bent, stuffed in a pocket, sat on or the like.
- 3) Inspect the PR each time before you put it on. Look for tears or signs of wear. Discard the mask in the regular trash if it is no longer useable.
- 4) You may store your mask:
  - outside the patient room or in the clean utility room
  - in a plastic bag in any designated area
  - in your locker
- 5) **DO NOT SHARE MASKS!**
- 6) If you have problems breathing with the mask on, or experience chest pain or become lightheaded:
  - a) leave the patient's room, then remove your mask.
  - b) tell your supervisor and call Employee Health at 41601.

**DO NOT ATTEMPT TO USE THE MASK UNTIL YOU HAVE BEEN EVALUATED BY EMPLOYEE HEALTH!**

- 7) Men with beards cannot get a good fit with the mask. Check your department's policy about this.

**DO A FIT CHECK  
EACH TIME YOU PUT  
ON THE MASK!**

# HIPAA Privacy Standards Training

## For All Employees of University Hospitals Health System

### What is HIPAA?

- HIPAA stands for the Health Insurance Portability and Accountability Act of 1996.
- HIPAA requires that you take action to make sure that our patient's medical information is kept confidential.
- The term "Protected Health Information" (or "PHI" for short) is used to describe all the healthcare-related information we collect and use on behalf of our patients.
- HIPAA also says that patients have some rights to review the PHI we have collected on them and to control the way we share some of their PHI.

### Here are some things you need to do to comply with HIPAA:

- When someone asks you for information about a patient, make sure they have the right to have the information they are asking for.
- Follow the "minimum necessary" rule. When you give patient information out to others, give only the information the person has the right to have. Don't give them extra information they haven't asked for or aren't allowed to have.
- When you need to talk to another staff member about a patient's condition or treatment, you should do what you can to make sure your conversation won't be overheard by other patients or visitors.
- Protect patient privacy by keeping documents and reports that have PHI on them in safe areas, out of the view of those who might happen to walk by.
- If you use the telephone, fax machine or email to share PHI with other facilities, organizations or employees, make sure that the information you send is going to the correct person and that they have the right to have the information.
- Always follow proper procedures for logging in and out of computer systems. Never share your password with others.

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## **A New Patient Form: The Notice of Privacy Practices**

- HIPAA requires that we give each patient access to our “Notice of Privacy Practices” (called the NOPP for short).
- The Notice of Privacy Practices tells the patient what kinds of PHI we collect on them, how we use it and what their rights are for controlling, reviewing, copying, and amending this information.
- You should become familiar with what the Notice of Privacy Practices says. Ask your supervisor to give you a copy and review it with you.
- You may, in some cases, be responsible for making sure that the patient gets a copy of the NOPP and for documenting that they were given a copy.

### **Who is allowed to have access to PHI?**

- You are allowed to have access to the PHI that you need to do your job – no more, no less.
- Other employees are allowed to have access to the PHI they need to do their jobs.
- Patients have the right to have access to their own PHI.
- Family members, close friends of the patient, and Personal Representatives of the patient are allowed to have access to PHI - but only to the extent that is appropriate for their relationship to, and involvement with, the patient.
- At times, legal representatives, law enforcement workers and regulatory investigators have the right to have access to patients’ PHI.
- Employees (and other authorized persons) who are doing quality assurance reviews or staff training have the right to access patients’ PHI.
- If you aren’t sure that the person has the right to have access to the information they are asking you for, always check with your supervisor first before releasing the information. Then, give the person only the information that they really need - no more, no less.

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## What is a “Personal Representative”?

- A patient can designate any individual as a Personal Representative.
  - Usually, a Personal Representative is a family member, relative or close personal friend.
  - Sometimes the Personal Representative is a person who holds a Durable Power of Attorney for Health Care on behalf of the patient. They could also be a Guardian or an Executor of a deceased patient's estate.
  - You can share the patient's PHI with their Personal Representative, but be sure to give them only the information they really need and are allowed to have. Ask your supervisor if you are unsure.
- ### Dealing with Phone Calls
- If you aren't sure that the person you are speaking with has the right to have information on the patient, it is best to take a message and tell the caller that you will have someone call them back (a nurse, doctor, family member or the patient)
  - HIPAA allows you to give out certain information if the caller asks for the patient by name. You can:
    - Provide the patient's location in the hospital/facility
    - Provide a general statement of the patient's condition (“stable”, “progressing well”, etc.)
    - Provide the patient's religious affiliation if the caller is a member of the clergy

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## **Some Special Notes about Using the FAX Machine**

- Always use a cover sheet with a confidentiality reminder on it.
- If you need to send PHI through a FAX machine, verify that you have dialed the correct number before you press “send”.
- If you have FAX numbers pre-programmed into your machine, make it a practice to periodically verify that the numbers are still correct.
- If you receive a FAX in error from someone else, and it has PHI on it, contact the sender and let them know they are faxing to the wrong number. Then, shred the FAX they sent you.
- Never leave a FAX containing PHI sitting on the FAX machine where someone might be able to read it or take it.

## **Some Special Notes about Using Computers**

- Always follow correct procedures for logging in and out of networks and computer systems.
- Never give your password to others or let others use your password to access a system.
- Make sure your screen is tilted away from the direct view of passersby or those who are standing nearby.
- Do not leave reports or documents containing PHI sitting on the printer where someone might be able to view them or take them.
- If you send PHI through Outlook email, make sure your message contains an appropriate confidentiality reminder.
- If you receive an email containing PHI from someone by mistake, reply to the sender to let them know that they have made a mistake, then delete the message they sent you.

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## Upholding Patient Rights

- Patients have some rights to review, copy and amend the PHI we have on them. If a patient tells you they want to see their medical record, copy it, or add a note, tell them you will advise management of their request. Then, notify your supervisor. Assure the patient that either a member of management or the Privacy Officer will get back to them about their request.
- Patients have the right to “opt out” of our patient registration system and/or facility directory. They may choose to do this if they don’t want others to know that they are in a hospital or under a doctor’s care.
- When a patient “opts out”, they can be given an “alias” name in the system or directory.
- Be sure to use the patient’s “alias” when discussing their care with other employees - especially if bystanders might be able to overhear.
- A patient can ask to restrict the way we share their PHI with others, what PHI we share, and also who we share their PHI with.
- All requests to restrict sharing of PHI need to go through the Privacy Officer.
- If the Privacy Officer agrees to the restriction, all employees will be expected to follow the restrictions.
- A patient has the right to file a complaint if they feel we have shared their PHI with others in an inappropriate manner.
- If a patient tells you that they believe their privacy has been violated, notify your supervisor immediately.
- Your supervisor will follow the UHHS policy on handling Privacy Complaints.
- You should also notify your supervisor if you have witnessed or believe that there has been a breach of patient privacy that needs to be investigated.

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## Special Cases

- HIPAA includes some special restrictions for people who do Research, Marketing and Fund-Raising in healthcare organizations.
- If you are employed in a Research, Marketing or Fund-Raising job, please see your supervisor for additional information on what you must do to comply with HIPAA.
- It is possible that some State Laws and Federal Laws may supersede some of the HIPAA Privacy Standards.
- Your supervisor will notify you of situations where you should follow the requirements of a State Law or Federal Law instead of following the HIPAA Privacy Standards.

## A Few Important Final Thoughts

- Sometimes our patients are also employees of UHHS. Their privacy, and the confidentiality of their PHI, must be respected just as we would with any patient.
- It is never appropriate to share private health information about our patients with our relatives, family, neighbors, friends, or clergy, unless the patient has specifically told us it is okay to do so.
- While it is natural to want to talk to others about what is happening with patients under our care, it is critical that we choose the right place to do so. For the most part, patient care should not be discussed in public areas, waiting areas, hallways, or elevators.