Core and Clinical Annual Mandatory Self-Study Guide 2016

- **Non-Clinical Personnel** – Please complete both Core Mandatories Parts I and II

- **Clinical Personnel** – Please complete both Core Mandatories Parts I and II as well as both Clinical Mandatories Parts I and II

- **All Personnel** – You must read and acknowledge the **HR policies for CCHC** (starting on Page 43); also, read and acknowledge any **facility-specific** information and policies for where you will be working.

The contents of this packet are valid only for non-employees (students, vendors, volunteers, etc.) or entities of CCHC that do not participate in CCHC online training. CCHC employees are required to conduct their annual mandatory training online through the CCHC Learning Center.

The materials contained in this packet are for training purposes only; the material has been prepared to meet existing Cape Cod Healthcare policies, procedures, expectations, and standards.

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1. Introduction – Core Mandatory: Part I

1.1 Introduction
Welcome to Rapid Regulatory Compliance: Core Mandatory: Part I.

*If you have concerns about any aspect of the safety or quality of patient care in your organization, be aware that you may report these concerns directly to The Joint Commission.*

1.2 Course Rationale
This course will rapidly review and update your knowledge of:
- Compliance and ethics
- Patient rights
- Patient care and protection

1.3 Course Goals
After completing this review, you should be able to:
- Cite key points of relevant laws and regulations for healthcare.
- Cite key points for each of the seven categories of patient rights.

1.4 Course Outline
This introductory lesson gave the course rationale.
Lesson 2 will discuss corporate compliance and ethical issues in healthcare. This includes laws and regulations, consequences of noncompliance, and features of a compliance program.
Lesson 3 will focus on patient rights including confidentiality, patient participation, respect, safety, and nondiscrimination. Grievances are also discussed.

2. Corporate Compliance and Ethics

2.1 Introduction
Welcome to the lesson on compliance and ethics. This lesson covers:
- Corporate compliance
- Sexual harassment

CCHC’s Corporate Compliance Program covers many areas where compliance concerns might arise. Concerns can be raised with *Mike Jones - CCHC Compliance Officer*, or with any of the affiliate Compliance Officers across the CCHC system. Concerns can be raised anonymously, by phone message, email, or in writing.

2.2 Corporate Compliance: Applicable Laws and Regulations
Corporate compliance means following business laws.
Laws for healthcare are:
- Medicare regulations
- Federal False Claims Act
- Stark Act
- Anti-Kickback Statute
- Sections of the Social Security Act
- Mail and wire fraud statutes
- EMTALA
- HIPAA
- 'Red Flags' Rule

2.3 Corporate Compliance: Applicable Laws and Regulations

**Medicare regulations**
Any facility that participates in Medicare must follow Medicare regulations. For example, facilities must:
- Meet standards for quality of care
- Not bill Medicare for unnecessary care
- Not bill Medicare for costs that are higher than the usual cost
• Follow other rules for claims and billing

**Federal False Claims Act**
The False Claims Act makes it illegal to submit a falsified bill to a government agency. This act:
• Applies to healthcare because Medicare is a government agency
• Allows a citizen who has evidence of fraud to sue on behalf of the government. This 'whistleblower' is protected from retaliation for reporting the fraud.

*Note: State laws also focus on false claims in addition to the Federal False Claims Act.*

**Stark Act**
The Ethics in Patient Referrals Act (EPRA) is also called the Stark Act. This act makes it illegal for physicians to refer patients to facilities or providers:
• If the physician has a financial relationship with the facility or provider
• If the physician's immediate family has a financial relationship with the facility or provider

*Note: This law does not apply in certain cases.*

**2.4 Corporate Compliance: Applicable Laws and Regulations**

**Anti-Kickback Statute**
The Medicare and Medicaid Patient Protection Act of 1987 is also called the Anti-Kickback Statute (AKBS). This act makes it illegal to give or take kickbacks, bribes, or rebates for healthcare that will be paid for by a government program.

*Note: This law does not apply in certain cases.*

**Sections of the Social Security Act**
The Social Security Act makes it illegal for hospitals to:
• Pay physicians to encourage them to limit services to Medicare or Medicaid patients
• Offer gifts to Medicare or Medicaid patients, to get their business

**Mail and wire fraud statutes**
Mail and wire fraud statutes make it illegal to use the U.S. Mail or electronic communication as part of a fraud. For example, these statutes make it illegal to mail a fraudulent bill to Medicare.

**2.5 Corporate Compliance: Applicable Laws and Regulations**

**EMTALA**
The Emergency Medical Treatment and Active Labor Act (EMTALA) is also called the Patient Anti-Dumping Statute. This statute requires Medicare hospitals to provide emergency services to all patients, whether or not the patient can pay. Hospitals are required to:
• Screen patients who may have an emergency condition
• Stabilize patients who have an emergency condition
• “Emergency condition” includes pregnancy.

**HIPAA**
HIPAA is the Health Insurance Portability and Accountability Act. The HIPAA Rule protects a patient's right to privacy of health information. This act requires healthcare businesses to follow standards for how to:
• Perform electronic transactions
• Maintain the security of health information
• Ensure the privacy of health information
• Use identifiers for health business employers

**'Red Flags' Rule**
The 'Red Flags' Rule protects patients from identity theft. 'Red Flags' are warning signs that signal the risk for identity theft. Some hospitals must:
• Identify relevant 'Red Flags'
• Detect 'Red Flags'
• Prevent and mitigate identity theft
• Update programs periodically
2.6 Corporate Compliance: Potential Consequences of Noncompliance

When a provider is convicted of breaking any of the laws for healthcare, penalties can include:

- Criminal fines
- Civil damages
- Jail time
- Exclusion from Medicare or other government programs

In addition, a conviction can lead to serious public relations harm.

2.7 Corporate Compliance: Compliance Program

To help prevent misconduct, healthcare facilities have corporate compliance programs. A good compliance program reduces the risk of fraud. It does so by giving guidelines for how to do your job in an ethical and legal way. A copy of your facility's compliance program should be readily available to you. Ask your supervisor for more information.

CCHC Corporate Compliance: To report a compliance problem anywhere in CCHC:
- Tell a manager
- Call the Hotline: 1-800-892-9205
- Send an email to
  - ComplianceOffice@capecodhealth.org
- Contact Mike Jones, CCHC Compliance Officer

2.8 Sexual Harassment

Title VII of the Civil Rights Act of 1964 defines sexual harassment. This definition is summarized in the graphic to the right. To work toward eliminating sexual harassment in your facility:

- Be aware of the definition.
- If you are a victim, confront the harasser directly and make them aware that their conduct is unwelcomed, if you feel able to do so.
- Follow your facility's policies and procedures for reporting harassment.

3. Patient Rights

3.1 Introduction

Welcome to the lesson on patient rights. This lesson addresses:

- Confidentiality
- Patient participation in treatment decisions
- Respect, safety, and nondiscrimination
- Patient visitation rights
- Grievances

3.2 Confidentiality

Patients have the right to privacy and confidentiality. Always use a private place for:

- Case discussion and consultation
- Patient examination and treatment

A patient's medical records may be shared with:

- Clinicians involved in the patient's case

CCHC policy prohibits the distribution of promotional material at either Cape Cod Hospital or Falmouth Hospital including items such as note pads, pens, and clipboards. Food and drug samples are allowed only under certain circumstances as outlined in CCHC Policy MM-25.
• Regulatory agencies looking into a facility's quality of care
• Other people with a legal or regulatory right to see the records

**Protected healthcare information should not be shared with ANYONE else.**
Only authorized employees should have access to areas where medical records are stored.

CCHC's Notice of Privacy Practices is available to all patients. It spells out everything we can and cannot do with the health information (including PHI) of those we care for and tell them their rights about that health information. You will see the Notice posted in many areas throughout CCHC, it can also be found on the CCHC website (www.capecodhealth.org) and it's available in English, Spanish, and Portuguese.

### 3.3 Confidentiality: HIPAA

The HIPAA Privacy Rule is part of HIPAA.

The Privacy Rule:
- Sets standards for when patient information may be disclosed
- Sets standards for protecting the privacy of patient information
- Sets severe civil and criminal penalties for people who violate a patient's privacy

To maintain compliance with HIPAA:
- Share patient health information only with people who need to know.
- When there is a need to know, share the minimum amount of information needed.

Employees within CCHC have been terminated because they shared spoken, written, or computerized patient information with others or accessed PHI when the information was unrelated to the duties of their job. You can be fired if you violate HIPAA or fail to follow CCHC’s policies pertaining to the privacy and security of PHI. You are required to immediately report any potential HIPAA violation to the Compliance Officer.

### 3.4 Confidentiality: Necessary Breaches

Patient confidentiality is not absolute. A provider may have a duty to breach (or break) confidentiality in some cases. Examples are:
- A patient threatens serious self-harm or harm to someone else.
- The patient is a suspected victim of child abuse or neglect.
- The information relates to a crime.
- The patient is a healthcare provider, and has a condition that makes him or her a danger to patients.
- The patient is not fit to drive.

### 3.5 Confidentiality: Necessary Breaches

Before revealing patient information, be sure to check state and local laws. Review HIPAA guidelines for allowed disclosures of protected health information. If you decide to go forward with a disclosure:
- Talk to the patient first. Ask for the patient's consent. Ideally, the patient will consent to the disclosure. If not, it is still okay to reveal the information, if you have determined that it is legal and ethical to do so.
- Disclose the information in a way that minimizes any harm to the patient.
- Follow state and federal guidelines for disclosing the information.

Before revealing patient information, be sure to consult with CCHC's Compliance Officer. If you have ANY doubts about disclosing patient information, contact a Supervisor or the HIPAA Privacy Officer for the appropriate CCHC entity. The Privacy Officers are:
- CCH, FH and CCHC Lab – Jill Basler
- VNA – Collette Silverman
- JML – Kim Corp
- MACC – Rebecca Robke
- Heritage – Maggie Corriveau
- Any CCHC entity – Mike Jones or Lynn Shields
3.6 Participation in Treatment Decisions: Disclosure
Patients have the right to:
- Participate in decisions about their care
- Set the course of their treatment
- Refuse treatment

To make informed decisions about treatment, patients must be given full and accurate information in a manner they can understand.

The protection of the rights of human subjects is the most important goal of research. There are many agencies that regulate research, but research at Cape Cod Healthcare only proceeds after approval of a study by the Cape Cod Healthcare Institutional Review Board (IRB).

If you are involved with a patient on a clinical trial, be sure you know the specific details of the protocol and follow them. If you have any research related questions, please call Cape Cod Healthcare’s Office of Research Compliance at (508) 862-5812.

3.7 Respect, Safety, and Nondiscrimination: Respect
Patients have the right to respectful care. Respect means valuing the patient's:
- Needs
- Desires
- Feelings
- Ideas

Hospitals must respect the patient's:
- Cultural and personal values, beliefs, and preferences
- Right to privacy
- Right to effective communication
- Right to pain management

3.8 Respect, Safety, and Nondiscrimination: Respect Into Action
You should put your respect for patient rights into action by:
- Treating each patient in a respectful manner that supports his or her dignity
- Involving each patient in his or her care, treatment, and services
- Accommodating religious or other spiritual services

Treat patients with common courtesy. For example:
- Knock and wait before entering a patient's room.
- Respond politely to patients.
- Listen to patients.
- Remain compassionate.

3.9 Respect, Safety, and Nondiscrimination: Safety
Patients have the right to safety and security. Do your part to ensure a safe environment of care for your patients. Know your facility's policies for:
- Environmental safety
- Infection control
- Security

Report to your supervisor immediately if:
- You think a patient may be a victim of abuse.
- A patient asks for protection from abuse

Possession, storage, or the carrying of a firearm or other weapons is prohibited within any CCHC facility or property.

No firearms or other weapons are allowed on premises. A weapon shall be defined as any implement or device including but not limited to illegal knives, mace, pepper spray, stun guns, clubs, explosives, fireworks, crossbows, bows and arrows, throwing stars, and knuckles, designed for the purpose of or otherwise capable of being used to disable or injure another person. Please refer to 'Weapons and Contraband' Policy.
3.10 Respect, Safety, and Nondiscrimination: Nondiscrimination
All patients have the right to fair and equal healthcare. This is true regardless of:

- Race
- Ethnicity
- National origin
- Religion
- Political affiliation
- Level of education
- Place of residence or business
- Age
- Gender
- Marital status
- Personal appearance
- Mental or physical disability
- Sexual orientation
- Genetic information
- Source of payment

3.11 Patient Visitation Rights
A patient has the right to decide who his or her visitors are, even if they are not related to the patient. Visitors may:

- Include spouses, domestic partners (same of opposite sex), family members, friends, or other support individuals the patient chooses
- Be restricted or limited for clinical or safety reasons, as described in the hospital’s written policies
- Not be denied visiting privileges on the basis of race, color, national origin, sex, religion, age, sexual orientation, gender identity, or disability
- Have full and equal visitation privileges as consented to by the patient
- Be allowed to remain with the patient for emotional support during the hospital stay
- Include other patients, provided that these patients do not have infections that could endanger the patients whom they are visiting

The hospital should have written policies for visitors and for patients, and should inform the patient about the patient’s right to visitors, including any limitations and the reasons for them.

3.12 Grievances
Patients have the right to complain about the quality of their care. Many patient complaints can be addressed quickly. When complaints cannot be resolved quickly and easily, patients have the right to file a grievance. A grievance is a formal complaint.

3.13 Grievances
If a patient wants to file a grievance:

- Explain the grievance process at your facility. This includes the name of the staff person the patient should contact.
- Explain that grievances may be filed with state agencies. This is true whether or not the patient has already used the facility's internal grievance process.
- Give the patient the phone number and address for filing a grievance with the state.

Patients have the right to information regarding the Hospital grievance process (through the Patient Representative Office) and prompt resolution of any grievances filed. Patients also have a right to information regarding filing a grievance with the state Department of Public Health.

Interpreter Services:
- CCH and FH have on-call interpreter coverage 24 hours a day/7 days a week
- Telephone numbers for Interpreter Services and the Language Line are posted on the CCHC Intranet
- Off-site facilities are required to book an appointment with an Interpreter

Common Causes for Complaint
- Waiting times
- Operating hours
- Conduct of staff
- Adequacy of staff

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**Post-Test – Core Mandatory: Part I**

Please put all answers on the Answer Sheet in the back of this booklet. Thank you.

1. Hospitals that give bonuses to healthcare workers for limiting treatment of Medicare patients are __________
   a. violating the law
   b. practicing good business

2. Martha has decided to refuse treatment that might prolong her life. She wants palliative care, but no surgeries, resuscitations, intubations, or non-palliative drugs. The hospital must ________
   a. respect Martha’s decision
   b. ask Martha’s family for their opinions
   c. withhold all drugs
   d. review Martha’s decision with an ethics board

3. If a patient is not fluent in English, the hospital should ________________
   a. discuss treatment options with the patient’s English-speaking family
   b. use a translator
   c. explain the simplest options
   d. tell the patient what treatment to pursue

4. It is not necessary for healthcare providers to knock before entering a patient’s room.
   a. True
   b. False

5. What must healthcare professionals do to help patients make decisions about their treatment?
   a. Give patients accurate information.
   b. Hold back information that may upset patients.
   c. Only give information that is required

6. If you think a patient may be a victim of abuse, you should ________________
   a. Investigate the matter thoroughly before mentioning it to anyone
   b. Report to your supervisor immediately
   c. Keep silent unless asked for help
   d. Discuss your concerns with the patient’s immediate family

7. Patients who complain about the quality of their care should be ignored unless there is a serious issue.
   a. True
   b. False

8. Which of the following visitors is a patient permitted to have?
   a. Spouse
   b. Domestic partner
   c. Friends
   d. All of these

Please continue to the next section,
**Core Mandatory: Part II.**
1. Introduction – Core Mandatory: Part II

1.1 Introduction
Welcome to Rapid Regulatory Compliance: Core Mandatory: Part II.

If you have concerns about any aspect of the safety or quality of patient care in your organization, be aware that you may report these concerns directly to The Joint Commission.

1.2 Rationale
This course will rapidly review and update your knowledge of the following topics:

- Safety
- Emergency preparedness
- Infection control

1.3 Course Objectives
After completing this review, you should be able to:

- Identify personal and facility safety concerns for healthcare workers.
- Cite best practices to ensure hospital safety for patients and healthcare workers.
- Identify infection-related risks for patients and healthcare workers.
- Identify best practices to control the spread of infection in the healthcare environment.
- Cite key components of the Bloodborne Pathogens Standard.

1.4 Course Outline
This introductory lesson gave the course rationale. Lesson 2 will discuss aspects of safety including personal and facility concerns and best practices. Lesson 3 will focus on emergency preparedness. Lesson 4 will discuss infection control. This lesson will provide information on best practices to control the spread of infection in the healthcare environment.

2. Safety

2.1 Introduction
Welcome to the lesson on safety.

2.2 General Safety
Healthcare facilities have many potential hazards.

The Occupational Safety and Health Administration (OSHA) separates hazards into five general categories:

- Biological
- Chemical
- Psychological
- Physical
- Environmental and mechanical

As shown on the table in the next section:

- Eliminate as many of these hazards as possible.
- Safeguard against exposure to the hazards that cannot be eliminated.

Note: Many of the hazards in the table are addressed in greater detail later.

2.3 General Safety: Hazards and Safeguards

CCHC promotes a fragrance-free environment to minimize the potential adverse allergic and/or medical reactions that can occur among patients, visitors, staff, and volunteers. Employees, medical staff, volunteers, and contractors are expected to refrain from using fragrances while at work.
### 2.4 Fire Safety: Prevention

**Prevention** is the best defense against fire.

To help prevent fires related to the common cause of *smoking*:
- Follow your facility's smoking policy.

*It is the policy of Cape Cod Healthcare (CCHC) to maintain a 100% smoke- and tobacco-free environment for the preservation and protection of the health of our patients, residents, employees, and visitors.*

To help prevent fires related to the common cause of *electrical malfunction*:
- Remove damaged or faulty equipment from service.
- Submit malfunctioning equipment for repair.
- Inspect all equipment prior to use.

To help prevent fires related to the common cause of *equipment misuse*:
- Do not use any piece of equipment before being trained.

### 2.5 Fire Safety: Safeguards in the Event of Fire

Even with the best efforts at prevention, fires sometimes occur. Therefore, your facility should have fire safety features. These features should include:
- Fire alarm systems
- Fire extinguishers
- Emergency exit routes and doors
- Smoke and fire doors and partitions
- A fire plan

Be familiar with the location and use of each of these.

### 2.6 Fire Safety: Response

When you hear the fire alarm in your facility, you may not know if it is a drill or a true fire. Treat the alarm as if it were a true emergency. Respond using the **RACE** protocol:

<table>
<thead>
<tr>
<th>Hazard Category</th>
<th>Definition</th>
<th>Examples</th>
<th>Safeguards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological</td>
<td>Infectious agents</td>
<td>HIV, VRE, MRSA, HBV, HCV, TB</td>
<td>Infection-control measures (patient placement, <strong>PPE</strong>, hand hygiene, etc.)</td>
</tr>
<tr>
<td>Chemical</td>
<td>Toxic or irritating materials</td>
<td>Detergents, solvents, disinfectants, sterilizing agents, waste anesthetic gases, hazardous drugs, mercury</td>
<td>Engineering controls, work-practice controls, appropriate <strong>PPE</strong></td>
</tr>
<tr>
<td>Psychological</td>
<td>Factors that create or increase emotional stress or strain</td>
<td>Working with terminally ill patients, patient deaths, overwork, understaffing, tight schedules, equipment malfunctions</td>
<td>Stress management, relaxation exercises, meditation</td>
</tr>
<tr>
<td>Physical</td>
<td>Agents with the ability to cause physical harm</td>
<td>Radiation, lasers, nose, electricity and electrical equipment, extreme temperatures</td>
<td>Various, depending on the hazard</td>
</tr>
<tr>
<td>Environmental &amp; mechanical</td>
<td>Factors that cause or increase the risk of accident, injury, strain, or discomfort</td>
<td>Lifting and moving patients, tripping hazards, poor air quality, slippery floors, cluttered or obstructed work areas or passageways</td>
<td>Maintenance of a safe work environment, prompt reporting of hazardous conditions</td>
</tr>
</tbody>
</table>

*PPE is Personal Protective Equipment.*
R: Remove or Rescue
Rescue or remove all patients from the immediate area of the fire.

A: Alarm or Alert
Give the alarm or alert by:
- Calling out for help
- Using a manual pull station
- Phoning the fire department

C: Confine or Contain
Confine or contain the fire by closing the door to the room where the fire started.

E: Extinguish or Evacuate
If the fire is small enough to put out with a single portable extinguisher, attempt to extinguish. Use the PASS protocol:
- P: Pull the pin
- A: Aim the nozzle
- S: Squeeze the trigger
- S: Sweep back and forth across the base of the fire

Otherwise, prepare to evacuate patients to a safe area.

2.7 Electrical Safety
Most equipment in the healthcare setting is electric. This means there is risk of electric shock.

Electric shock can cause:
- Burns
- Muscle spasms
- Ventricular fibrillation*
- Respiratory arrest
- Death

*Ventricular fibrillation is an ineffective heart rhythm that if not corrected will lead to cardiac arrest and death.

2.8 Electrical Safety: Preventing Accidents
To help prevent electrical accidents in your facility:

Remove and report electrical hazards
Remove electrical equipment from service if it:
- Malfunctions
- Shows signs of damage
- Shows signs of unusual heating
- Produces a burning smell when used
- Shocks staff or patients

Report the hazard according to facility protocol. Submit the equipment for repair.

Use electrical equipment safely and properly
- Learn how to use equipment before using it.
- Do not use damaged equipment.
- Do not use equipment on which liquid has been spilled.
- Do not operate electrical equipment with wet hands or when standing in water.
- Do not stack anything on or behind electrical equipment.
- Turn equipment off before plugging in or unplugging.

Maintain, test, and inspect equipment
All medical equipment should be inspected and tested on a regular schedule.
2.9 Electrical Safety: Hazards

Other best practices for preventing electrical accidents in your facility are:

**Use power cords and outlets properly**
- Do not use outlets or cords with exposed wiring.
- Report damaged outlets or cords.
- A hot outlet can be an indication of unsafe wiring. Unplug cords from the outlet. Report the hazard.
- Do not bend, stretch, or kink power cords.
- Do not jerk cords from outlets. Pull on the plug.
- Do not staple, tack, or nail power cords to walls or floors. Use tape, if necessary.
- Do not rest equipment on power cords.
- Use only power cords with three-prong plugs. Never use adapters, two-prong plugs, or broken three-prong plugs.

**Use circuits safely**
- Do not overload circuits.
- Label each circuit breaker.
- Breaker boxes should be accessible at all times.

**Protect patients from electrical shock**
- Place electrical equipment at a distance from patients.
- Maintain patient areas. Keep floors dry at all times.
- Do not touch patients and electrical equipment at the same time.

2.10 Ergonomics

The term 'ergonomics' comes from two Greek words:
- *Ergon*, meaning work
- *Nomos*, meaning natural laws

Ergonomics means designing work to fit the 'natural laws' of the human body. Good ergonomic practices can lead to fewer work-related injuries.

2.11 Ergonomics

Ergonomic best practices are:
- Avoid fixed or awkward postures.
- Avoid lifting without using proper devices or equipment.
- Avoid highly repetitive tasks.
- Provide support for your limbs.
- Use proper posture and body mechanics when sitting, standing, or lifting.
- Avoid reaching, twisting, and bending for tools. Keep tools close to you.
- Use supportive equipment (e.g., wrist supports for keyboards).
- Respond promptly to aches and pains. This can help you take care of slight injuries before they become severe.

2.12 Back Safety

Healthcare is a high-risk setting for back pain and injury. Injury may be prevented through:

- Proper care of the spine
- Proper posture
- Regular exercise
- Use of lifting devices
2.13 Back Safety: Proper Care of the Spine

Take proper care of the spine while:

Sleeping
- Sleeping on the back is best for back health.
- Sleeping on the side is next best.
- Sleeping on the stomach is least healthy for the back.

Standing
- Wear good, comfortable shoes.
- Stand up straight.
- Keep the knees flexed.
- If you must stand for long periods of time, put one foot on a footrest. Alternate feet every few minutes.

Sitting
- Form 90-degree angles at the knees and the hips.
- When the hands are on a desk or keyboard, also form 90-degree angles at the elbows. The wrists should be kept straight.

Lifting a static load vertically
- Bend at the hips and knees.
- Keep the head up.
- Maintain the three natural curves of the spine.
- Hold the load close to the body.
- Lift with the muscles of the legs.

Lifting or transferring a patient
- Avoid manual lifting
- Use motorized lifts or other assistive devices

2.14 Back Safety: Proper Posture

To stand with proper posture, imagine a cord dropped through the center of your head to your feet. If the spine is properly aligned, the cord should pass through the center of the body, in the right-to-left plane. In the front-to-back plane of the body, the cord should pass through the ear, the front of the shoulder, the center of the hip, the area behind the kneecap, and the ankle.

To practice good posture, imagine the cord attached to the crown of your head. As the cord pulls up, it holds the head high and it pulls the three natural curves of the spine into alignment.

2.15 Back Safety: Regular Exercise

Regular exercise can help prevent back injury. Exercise should include:

Aerobic exercise
Do aerobic exercise* at least three times a week. This contributes to overall fitness and increases blood flow to the spine.

Stretching exercise
Stretches are gradual, gentle exercises that lengthen important muscles. This increases the ability of muscles to use their full range of motion. Stretch seven days a week.

Strengthening exercise
Strengthening exercises help build muscle mass by forcing the muscles to work against weight or resistance. Do strengthening exercises four to five days a week.

Consult your physical therapist or physician to find appropriate exercises for your back.

*Aerobic exercise is continuous activity that requires the use of increased oxygen to maintain the function of the body's cells.
2.16 Slips, Trips, and Falls: Prevention
Slips, trips, and falls in the workplace cause injuries and deaths every year. In the following sections, let's look at tips for preventing:

- Slips
- Trips
- Falls

2.17 Slips, Trips, and Falls: Preventing Slips
To help prevent slips:

- Keep floors clean and dry.
- Increase the friction of floors with abrasive coatings, non-skid strips, or rubber mats.
- Secure rugs with skid-resistant backing.
- Choose slip-resistant shoes. Look for:
  - Soft rubber soles
  - A large amount of surface area in contact with the floor (no high heels!)
  - Patterned soles that increase friction
- Post safety signs around slip hazards (icy sidewalks, wet floors, etc.).

2.18 Slips, Trips, and Falls: Preventing Trips
To help prevent trips:

- Keep floors clear and uncluttered.
- Repair uneven flooring, or post safety signs.
- Use proper lighting (not too bright and not too dim).

2.19 Slips, Trips, and Falls: Preventing Falls
Most falls in the workplace are foot-level falls. In a foot-level fall, a person slips or trips on a walking or standing surface. This results in a short-fall. Falls-to-below carry a higher risk of injury. Danger zones for falls-to-below are:

**Stairs**
- Keep staircases clean and well lit.
- Staircases should have sturdy handrails on both sides.
- Take one step at a time.
- Maintain your center of balance when stepping.

**Ladders**
- Use a ladder of the height you need.
- Lock the ladder into position before climbing the ladder.
- Climb straight up. Do not lean to either side.
- Hold onto the side rails with both hands while climbing up or down.

2.20 Slips, Trips, and Falls: Minimizing Risk
When conditions are hazardous (icy sidewalks, wet floors), avoid slipping and falling by walking like a duck:

- Keep your feet flat and slightly spread apart.
- Point your toes slightly outward.
- Take slow, short steps. Keep your center of balance under you.
- Make wide turns at corners.
- Keep your arms at your sides. This gives additional balance. It also keeps your arms available for support if you fall.

2.21 Hazard Communication
Under its Hazard Communication Standard, OSHA requires all employers to develop written hazard communication programs. To protect workers from exposure to hazardous chemicals, the following groups of people have duties related to communicating information about hazardous materials:
Manufacturers
Manufacturers of a hazardous chemical must:
- Research, create, and distribute a Safety Data Sheet (SDS), which lists the specific hazards of the chemical.
- Label all containers of hazardous materials

Employers
Employers whose employees work with hazardous chemicals must:
- Maintain a file of SDSs for all hazardous chemicals used by workers.
- Inspect incoming chemicals to verify proper labeling. If a chemical is transferred to an unlabeled container at the facility, the new container must be labeled.
- Train employees in the use of hazardous chemicals.

Employees
Employees who work with hazardous chemicals must:
- Know which hazardous chemicals are used in their work area.
- Know where SDSs are located on their unit.
- Know how to read an SDS.
- Read all relevant SDSs before starting a job that may require the use of a hazardous chemical.
- Read product labels carefully. Follow all instructions. Heed all warnings.
- Attend all required hazardous chemical training sessions.

Note:
GHS is the Globally Harmonized System of Classification and Labeling of Chemicals adopted by the United Nations. OSHA's Hazard Communication Standard is aligned with the GHS. As of June 2015, all facilities that use hazardous materials use this system.

2.22 Security and Workplace Violence
Workplace violence is any violence in a work setting. To help keep your workplace safe from violence:
- Recognize aggressive behavior and warning signs of potential violence.
- Respond appropriately to the level of aggressive behavior (see graphic).
- Report all unsafe situations immediately.

Regarding Domestic Violence:
Employees may be eligible for a leave benefit due to circumstances of domestic violence which fall within one of the following reasons: to seek medical attention; receive victim services or legal assistance; secure housing; obtain protective order; attend child custody procedures; or address other issues directly related to abusive behavior.

2.23 Reporting Incidents
A breach in safety is referred to as an incident. Common examples of incidents have been mentioned in this lesson:
- Equipment malfunction
- Back injury
- Slip, trip, or fall
- Exposure to hazardous chemicals
An Emergency Operations plan (EOP) describes who will do what, when, with what resources, and by what authority – before, during, and immediately after an emergency.

- Workplace violence
All incidents should be reported immediately. Check with your supervisor if you are not familiar with facility procedures for reporting incidents.

Cape Cod Healthcare is committed to providing a positive working environment free from violence and threatening behavior by employees, clients, patients and visitors. Workplace violence is violence or the threat of violence against workers. It can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults and homicide, one of the leading causes of job-related deaths.

In situations where you have witnessed an assault or been directly harmed or threatened to be harmed, or, if you believe there is an imminent risk of personal injury to yourself or others, you should contact your supervisor/manager or Human Resources as soon as possible. In the hospital setting, you should contact Security at x22500 at Cape Cod Hospital or x73558 at Falmouth Hospital.

Electronic Reporting – Incidents should also be reported by filing an Employee Work Related Accident/Injury Report with Occupational Health Services (OHS) as soon as possible. If you need assistance with incident reporting, please contact Occupational Health at 508-862-6103 or x26103.

3. Emergency Preparedness

3.1 Introduction
Welcome to the lesson on emergency preparedness. This lesson covers:
- Disaster events
- Emergency Operations Plan

3.2 Types of Disaster Events
Healthcare organizations must be prepared to respond to disasters such as:
- Natural disasters
- Technological disasters
- Major transportation accidents
- Terrorism
- Nuclear, biological, and chemical events

To prepare, each facility must:
- Identify events that could occur.
- Determine the probability that each event will occur.
- Develop strategies for dealing with each event.

3.3 Emergency Operations Plan
Facilities document how they will deal with disaster in an Emergency Operations Plan (EOP). A good EOP should address each phase of disaster management:
- Mitigation
- Preparedness
- Response
- Recovery

It also should include plans for:
- Communication
- Resources and assets
3.4 Beyond Emergency Operations Plans
A written plan alone is not enough to ensure an effective response. Staff must be:
- Educated on the procedures in the plan
- Trained and drilled to respond to disaster according to the plan

Make sure that YOU are ready to respond to disaster:
- Know the disaster events that pose a risk for your facility.
- Participate in all emergency response training and drills.

4. Infection Control

4.1 Introduction
Welcome to the lesson on infection control. This lesson covers:
- Healthcare-associated infection (HAI)
- Hand hygiene
- Antibiotic resistance
- Airborne pathogens
- Bloodborne pathogens
- Personal responsibility

For CCHC-related Infection Prevention and Infection Control policies and resources, please refer to the following page on the CCHC Intranet:

4.2 Healthcare-Associated Infection: Impact
Healthcare-associated infection (HAI) is an infection that develops after contact with the healthcare system. HAI can be very costly, in terms of:
- Patient life and health
- Healthcare dollars

Correction: An infection is considered healthcare-associated if it presents on or after the third calendar day of admission to an inpatient unit.

In United States hospitals:
- 1.7 million HAIs/year
- 99,000 deaths from HAI/year
- 4.5 HAIs/100 admissions
- Direct medical cost of HAIs to US hospitals/year: $35.7-45 billion

4.3 HAI: Cause
HAI may be caused by bacteria, viruses, fungi, or parasites. These ‘germs’ may come from:
- Environmental sources (dust, etc.)
- Patients
- Staff members
- Hospital visitors

How infections are spread (requires three elements):
- A source of infectious agents
- A susceptible host
- A means of transmission

Direct contact transmission occurs from person to person. Indirect contact transmission involves the transfer of bacteria or viruses from a contaminated object to a person.

4.4 HAI: Prevention
Preventing HAI is an important focus of The Joint Commission. The Joint Commission emphasizes that:

‘The activities of infection prevention and control should be practical and involve collaboration between staff. Everyone who works in the organization should have a role and hold each other accountable.’

The Joint Commission expects accredited hospitals to implement evidence-based practices to prevent HAI. These practices must focus on:
- Central line–associated bloodstream infections
Hand hygiene should also be performed before and after contact with the patient’s environment. Use soap and water for washing visibly soiled hands or when caring for a patient with suspected or known C. difficile infection or Norovirus infection. Do not wear artificial fingernails, tips, gels, wraps, or extenders. Keep natural nail tips less than ¼ inch long.

Infections due to multidrug-resistant organisms
Surgical site infections
Catheter-associated urinary tract infections (CAUTI)

4.5 HAI: Best Practices
Best practices for preventing HAI are related to:
- Hand hygiene
- Environmental hygiene
- Antibiotic use
- Airborne pathogens
- Bloodborne pathogens
- Personal responsibility

4.6 Hand Hygiene: When and What
The single most important factor for preventing the spread of infection is proper hand hygiene. Hands should be washed or decontaminated before and after each direct patient contact. Hand hygiene should also occur after gloves are removed.

Current guidelines from the Centers for Disease Control and Prevention (CDC) recommend the use of:
- Soap and water for washing visibly soiled hands
- Alcohol-based hand rubs for routine decontamination of hands between patient contacts, when hands are not visibly soiled

Follow CDC or World Health organization (WHO) guidelines for hand hygiene.

4.7 Hand Hygiene: How
Do you know how to appropriately use soap and water or an alcohol rub for hand hygiene?

Soap and water:
1. Wet hands with warm water. Use warm, but not hot, water. Hot water can contribute to skin irritation. Wetting the hands before applying soap reduces the likelihood of skin irritation.
2. Apply soap. Use enough soap to give a good lather.
3. Rub hands together vigorously for at least 20-25 seconds. You can use the “ABC” song and “Happy Birthday” to estimate 20 seconds.
4. Lather all surfaces of the hands and fingers. Do this away from the running water so that you do not wash the lather away. Remember to scrub between your fingers and under your nails.
5. Rinse hands with water. Keep arms angled downward in the sink, so that water from your hands goes down the sink, not down your elbows.
6. Dry with a disposable towel.
7. Use the towel to turn off the faucet.
8. Dispose of the towel in an appropriate bin.

Alcohol rub:
1. Apply the rub to the palm of one hand. Use the volume of product recommended by the manufacturer. You should have enough to wet all surfaces of the hands.
2. Rub hands together until they are dry.* Be sure to rub over all surfaces of the hands and fingers.

Don not wash hands after using an alcohol rub. This step is not necessary, nor is it recommended. *Note: Rubbing the hands together until they are dry ensures that the flammable alcohol in the product has evaporated and is no longer a fire hazard.

4.8 Environmental Hygiene
For good environmental hygiene:
- Maintain a clean environment. There should be no visible dust or soiling.
- Clean, disinfect, or sterilize medical equipment after each use.
- Safely dispose of clinical waste.
4.9 Antibiotic Use: Antibiotic Resistance
Widespread use of antibiotics began in the 1940s. Penicillin and other antibiotics were hailed as miracle drugs. They were able to cure previously untreatable bacterial illnesses. However, bacteria are very adaptable. They have the ability to change genetically to resist the effects of antibiotics. The more antibiotics are used, the more common resistant strains of bacteria become.

4.10 Antibiotic Use: Impact of Resistance
Antibiotic resistance is a significant health problem. It affects:

Drug choice
When an infection is resistant to the antibiotic of choice, other antibiotics must be used instead. These second-choice drugs are typically:
- Less effective against the bacteria
- More toxic to the patient
- More expensive

Patient health
Patients with resistant infections tend to have:
- Lengthier illness
- Higher medical bills
- Greater risk of death

The healthcare system
- Antibiotic-resistant strains contribute significantly to HAI.
- More than 70% of all bacteria that cause HAI are found to be resistant to one or more commonly used antibiotics.

4.11 Airborne Pathogens: Background
Airborne diseases are transmitted from person to person via tiny particles. These particles:
- Are produced when an infected person sneezes, coughs, or talks
- Can remain suspended in the air for long periods of time
- Can travel long distances on air currents

Transmission occurs when a healthy person inhales an infectious particle. Infection and disease symptoms then may occur.

4.12 Airborne Pathogens: Diseases
Important airborne (or potentially airborne) diseases include chickenpox and shingles, measles, tuberculosis (TB), SARS*, and smallpox.

*SARS is severe acute respiratory syndrome

4.13 Airborne Pathogens: Precautions
Airborne Precautions are used to prevent the spread of airborne diseases in the healthcare setting.

Healthcare staff must wear personal respirators whenever they enter an airborne isolation room. This protects staff members from spread of the infection. Staff members who have not been trained in Airborne Precautions and respirator use should NOT enter airborne isolation rooms.

4.14 Bloodborne Pathogens
Bloodborne diseases are spread from person to person when there is exposure to:
- Infected blood
- Certain other body fluids and tissues

Important bloodborne diseases include HIV infection/AIDS, hepatitis B, and hepatitis C.
Bloodborne Pathogens: Bloodborne Pathogens Standard

The Bloodborne Pathogens Standard helps protect workers from bloodborne diseases.

One of the key parts of the Bloodborne Pathogens Standard is the use of Standard Precautions.

**Standard Precautions** protect healthcare workers from exposure to patient:
- Blood
- Body fluids, secretions, and excretions (except sweat)
- Non-intact skin
- Mucous membranes

Standard Precautions must be used in the care of all patients.

**4.16 Personal Responsibility**

As a healthcare worker, you have personal responsibilities for infection control in your facility. Maintain immunity to vaccine-preventable diseases such as:
- Hepatitis B
- Measles
- Varicella (chickenpox)
- Rubella
- Mumps
- Influenza

Report all unprotected exposures, such as accidental needlesticks. Stay home from work when you are sick.

**Post-Test – Core Mandatory Part II**

Please put all answers on the Answer Sheet in the back of this booklet. Thank you.

1. The CDC recommends that people ______________when their hands are visibly soiled.
   a. rub their hands with an alcohol-based rub
   b. wash their hands with soap and water
   c. wear gloves
   d. both b. and c.

2. What protocol is used to respond to a fire?
   a. FIRE
   b. SAVE
   c. RACE
   d. SMOKE

3. To keep a strong, healthy back, a best practice is to ____________________
   a. sleep on the side or the stomach
   b. avoid using footrests while standing
   c. sleep on the back or the side
   d. keep the dominant foot on a footrest

4. Airborne diseases include __________________________
   a. HIV/AIDS and chlamydia
   b. Hepatitis B and C
   c. tuberculosis and chickenpox
   d. scoliosis and gout

5. ______________ are safeguards against ______________ hazards.
   a. Stress management and meditation; environmental and mechanical
   b. Proper posture and assistive devices; chemical
c. Infection control and personal protection equipment (PPE); biological
d. Engineering controls; physical

6. A coworker’s ex has been making threatening phone calls both at work and at home. The ex shows up at work and starts bothering people in the office, yelling and complaining that the people in the office are ruining the relationship. The best response is to _____________
   a. remain calm and recognize the frustrations
   b. try to resolve the problem if the behavior continues
   c. confront the disruptive person
   d. call security privately if the behavior continues

7. ___________ hazards include ______________________
   a. Chemical; detergents and disinfectants
   b. Physical; understaffing and equipment malfunctions
   c. Environmental & mechanical; noise and extreme temperatures
   d. Psychological; poor air quality and clutter

8. Preventing slips and trips and falls is easiest when _________________
   a. flooring is slightly rough
   b. wearing shoes that have patterned soles
   c. neither a. nor b.
   d. both a. and b.

9. On wet floors, the safest way to walk is to _________________
   a. point toes inward
   b. hug the wall at corners
   c. take quick, short steps
   d. make wide turns at corners

10. An Emergency Operations Plan (EOP) includes___________________
    a. staff responsibilities
    b. administrator phone numbers
    c. a SWAT team
    d. state schedules

11. Which is the safest way to sit at a desk while typing on the computer?
    a. Keep the knees and hips at 90-degree angles and the wrists straight.
    b. Elevate the knees, keep the hips at a 90-degree angle, and keep the shoulders back
    c. Keep the monitor above the eyes and the keyboard slightly raised
    d. Keep the monitor at eye level and the keyboard slightly raised.

12. What is a safety data sheet (SDS)?
    a. A chemical safety checklist
    b. A protocol for handling chemical hazards
    c. A document that lists the specific hazards of a chemical
    d. A label that identifies the chemical in a container

13. What is a best practice for preventing electrical accidents in your facility?
    a. Remove and report electrical hazards.
    b. Use electrical equipment properly.
    c. Maintain, test, and inspect equipment.
    d. All of the above

14. Antibiotics ____________________
    a. treat viral infections such as influenza (the flu)
    b. lose effectiveness over time
    c. increase the spread of contagious diseases
    d. are not necessary once the patient feels better
15. What is a best practice for using power cords?
   a. Taping over exposed wiring
   b. Using power cords with three-prong plugs
   c. Using power cords with two-prong plugs
   d. Stapling power cords to floors to prevent slipping

16. Which disease is bloodborne?
   a. Influenza
   b. HIV/AIDS
   c. Tuberculosis
   d. Common cold

17. Vaccines ________________________________
   a. prevent HIV/AIDS
   b. decrease immunity to the common cold
   c. cannot reduce the risk of varicella (chicken pox)
   d. prevent mumps and influenza

18. Standard precautions should only be used if the patient has been positively diagnosed with a bloodborne pathogen.
   a. True
   b. False

Welcome to Rapid Regulatory Compliance: Clinical Mandatory: Part I.
If you have concerns about any aspect of the safety or quality of patient care in your organization, be aware that you may report these concerns directly to The Joint Commission.

Compliance and Ethics
Medical Ethics: Four Guiding Principles
The four basic concepts of medical ethics are:

**Beneficence**
Beneficence means that healthcare providers have a duty to do good, act in the best interest of their patients, and act in the best interest of society as a whole.

**Non-maleficence**
Non-maleficence means that healthcare providers have a duty to do no harm to their patients and do no harm to society.

**Respect for patient autonomy**
This principle means that healthcare providers have a duty to protect the patient's ability to make informed decisions about his or her own medical care.
Justice

Justice means that healthcare providers have a duty to be fair to the community. In particular, providers have a duty to promote the fair distribution of healthcare resources.

Medical Ethics: Ethical Dilemmas

Unfortunately, the four guiding principles sometimes conflict. To address ethical conflicts, you must be able to take into account:

- The guiding principles of medical ethics
- The particular situation

Medical Ethics: Current Issues

Some of the important issues in medical ethics today relate to:

- The patient-provider relationship
- Care of patients near the end of life
- Peer relationships
- Ethics of practice and responsibilities to society

Let's take a closer look at each set of issues in the following sections.

Medical Ethics: Patient-Provider Relationship

Ethics in the patient-provider relationship relate to:

The nature of the relationship

- Be professional and responsible in the care of patients.
- Treat patients with compassion and respect.
- Maintain appropriate boundaries with patients.

Payment

- Expect to be paid fairly for your services.
- Remember, however, that your duty to patients comes before money. Providers have an ethical duty to care for patients, whether or not they can pay.

Patient confidentiality

- Protect the confidentiality of your patients.

Disclosure and informed consent

- Fully disclose patient health status and treatment options.
- This makes it possible for patients to exercise the right to give informed consent or refusal for treatment.

Medical risk

- Expect your workplace to limit your risk of infection through an infection-control program.
- Providers need to also take responsibility for their own protection by using Standard Precautions with all patients.
- It is unethical to refuse to treat a patient because of his or her infectious state.

Medical Ethics: End-of-Life Care

Ethics in the care of patients near the end of life relate to:

Palliative care

- The goal of palliative care is to prevent and relieve suffering and to support the best quality of life for patients and their families.
- Palliative care is appropriate at the end of life but is not exclusive to this stage.
- Understand the importance of addressing all of the patient's comfort needs near the end of life. This includes psychosocial, spiritual, and physical needs.
- Stay up to date on the legality and ethics of using high-dose opiates for physical pain.

End-of-life decisions

- Patients have the right to refuse life-sustaining treatment.
- Respect this right and this decision.
**Withdrawing treatment**
- Withdrawing and withholding life-sustaining treatment are ethically and legally equivalent. Both are ethical and legal when the patient has given informed consent.
- Be sure to check your facility's policies on withholding and withdrawing life-sustaining treatment.

**Organ donation**
- Patients should be made aware of the option to donate organs and tissues.
- The care of the donor must be kept separate from the care of the recipient.

**Physician-assisted suicide and euthanasia**
- The ethics of assisted suicide and euthanasia are controversial. Both practices are illegal in most states.
- Do not confuse these practices with 1) a patient's informed decision to refuse life-sustaining treatment, or 2) unintentional shortening of life, as a result of treating pain with high-dose opiates.

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**Medical Ethics: Peer Relationships**
Ethics around peer relationships include:
- Protect patients from incompetent providers.
- Help colleagues who lack competency or need consultation.
- Request consultation, as needed.
- Work with other providers to optimize patient care.
- Be respectful of one another.
- Discipline colleagues who have engaged in fraud or other misconduct.

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**Medical Ethics: Practice and Society**
Ethics around responsibilities to society include:
- Advocate for the health and well-being of the public.
- Report infectious diseases as required by law.
- Provide the general public with accurate information about healthcare and preventive medicine.
- Work to ensure that all members of the community have access to healthcare.
- Serve as an expert witness when needed, in civil and criminal legal proceedings.

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**Patient Rights**

**Confidentiality: HIPAA**
The HIPAA Privacy Rule is a federal regulation. The rule:
- Sets standards for patient privacy and confidentiality
- Sets severe civil and criminal penalties for people who violate a patient's privacy
To comply with HIPAA:
- Share protected patient information only with people who are directly involved in the patient's care.
- Discuss a patient's case only with people who are directly involved.
- Do not gossip about patients.
- Discuss cases in private.
- Do not leave patient charts out where they might be seen.
- Do not display protected patient information where it might be seen.

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**Confidentiality: Necessary Breaches**
Patient confidentiality is not absolute. A provider may have a duty to breach confidentiality when there is a conflict between patient autonomy (the right of the patient to control his or her own health information) and non-maleficence (protecting the patient or others from harm).

**Participation in Treatment Decisions: Informed Consent**
Patients have the right to make decisions about their care. This means that patients must be given accurate information in a manner they can understand. The physician or other licensed independent practitioner should discuss **all** treatment options with his/her
patients. This includes the option of no treatment. For each treatment option, the patient needs to know risks, benefits, and potential medical consequences. The patient can then give informed consent or refusal for treatment.

Note: Minors do not have the right to consent for treatment. Parents must accept or refuse treatment for their minor children.

Advance Directives: Definitions
Patients have the right to make decisions about their care. This is true even when they are no longer able to communicate those decisions directly. An advance directive is a legal document that helps protect this right.

There are two types of advance directive:

- **Living will**
  In a living will, a patient documents his or her wishes for future treatment in the event of terminal illness. It does not appoint a representative. A living will goes into effect if and when a patient develops a terminal condition that makes it impossible to communicate healthcare decisions directly. Patients can write living wills at any time.

- **Durable power of attorney for healthcare**
  In this document, the patient appoints a representative to make healthcare decisions. The power of attorney goes into effect if and when the patient loses the ability to communicate his or her own decisions.

Additional tools for participating in future healthcare decisions are the:

- **Do-not-resuscitate (DNR) order**
  A DNR order states that a patient does not want CPR if he or she goes into cardiac or respiratory arrest. A patient may request a DNR order. However, only a physician can approve and give the order.

- **Do-not-intubate (DNI) order**
  A DNI order states that a patient does not want an endotracheal tube inserted if he or she has trouble breathing or goes into respiratory arrest. A patient may request a DNI order. However, a physician must write and sign the order.

Physician Orders for Life-Sustaining Treatment (POLST)
This document is similar to the living will, but does not require that patients list specific treatments that they would refuse if they were able to communicate their decisions. The advantage of POLST orders is that patients and healthcare providers do not have to anticipate all possible treatments. Physicians write POLST orders only after patients have been diagnosed with a terminal illness. Both physicians and patients sign POLST orders.

A ‘Health Care Proxy’ is the advance directive legally recognized within the Commonwealth of Massachusetts. In addition, the Massachusetts DPH has approved a standardized medical order form referred to as MOLST (Medical Orders for Life-Sustaining Treatment) for use by licensed physicians, nurse practitioners, and physician assistants. For more information contact [http://www.molst-ma.org](http://www.molst-ma.org)

Living wills are not legally recognized in Massachusetts.

Advance Directives: Your Role
To help support the patient's right to make healthcare choices:

- Offer information about advance directives to all adult patients.
- Help patients who wish to complete an advance directive.
- Treat all patients fairly and equally, regardless of advance directives.

Healthcare personnel must respect the decisions in a patient's advance directive. They must:

- Place a copy of the directive in the patient's chart. If a copy is not available, the important points of the directive should be documented in the medical record.
- Follow the directive, after it has taken effect.

Remember: An advanced directive takes effect only after the patient is no longer able to communicate directly.

Advance Directives: Regulatory Standards
The Centers for Medicare and Medicaid Services (CMS) requires participating hospitals to protect and promote the rights of patients.
The Joint Commission also expects accredited hospitals to protect the rights of patients. Hospitals should provide care that respects a patient’s dignity, ability to make choices, involvement in care, and civil rights.

Access to Emergency Services: Prudent Layperson
Patients have the right to emergency medical treatment. However, patients and insurance companies often disagree about the need for emergency care. To solve this problem, insurance companies must use a standard definition for the need for ED services. This definition uses the idea of a ‘prudent layperson.’ Under this definition, a person has need for ED services if he or she has signs or symptoms that a reasonable non-medical person would consider an emergency.

Example
A person has severe chest pains. He thinks he is having a heart attack. He goes to the emergency department. Tests show that the problem is heartburn. The patient’s insurance company must reimburse for the emergency services, even though the symptoms did not turn out to be a medical emergency.

Why?
Because services were provided based on symptoms that would cause a reasonable person to fear an emergency.

Access to Emergency Service: EMTALA
EMTALA is the Emergency Medical Treatment and Active Labor Act. Under EMTALA, all hospitals that participate in Medicare must provide emergency services to all patients, whether or not they can pay. For a hospital to comply with EMTALA:
- When a patient comes to the emergency department, the hospital must screen for a medical emergency.
- If the patient does not have an emergency condition, the hospital has no further obligation under EMTALA.
- If an emergency medical condition is found, the hospital must provide stabilizing treatment.
- Patients with emergency medical conditions may not be transferred out of the hospital for economic reasons.

Patient Care and Protection
Developmentally Appropriate Care
At each stage of life, human beings exhibit predictable characteristics, needs, developmental challenges, and milestones.

Understanding these challenges and milestones helps you provide developmentally appropriate care. A provider is competent in providing developmentally appropriate care if he or she can:
- Utilize patient data to determine a patient’s health status, such as illness or injury, chronic conditions, and ability to manage daily activities
- Interpret patient information to identify healthcare needs, such as changes in medication or nutrition
- Provide appropriate care according to a patient’s age and developmental needs
Cultural Competence
Cultural competence means providing care in a way that takes into account each patient's values, beliefs, and practices. Culturally competent care promotes health and healing.

Examples of culturally competent care include:
- If a patient values spirituality, find a way to integrate spiritual and medical practices for healing.
- If a family elder must participate in all medical decisions in a patient's culture, be certain to involve the elder in the care of that patient.

Restraint and Seclusion: Definitions
Restraint* is any method for limiting:
- Patient movement
- Patient activity
- A patient's normal ability to reach parts of his or her own body

Seclusion* means placing a patient alone in a room. The patient is not allowed to leave the room. The decision to use restraint or seclusion is based on the patient's behavior. Each patient must be assessed to determine if restraint or seclusion is needed.

*A restraint is any physical or chemical method for restricting a patient's movement, activity, or normal access to his or her own body; seclusion is involuntary confinement of a patient in a room alone.

Restraint and Seclusion: Appropriate Use
Use of restraint has risks. Therefore, all healthcare facilities should work toward reducing or eliminating use of restraint. Facilities should:
- Intervene early to avoid later need for restraint
- Find alternatives to restraint

Restraint should be used only when:
- Less restrictive interventions are ineffective
- Clinically justified to promote healing
- Warranted by violent patient behavior that threatens the physical safety of the patient, staff, or others

Restraint and seclusion should NEVER be used to:
- Discipline a patient
- Make patient care tasks more convenient for staff
- Make a patient do something against their will
- Retaliate against a patient

Restraint and Seclusion: Safely Using Restraint
The rights and safety of a patient must be protected during restraint or seclusion. Safe techniques for restraint and seclusion must be implemented in accordance with:
- Hospital policy and procedure
- Written modification of the patient's plan of care
Examples of safe restraint application are given in the text box.
Restraint and Seclusion: Orders for Violent Patients

- Orders must be issued on a case-by-case basis.
- Orders are time-limited.
- PRN* orders are NOT acceptable.
- Every 24 hours, the physician, clinical psychologist, or LIP who is primarily responsible for the patient must see and re-evaluate the patient before writing a new order.

*An LIP is a licensed independent practitioner; most often a physician, but also sometimes a nurse practitioner or other healthcare professional; PRN means “as needed.”

Cape Cod Healthcare does not endorse the use of prone restraints.

Maximum Order Duration Table – CCH and FH

<table>
<thead>
<tr>
<th>Order Type</th>
<th>Non-Violent/Non-Self-Destructive Behavior</th>
<th>Violent/Self-Destructive Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration: Initial order – MD/LIP present</td>
<td>Daily</td>
<td>Adult – 2 hours</td>
</tr>
<tr>
<td>Duration: Initial order – telephone order</td>
<td>Daily</td>
<td>Minors (&lt;18) – 1 hour</td>
</tr>
<tr>
<td>Duration: Renewal orders</td>
<td>Daily</td>
<td>1 hour</td>
</tr>
</tbody>
</table>

Note: MD/LIP must conduct face to face assessment within 1 hr of order

On DMH-licensed unit (CCH), only MD may conduct face-to-face assessment.

Adult: 2 hours - MD/LIP must complete face to face assessment for every renewal
Minors (<18) – see restrictions

Restrictions for violent/self-destructive behavior:
1) Minor < 9 years: no order for restraint or seclusion may exceed one hour.
2) Minor < 9 years: shall not be in seclusion/restraint for more than 1 hour in 24 hr period
3) Minor 9-17 years: shall not be in seclusion for more than 2 hours in any 24 hr period
4) Minor < 13 years: shall not be placed in mechanical restraints
Restraint and Seclusion: Evaluation and Monitoring
Violent, self-destructive patients who have been placed in restraints or seclusion must be evaluated within an hour and re-evaluated in person by the provider primarily responsible for his or her care every 24 hours. The evaluation must focus on:

- The patient's immediate situation
- The patient's reaction to the intervention
- The patient's medical and behavior condition
- The need to continue or terminate the restraint or seclusion

Patients also must be monitored during restraint or seclusion by qualified and trained staff according to hospital policy. Some states may have more restrictive statutes or regulations.

For monitoring time requirements; see CCH or FH facility-specific Restraint and Seclusion policy.

Please see the following **Monitoring Time Requirements** for use at Cape Cod Hospital and Falmouth Hospital.

<table>
<thead>
<tr>
<th>Monitoring Time Requirements – CCH and FH</th>
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<tbody>
<tr>
<td><strong>Type of Monitoring</strong></td>
</tr>
<tr>
<td>Constant Observation</td>
</tr>
<tr>
<td>Comfort checks for restraints (alternating with RN assessment).</td>
</tr>
<tr>
<td>Temporary release from restraints – during temporary release patient must be under constant staff observation</td>
</tr>
<tr>
<td>RN assessment/reassessment</td>
</tr>
</tbody>
</table>

Restraint and Seclusion: Staff Training
All staff members involved in the use of restraint and seclusion must be trained and competent (see graphic to the right). Training should include techniques for imposing restraint and seclusion in a way that ensures patient safety and dignity. To use restraint or seclusion safely, only trained staff members should apply and remove restraints.

Restraint and Seclusion: Documentation and Reporting
Restraint and seclusion must be documented fully in the patient’s medical record. Hospitals also must report deaths associated with the use of restraint and seclusion to the Centers for Medicare and Medicaid Services (CMS).
Patient Assault and Abuse
Patient abuse by a healthcare provider is a breach of medical ethics. Assault and abuse are also crimes. These crimes are punishable by jail time and fines.

Patient Assault and Abuse: Protecting Patients
To help protect patients from assault:
- Be aware of the warning signs of abuse.
- Report suspected abuse immediately.
- Manage your own stress properly.
- Encourage your facility to include a criminal background check as part of its hiring process.
- Take note of visitors on your unit.

Identifying and Assessing Victims of Abuse and Neglect
Patients also may be abused outside the healthcare setting. As a healthcare provider, you are in a unique position to identify victims of abuse.
With regard to victims of abuse and neglect, The Joint Commission requires that accredited facilities:

Identify victims of abuse or neglect
Facilities must have written criteria for identifying victims of assault, abuse, and neglect. These criteria should be used to identify victims at any time during their care.

Educate healthcare staff
Facilities must educate staff on the dynamics and signs and symptoms of abuse and neglect and how to provide appropriate care to victims of abuse.

Assess and refer victims to available resources
- Assess: Facilities must assess identified victims of abuse, or refer victims to outside agencies for assessment. If the facility performs abuse assessments, the assessment should preserve or document evidence of abuse, for potential legal proceedings.
- Refer: Facilities must maintain a current list of relevant local agencies and resources, to facilitate referrals for victims.

Report abuse and neglect
Facilities must be familiar with local and state law and report abuse and neglect accordingly.

Identifying and Assessing Victims of Abuse and Neglect: Educate

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The Restraint and Seclusion Policy is located on the CCHC Intranet

Documentation should include:
- In-person medical and behavioral evaluations
- Description of the patient’s behavior and intervention used
- Alternatives or less restrictive interventions attempted
- Patient’s condition and/or symptoms that warranted use of restraint or seclusion
- Patient’s response to intervention
- Rationale for continued use of intervention
- Patient assessment and reassessments
- Intervals for monitoring
- Plan of care revisions
- Staff concerns regarding safety risks that necessitated use of restraint or seclusion
- Injuries or death associated with the use of restraint or seclusion
- Orders for restraint or seclusion
- Identity of person who ordered restraint or seclusion
- Notification of attending physician
- Consultations
Educate yourself about the dynamics of abuse.

<table>
<thead>
<tr>
<th>Domestic Violence</th>
<th>Elder Abuse &amp; Neglect</th>
<th>Child Abuse &amp; Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>The victim is an adult or adolescent. In the majority of cases, the victim is a woman.</td>
<td>Elders may be abused, neglected, or exploited. This mistreatment may be physical, sexual, psychological, or financial.</td>
<td>Child abuse may be physical, emotional, or sexual.</td>
</tr>
<tr>
<td>The abuser is a person who is, was, or wishes to be in an intimate relationship with the victim. In most cases, the abuser is a man.</td>
<td>The perpetrator may be a family member or other caregiver.</td>
<td>Child neglect occurs when a child’s basic needs are not met.</td>
</tr>
<tr>
<td>The abuse may be physical, sexual, and/or psychological. The goal of the abuse is to control the victim.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Identify victims of abuse.

<table>
<thead>
<tr>
<th>Domestic Violence</th>
<th>Elder Abuse &amp; Neglect</th>
<th>Child Abuse &amp; Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>As part of a routine health history, ask adolescent and adult patients direct questions about domestic abuse.</td>
<td>As part of a routine health history, ask elders about abuse and neglect.</td>
<td>Children most often do not disclose abuse or neglect.</td>
</tr>
<tr>
<td>Some victims may not disclose abuse. Therefore, know and screen for the signs and symptoms of abuse.</td>
<td>Some elders may not disclose abuse or neglect. Therefore, know and screen for the signs and symptoms of abuse and neglect.</td>
<td>Therefore, know and screen for:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Risk factors for child abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Signs and symptoms of abuse and neglect</td>
</tr>
</tbody>
</table>

Assess victims of abuse (or refer for appropriate assessment).

<table>
<thead>
<tr>
<th>Domestic Violence</th>
<th>Elder Abuse &amp; Neglect</th>
<th>Child Abuse &amp; Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unless the patient is in crisis, complete assessment of a victim of domestic violence may be conducted over several visits.</td>
<td>To assess a victim of elder abuse or neglect, evaluate the patient’s:</td>
<td>When child abuse is suspected:</td>
</tr>
<tr>
<td>The assessment should document or preserve evidence of abuse. Potential evidence includes:</td>
<td>• Access to healthcare</td>
<td>• Perform a thorough pediatric health assessment.</td>
</tr>
<tr>
<td>• A thorough written record</td>
<td>• Cognitive status</td>
<td>• Interview the parents / caretakers and the child, if possible. Interviews should be separate.</td>
</tr>
<tr>
<td>• Detailed written description of injuries (with or without photographs)</td>
<td>• Emotional status</td>
<td>• Collect evidence as described for domestic violence.</td>
</tr>
<tr>
<td>• Forensic evidence of sexual or physical assault</td>
<td>• Overall health and functional status</td>
<td></td>
</tr>
<tr>
<td>Collect, store, and transfer forensic evidence according to state and local evidence protocols.</td>
<td>• Social and financial resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evidence of elder abuse should be documented as described for domestic violence.</td>
<td></td>
</tr>
</tbody>
</table>
Refer victims of abuse.

<table>
<thead>
<tr>
<th>Domestic Violence</th>
<th>Elder Abuse &amp; Neglect</th>
<th>Child Abuse &amp; Neglect</th>
</tr>
</thead>
</table>
| Victims of domestic abuse may need to be referred to local resources such as:  
  - Emergency shelter  
  - Organizations that provide for other basic needs  
  - Counseling or support groups  
  - Childcare / welfare assistance  
  - Legal assistance  
  - Substance abuse treatment  
  - Police / court system | For a list of agencies and resources on elder abuse and neglect:  
  - Visit the National Center on Elder Abuse (NCEA)  
  - Call 1-800-677-1116 | For a list of agencies and resources on child abuse and neglect, visit the  
  - U.S. Department of Health & Human Services, Administration for Children & Families website |

Identifying and Assessing Victims of Abuse and Neglect: Report

Report abuse.

<table>
<thead>
<tr>
<th>Domestic Violence</th>
<th>Elder Abuse &amp; Neglect</th>
<th>Child Abuse &amp; Neglect</th>
</tr>
</thead>
</table>
| Most states require healthcare providers to report certain cases of domestic violence. | Many states require healthcare providers to report known or suspected elder abuse and neglect. | All states require healthcare providers to report suspected child abuse and neglect.  
  Learn the laws in your state.  
  Be certain that you understand:  
  - What you are required to report  
  - How to report  
  - Protection for mandatory reporters  
  - Potential penalties for failure to report |
| Learn the reporting requirements in your state. | Learn the reporting requirements in your state. | |

Post-Test – Clinical Mandatory: Part I

Please put all answers on the Answer Sheet in the back of this booklet. Thank you.

1. Which of the following scenarios would warrant the use of restraint?
   a. Amelia needs antibiotics to treat a contagious respiratory infection. She is tired of waiting for a caregiver, so decides to go home and return when the clinic is less busy.
   b. Danny is having a psychotic episode. He believes that the nurses and doctors are determined to hurt him and is violently trying to fend off their care and leave the hospital.
   c. Rosalyn is a difficult patient who is condescending and rude. The staff members are tired of her behavior and want to teach Rosalyn that there are consequences for her actions.
   d. Marvin tends to wander off if someone does not monitor him. The nurse needs a short break and does not want to wait for another nurse to stay with Marvin.

2. Physicians may withdraw or withhold aggressive life-sustaining treatment under which condition?
   a. The state allows physician-assisted suicide
   b. The patient knows all of the options and refuses treatment.
   c. The patient wishes to be an organ donor for a relative.
   d. The insurance company does not cover the treatment.
3. Healthcare professionals should ask about domestic abuse ________
   a. as a matter of routine health care
   b. only when a patient has physical injuries
   c. if the patient is crying
   d. if it will not embarrass the patient

4. Patients need to know ________
   a. risks of treatment
   b. benefits of treatment
   c. possible consequences
   d. all of these

5. George is suffering from early dementia. While he has many moments of clarity, he is increasingly confused about “when” and “where” he is. He relies on his family for help with much of daily life. George has a kidney infection, discovered when his son brings George to the hospital. The guiding principles of medical ethics require that the hospital ________
   a. discuss treatment plans with George’s son alone, so as not to upset George
   b. give George palliative care, but not treat the underlying infection as it is not in the best interest of society
   c. tell George that he needs to take vitamins, but give him antibiotics
   d. talk to both George and his son about treatment options

6. Elder abuse can be physical, sexual, or financial.
   a. True
   b. False

7. Which of the following are within a patient’s rights?
   a. Patients can participate in decisions about their care
   b. Patients can set the course of their treatment
   c. Patients can refuse treatment
   d. All of these

8. Which of the following is included in four basic concepts of medical ethics?
   a. Beneficence
   b. Non-maleficence
   c. Loyalty privileges
   d. Both a. and b.

9. Patient abuse by a healthcare professional is a breach of medical ethics. How are the offenders punished?
   a. They are given a verbal warning
   b. These offenders can only be punished internally
   c. The offenders face jail time and fines
   d. Both a. and b.

Welcome to Rapid Regulatory Compliance: Clinical Mandatory: Part II.
If you have concerns about any aspect of the safety or quality of patient care in your organization, be aware that you may report these concerns directly to The Joint Commission.

Fire Safety (in addition to information in the Core Mandatories)
To help prevent fires related to the common cause of equipment misuse, do not use any piece of equipment that you have not been trained to use.
Fire safety features should include:
- Fire alarm systems
- Fire extinguishers
- Emergency exit routes and doors
- Smoke and fire doors and partitions
- A fire plan

Be familiar with the location, use, and operation of each of these features.

Respond to a fire alarm in your facility using the RACE protocol. Prepare to evacuate patients to an unaffected smoke/fire compartment.

**Radiation Safety**
Exposure to radiation can increase the risk of cancer. Therefore, it is important to protect against exposure. The three key factors for limiting exposure are:
- Time. Minimize the amount of time that you are exposed.
- Distance. Maximize your distance from the radiation source.
- Shielding. Use appropriate shielding to absorb the energy of radioactive particles.

The goal is to keep your radiation exposure As Low As Reasonably Achievable (ALARA).

**MRI Safety**
An MRI system is not an inherent biological hazard. However, hazards can arise when certain items enter the MRI system:
- **Ferromagnetic** objects are attracted to the magnet at the center of the MRI system. They can become dangerous projectiles (the ‘projectile effect’).
- Electronic devices that enter the magnetic field of the MRI system can malfunction due to interference.
- Metal implants or wires can conduct electrical currents resulting in burns.

*MRI is Magnetic Resonance Imaging; ferromagnetic is able to be attracted by a magnet; projectiles are object (as a weapon) that is thrown, sent, or cast forward

**MRI Safety**
MRI safety is largely a matter of ensuring that potentially hazardous items stay outside the MRI field. Therefore:
- Control access to the magnetic field.
- Post signs outside the magnetic field, warning of the projectile effect and the danger of metallic implants.
- Remove metallic objects from clothing and pockets before entering the magnetic field.
- Thoroughly screen patients prior to MRI. Ensure that patients do not have MRI-unsafe implants or embedded objects.
- Properly position patients for MRI so that electrically conductive loops are not formed. This will prevent burns.
- Use equipment approved for MRI.
- Restrict access to the MRI suite.

*Electrically conductive loops complete the circuit through which electricity is able to flow.

**Ergonomics (in addition to information in the Core Mandatorries)**
Ergonomics means designing work equipment and tasks to fit the ‘natural laws’ of the human body. Ergonomic best practices for clinical personnel (in addition to those listed in the Core Mandatorries) include: avoid forceful exertions, use supportive equipment and ergonomic tools, and respond promptly to aches and pains to prevent slight injuries from becoming severe or debilitating.

**Back Safety**
Healthcare is a high-risk setting for back pain and injury. Healthcare workers who lift and move patients are at especially high risk for injury. Injury may be prevented through:
- Proper care and operation of the spine
• Proper posture
• Regular exercise
• Use of lifting devices

**Lifting or transferring a patient**
- Avoid manual lifting.
- Use motorized lifts or other assistive devices.

**Lifting and Transferring Patients**
Healthcare staff who lift and transfer patients are repeatedly exposed to the three major risk factors for injury during physical tasks:

**Awkward posture**
Manual patient handling often involves awkward postures. For example, bending and reaching while lifting or lowering creates an awkward posture.

**Force**
Force refers to how hard the muscles have to work. A lot of force is required to lift patients who typically weigh 100 pounds or more.

**Repetition**
This risk factor refers to performing the same motion or series of motions over and over again. Nurses and aides might perform dozens of lifts and transfers in a single shift. They might perform thousands of lifts over a lifetime of nursing.

**Lifting and Transferring Patients**
For years, workers have been trained to use proper body mechanics and safe lifting techniques to protect against injury during manual patient handling. However, many patient handling tasks are simply unsafe when performed manually. In other words, workers risk injury even if they use proper body mechanics. Therefore, OSHA recommends that manual lifting should be minimized. If possible, it should be eliminated.

**Lifting and Transferring Patients**
To minimize or eliminate manual lifting, use devices to help with patient lifts and transfers.
Available devices include motorized lifts and non-motorized transfer devices such as gait belts, transfer boards, etc.

Before any lift or transfer, the patient should be assessed to determine how to do the transfer safely. Patient factors (such as the patient's ability to bear weight) and environmental factors should be looked at. Staff can then decide on:
- The best method for the transfer
- What equipment or devices will be needed
- How many staff members will be needed
Latex Allergy: Screening and Diagnosis
Latex allergy results from hypersensitivity to specific proteins or chemicals in the latex product. Latex allergy is becoming more and more common. Most reactions to latex are mild, but some can be life-threatening. Screening questions provide good tools for identifying patients at risk for latex allergy. This can help prevent future problems. Review the questions in the table to the right. If a patient answers 'yes' to one or more of these questions, the patient may be at risk for latex allergy. A careful and thorough medical history and physical exam should be performed.

For a more definitive diagnosis of latex allergy, tests that measure blood levels of anti-latex antibodies* may be ordered.

*Antibodies are proteins produced by immune cells to fight infection.

Latex Allergy: Management
Anyone who is allergic to latex should avoid latex products. To help protect a patient from exposure to latex in the healthcare setting:

- Clearly indicate 'latex allergy' in the medical record.
- Do not use any latex products, including latex cleaning gloves, in the patient's room.
- Before entering the patient's room, remove latex gloves. Wash hands thoroughly with soap and water.

Healthcare facilities should maintain a latex-free cart or tray for patients with latex allergy or sensitivity, if feasible.

Latex Allergy: Management
Healthcare workers are at elevated risk for latex allergy.
If you are allergic to latex:

- Avoid all contact with latex.
- Wear a medical alert bracelet or necklace.
- Inform your employer.
- Encourage your facility to provide as many latex-free products as possible.
- Use silk or plastic tape instead of adhesive tape.
- Use non-latex gloves only.

Reporting Incidents
This lesson has focused on guidelines and best practices for ensuring staff and patient safety. However, mistakes and problems can happen. A breach in safety is referred to as an incident. Common examples of incidents have been mentioned in this lesson:

- Equipment malfunction
- Exposure to radiation
- MRI injury
- Latex allergic reaction
- Back injury
- Slip, trip, or fall
- Exposure to hazardous chemicals
- Workplace violence

All incidents should be reported immediately. Check with your supervisor if you are not familiar with facility procedures for reporting incidents.

Healthcare-Associated Infection: Impact
Healthcare-associated infection (HAI) is an infection that develops after contact with the healthcare system. It:

- Is not present or incubating at the time healthcare services are delivered
- Presents symptomatically 48 hours or more after admission or provision of care*

*Correction: An infection is considered healthcare-associated if it presents on or after the third calendar day of admission to an inpatient unit.
Depending on the agent, infection may be transmitted person-to-person via the Contact route, Droplet route, or Airborne route. Infection control for each of these modes of transmission will be discussed in greater detail later.

**HAI: Best Practices**
Best practices for preventing HAI are related to:
- Hand hygiene
- Environmental hygiene
- Invasive procedures
- Antibiotic use
- Bloodborne pathogens
- Airborne Precautions
- Contact Precautions
- Droplet Precautions
- Personal protective equipment
- Personal responsibility

**Invasive Procedures**
Many HAI are related to invasive procedures, especially:
- Catheterization
- IV line placement

The most common type of HAI is urinary tract infection (UTI), associated with indwelling urinary catheters. Therefore:
- High-risk procedures such as catheterization should be performed only when absolutely necessary.
- Catheters should be removed as soon as possible.
- Instruments and equipment used for invasive procedures should be properly sterilized before use. They should be used with aseptic technique.

**For more information about preventing clinical infections, please visit this CCHC Intranet site:**

**Antibiotic Use: Antibiotic Resistance**
Widespread use of antibiotics began in the 1940s. Penicillin and other antibiotics were hailed as miracle drugs. They were able to cure previously untreated bacterial illnesses. However, bacteria are very adaptable. They have the ability to change genetically to resist the effects of antibiotics. The more antibiotics are used, the more common resistant strains of bacteria become.

Clinically important examples are:
- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- Vancomycin-resistant *Enterococci* (VRE)
- Drug-resistant *Streptococcus pneumoniae* (DRSP)
- Multidrug-resistant *Mycobacterium tuberculosis* (MDR-TB)

Antibiotic-resistant infections cost at least twice as much as antibiotic-susceptible infections.

**The healthcare system**
- Antibiotic-resistant strains contribute significantly to HAI.
- More than 70% of all bacteria that cause HAI are found to be resistant to one or more commonly used antibiotics.

**Antibiotic Use: Prevention of Resistance**
Healthcare professionals must take an active role in preventing the spread of antibiotic resistance. Strategies include:

**Preventing infection**
One of the best techniques we have to prevent infection is vaccination.
- Patients should be current on appropriate vaccinations.
• Healthcare workers also should receive appropriate vaccinations.

**Diagnosing and treating infection effectively**
- Effective diagnosis means identifying the cause of infection so that the right treatment may be given.
- Effective treatment includes using specific antibiotics when antibiotics are necessary. A specific antibiotic is targeted to the identified infectious agent. Use of broad-spectrum antibiotics or multiple antibiotics should be avoided.

**Using antibiotics prudently**
- An important part of using antibiotics prudently is NOT giving into patient demands for antibiotics for viral illnesses (colds, flu, etc.).
- Patients must be educated accordingly.

**Preventing spread of infection**
- Remember: The single best method for preventing spread of infection is hand hygiene. This makes proper hand hygiene an important tool in the fight against antibiotic resistance, as well.
- Appropriate Isolation Precautions (as discussed later in the lesson) should also be used to prevent spread of infection in the healthcare setting.

* Clarification: Vaccinations (for measles, mumps, rubella, varicella, hepatitis B, and influenza) prevent **viral** infections, NOT bacterial infections.

---

**Bloodborne Pathogens**

Bloodborne diseases are spread from person to person as a result of unprotected exposure to:
- Infected blood
- Other bodily fluids*
- Non-intact skin
- Moist body tissues

Important bloodborne diseases include HIV infection/AIDS, hepatitis, and hepatitis C.

**Bloodborne Pathogens: The OSHA Bloodborne Pathogens Standard**
The OSHA Bloodborne Pathogens Standard (BPS) helps protect workers from exposure to HIV and other bloodborne pathogens. The Bloodborne Pathogens Standard:
- Covers any worker who might come in contact with blood or other potentially infectious materials (OPIM) as part of his or her job
- Requires employers to take certain steps to help protect these workers

One of the key parts of the Bloodborne Pathogens Standard is to require the use of Standard Precautions.

**Bloodborne Pathogens: Standard Precautions**

Standard Precautions should be used in the care of all patients, regardless of their diagnosis. These precautions apply to patient:
- Blood
- Body fluids
- Secretions and excretions (except sweat)
- Non-intact skin
- Mucous membranes

The major provisions of Standard Precautions are summarized in table form in the next section.

Note: In the table, the term 'bodily fluids' is used to indicate all patient fluids to which Standard Precautions apply (i.e., blood, body fluids, secretions, excretions).

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**Bloodborne Pathogens: Standard Precautions**

Standard Precautions are to be used in the care of **all** patients – whether or not you think or know the patient has a bloodborne disease.
Bloodborne Pathogens: Needlestick Prevention
The BPS has rules to protect against sharps injury:

- Facilities must adopt the use of safer needle devices.
- Contaminated needles and other contaminated sharps should not be bent or recapped.
- Shearing or breaking of contaminated needles is prohibited.
- Contaminated sharps should be placed in appropriate containers. These containers must be puncture-resistant, appropriately labeled or color-coded, and leak-proof on the sides and bottom.

Airborne Precautions
Airborne diseases are transmitted from person to person via infectious droplet nuclei. Important airborne diseases include chickenpox and shingles (disseminated) measles, and tuberculosis (TB). Other diseases that may be spread by the airborne route include SARS and smallpox.

To prevent the transmission of airborne diseases in the healthcare setting, Airborne Precautions are used, as summarized briefly in the table in the next section.

Airborne Precautions: Summary Table
Airborne Precautions are to be used, along with Standard Precautions, in the care of all patients with a diagnosed or suspected airborne-transmitted disease.

<table>
<thead>
<tr>
<th>Patient Placement</th>
<th>Patients on Airborne Precautions are isolated in private rooms with special air handling and ventilation systems. If a private room is not available, patients are cohorted.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory Protection</td>
<td>Healthcare staff must wear personal respirators whenever they enter an airborne isolation room. N95 respirators are most commonly used. A surgical mask will not protect against airborne transmission.</td>
</tr>
<tr>
<td>Patient Transport</td>
<td>Patient transport should be limited as much as possible. During necessary transport, the patient should wear a surgical mask, if possible.</td>
</tr>
</tbody>
</table>

*Cohorted means grouped together with the same active infection, but no other infection.

Standard Precautions are used for all patients. Contact Precautions, in addition to Airborne Precautions, are required for chickenpox, disseminated Herpes zoster, and measles.

CCHC patients requiring Airborne Precautions are placed in negative pressure rooms and are not cohorted.
Airborne Precautions: Tuberculosis
TB is an airborne disease. Therefore, Airborne Precautions apply. In addition, both the CDC and OSHA have specific guidelines for preventing transmission of TB in the healthcare setting.

Visit the following links to access more information:
- OSHA TB Enforcement Policy: http://www.healthstream.com/content/m3/20130530/AC-RapidRegClinical_I/HTML/En-Us/Pdfs/En-Us/OSHA_TB.pdf

Contact Precautions: Background
Contact transmission of disease occurs via direct or indirect person-to-person contact. This form of transmission is the most important and common cause of HAI.

Contact Precautions: Diseases
Examples of contact diseases are:
- MRSA
- Hepatitis A
- Respiratory syncytial virus infection
- Impetigo*
- Conjunctivitis*
- Viral hemorrhagic infections**
- Many others

To prevent contact transmission of diseases in the healthcare setting, Contact Precautions are used, as shown on the table in the next section.

*Impetigo is a bacterial skin infection with pus-filled blisters; conjunctivitis is an infection and/or inflammation of the inner lining of the eyelid, commonly called "pink eye."

**Ebola is just one example of a viral hemorrhagic fever that requires special precautions over and above Contact Precautions.
See the CCHC Intranet for Isolation Precautions related to ebola.

Contact Precautions: Summary Table
Contact Precautions are to be used, along with Standard Precautions, in the care of all patients with a diagnosed or suspected contact-transmitted disease.

<table>
<thead>
<tr>
<th>Patient Placement</th>
<th>Patients on Contact Precautions are isolated in private rooms or cohorted.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PPE</strong></td>
<td>Healthcare staff must don a gown and gloves when entering the room of a patient on Contact Precautions.</td>
</tr>
<tr>
<td>Hand Antisepsis</td>
<td>Hands should be decontaminated immediately after removing gloves.</td>
</tr>
<tr>
<td>Patient Transport</td>
<td>Patient transport should be limited as much as possible.</td>
</tr>
<tr>
<td>Patient-Care Equipment</td>
<td>Non-critical equipment should be dedicated to a single patient or cohort on Contact Precautions. If this is not possible, equipment should be cleaned and disinfected between patients.</td>
</tr>
</tbody>
</table>

Enteric Contact Precautions:
- Use for suspected or known *C. difficile* or *Norovirus* infections
- Use for patients with new-onset of diarrhea (≥ 3 episodes within a 24-hour period)
- Gown and gloves to enter room
- Hand hygiene – Use soap and water, not alcohol hand gel
- Disinfecting equipment/room – Use Dispatch Towels with Bleach and Clorox Healthcare Bleach Germicidal Cleaner
Droplet Precautions: Background
Droplet transmission happens via large respiratory droplets. These droplets:
- Are generated during coughing, sneezing, talking, etc.
- Travel a short distance through the air (up to SIX feet)
Droplets may land on the mucous membranes of a nearby person's eyes, nose, or mouth. Droplets may also contaminate surfaces. Disease transmission then may occur.

Droplet Precautions: Diseases
Examples of droplet diseases are:
- Mumps
- Rubella
- Influenza
- Many others
To prevent the transmission of droplet diseases in the healthcare setting, Droplet Precautions are used, as shown in the table in the next section.

Droplet Precautions: Recommendations
Droplet Precautions are to be used, along with Standard Precautions, in the care of all patients with a diagnosed or suspected droplet-transmitted disease.

<table>
<thead>
<tr>
<th>Patient Placement</th>
<th>Patients on Droplet Precautions should be isolated in private rooms or cohorted. If a private room is not available and cohorting is not possible, patients should be placed at least three feet away from the nearest other patient or visitor.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPE</td>
<td>Healthcare staff should don gloves and a mask when entering the room of a patient on Droplet Precautions. A gown and eye protection also may be needed.</td>
</tr>
<tr>
<td>Hand Antisepsis</td>
<td>Hands should be decontaminated immediately after removing gloves.</td>
</tr>
<tr>
<td>Patient Transport</td>
<td>Patient transport should be limited as much as possible.</td>
</tr>
</tbody>
</table>

Patients are to be placed in a private room.
Staff/visitors wear a mask when within six feet of the patient.
Patient wears a surgical mask when outside the room.

Personal Protective Equipment
Personal protective equipment (PPE) is an important component of infection control.
PPE helps to prevent the spread of microorganisms both:
- From patient to healthcare worker
- From healthcare worker to patient
Review the pages describing Standard Precautions, Airborne Precautions, Contact Precautions, and Droplet Precautions for appropriate use of key items of PPE. Note the use of gloves, masks, goggles, gowns, and respirators.

Review the Special Notes/Facility Specific Notes on Enteric Contact Precautions (on previous page) for information about personal protective equipment use for those precautions.

Personal Responsibility
As a healthcare worker, you have personal responsibilities for infection control in your facility.
Maintain immunity to vaccine-preventable diseases such as hepatitis B, measles, varicella (chickenpox), rubella, mumps, and influenza. Report all unprotected exposures, such as accidental needlesticks. Stay home from work when you are sick.
1. What is a good strategy for helping to prevent the spread of antibiotic resistance?
   a. Ordering antibiotics for colds and flu.
   b. Ordering broad-spectrum antibiotics for most infections.
   c. Using vaccines to prevent infection.
   d. All of these.

2. The most common type of healthcare-associated infection (HAI) is a/an ________
   a. STD from a needle-stick
   b. respiratory infection from uncovered coughs
   c. UTI from a catheter
   d. fungal infection from damp walls

3. Which of the following is a part of Contact Precautions?
   a. Patients are isolated in private rooms or cohorted.
   b. Healthcare workers rotate care of infected patients.
   c. HAZMAT teams remain on call.
   d. Healthcare staff must wear personal respirators.

4. __________ protect healthcare workers from exposure to bloodborne pathogens.
   a. Gloves and gowns
   b. Standard Precautions
   c. Vaccinations
   d. Isolation units

5. Lifting or transferring patients is ________
   a. a risk for back injury; avoid manual lifting
   b. a risk for back injury; learn proper techniques and lift only when part of a team
   c. not a risk with pediatric patients
   d. not a risk when the healthcare worker uses the leg muscles to power the lift

6. Latex allergies are more common in people who ________
   a. have sensitive skin
   b. have food allergies
   c. do not work in health care
   d. avoid vaccinations

7. __________ exposure to radiation can increase the risk of cancer.
   a. Rare
   b. Repeated
   c. Shielded
   d. Shaded

8. The Joint Commission expects hospitals to implement practices to prevent healthcare-associated infections (HAI). One important practice is ________.
   a. double-gloving to protect healthcare workers
   b. proper hand hygiene
   c. division of responsibility
   d. use of quarantine precautions for contagious patients

9. The projectile effect is a hazard in a(n) ________?
   a. operating room
   b. pediatric unit
   c. emesis station
   d. MRI field
10. A fellow employee is frustrated and tense after a difficult morning. Your best reaction is to___________________.
   a. remain calm and discreetly call security
   b. leave the room and contact the employee’s supervisor
   c. encourage the employee to leave for the afternoon
   d. acknowledge the frustration and help resolve the problem

11. ____________________ have hazard communication duties.
   a. Manufacturers, employers, and employees
   b. Supervisors, shippers, and administrators
   c. Manufacturers, management, and OSHA
   d. OSHA, employers, and drivers

12. The R in RACE stands for__________________________.
   a. Run or Reason
   b. Remove or Rescue
   c. Rescue or Reach
   d. React or Run

13. To prevent patients from electrical shock or injury, the best practice is to__________________________.
   a. store manuals behind equipment, not on top of it
   b. store manuals on top of equipment, not behind it
   c. place all equipment within reach of the patient
   d. place all equipment at a distance from the patient

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This is the end of Clinical Mandatory: Part II.
Please go to the next page regarding CCHC HR policies and other facility-specific mandatory policies and information.
Please READ the policies on the following pages. According to where you are working, you are responsible to read and to acknowledge reading the policies that apply to you.

Please acknowledge on the Answer Sheet that you have read the following applicable policies:

a. **Must be completed by EVERYONE**, no matter where in CCHC you are working (starting on Page 45):
   1. CCHC HR3: Sexual Harassment Is Prohibited
   2. CCHC HR126: Code of Conduct
   3. CCHC HR145: Non-Discrimination and Anti-Harassment Policy
   4. Americans with Disabilities Act (ADA) and Fair Employment Act
   5. HIPAA Supplement

b. Must **ALSO** be completed if you are working at Falmouth Hospital (starting on Page 57):
   1. Falmouth Hospital Progressive Discipline

c. Must **ALSO** be completed if you are working at Cape Cod Hospital or in CCHC Laboratory Services (starting on Page 58):
   1. Cape Cod Hospital and CCHC Laboratory Services – Progressive Discipline and Corrective Action

d. Must **ALSO** be completed if you are working at JML Care Center (starting on Page 60):
   1. Long Term Care Facility Abuse Reporting
   2. “Do Not Use” List
   3. 2016 Long Term Care National Patient Safety Goals

e. Must **ALSO** be completed if you are working at VNA of Cape Cod (starting on Page 63):
   1. VNA Specifics
SUBJECT: Sexual Harassment is Prohibited

PURPOSE:

This policy provides notification to all employees, volunteers, contractors and vendors that CCHC does not tolerate sexual harassment.

POLICY STATEMENT:

Cape Cod Healthcare’s (CCHC) goal is to promote a workplace free of sexual harassment. Sexual harassment of employees, occurring in the workplace or in other work related settings in which employees may find themselves in connection with their employment is unlawful and will not be tolerated. Further, any retaliation against an individual who has complained about sexual harassment or who has cooperated with an investigation of a sexual harassment complaint is similarly unlawful and will not be tolerated. The following guidelines and procedures address complaints of sexual harassment.

GUIDELINES/PROCEDURES:

CCHC will respond promptly and investigate complaints of sexual harassment. Where it is determined that such conduct has occurred, CCHC will act promptly to eliminate the conduct and impose the appropriate corrective and/or disciplinary action to remediate the situation and prevent further occurrence. This policy is not intended to limit CCHC’s authority to discipline or take remedial action for workplace conduct which is determined to be unacceptable, even if the conduct does not meet the definition of sexual harassment.

A. Definition:

In Massachusetts, the legal definition of sexual harassment includes sexual advances, requests for sexual favors and verbal or physical conduct of a sexual nature when:

- Submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly as a term or condition of employment or as a basis for employment decisions; or
- Such advances, requests or conduct have the purpose or effect of unreasonably interfering with a person’s work performance by creating a sexually intimidating, hostile, humiliating or sexually offensive work environment.

Under this definition, direct or implied requests by a supervisor for sexual favors in exchange for actual or promised job benefits, such as a favorable reviews, salary increases, promotions, increased benefits or continued employment, constitute sexual harassment. Other sexually oriented conduct, whether it is intended or not, that is unwelcome and has the effect of creating a workplace environment that is sexually hostile, offensive, intimidating, or humiliating may also constitute sexual harassment.

While it is not possible to include an exhaustive list, the following are examples of conduct that may constitute sexual harassment. The determination depends on the totality of the circumstances, including the severity of the conduct, its pervasiveness, and whether the conduct was unwelcome and offensive to an individual.
• Unwelcome sexual advances, whether they involve physical touching or not.
• Sexual epithets, jokes, written or verbal references to sexual conduct, gossip regarding one's sex life, comments on an individual's body, or comments about an individual’s sexual activity, deficiencies or prowess.
• Displaying sexually suggestive objects, pictures or cartoons.
• Unwelcome leering, whistling, brushing against the body, sexual gestures or suggestive or insulting comments.
• Inquiries into one's sexual experiences.
• Discussion of one's sexual activities.

As stated above, all employees should take special note that retaliation will not be tolerated.

B. Procedures

Filing a Complaint/Reporting

If an employee believes he/she has been subjected to sexual harassment in the workplace, the employee has the right to file a complaint. The complaint may be filed verbally or in writing. If you would like to file a complaint, you may do so by directly contacting CCHC Human Resources at 508-862-5700 or alternatively for:

• Cape Cod Hospital, CCHC Laboratory Services, Cape Cod Human Services and Medical Affiliates of Cape Cod
  - Brian Basili
  - 508-862-5718
  - Elaine Sweeney
  - 508-862-5554

• Falmouth Hospital
  - Colleen Dunn
  - 508-457-3998
  - Odilia Turner
  - 508-457-3554

• JML Care Center, Falmouth
  - Cynthia Lehtinen
  - 508-457-4621 x 245
  - Donna Andrach
  - 508-457-4621 x 230

• Heritage of Falmouth
  - Margaret Corriveau
  - 508-495-1518
  - Colleen Dunn
  - 508-457-3998

• VNA
  - Dianne Kolb
  - 508-957-7450
  - Barbara Oswalt
  - 508-957-7454

Employees of Cape Cod Healthcare, Inc and other affiliates of CCHC should contact Emily Schorer, Senior Vice President of Human Resources at 508-862-5589.

Managers and Supervisors have a responsibility to make a report to Human Resources should they receive a complaint of sexual harassment or if they observe or have a concern that such conduct has occurred.

The employee filing a complaint and the alleged offender will be provided with a copy of this policy and given an opportunity to discuss resolution of the complaint.

Investigation

Complaints of sexual harassment will be promptly investigated in a fair and expeditious manner. The investigation will be conducted in such a way as to maintain confidentiality to the extent practical under the circumstances. The investigation will include a private interview with the person filing the complaint
and any witnesses. CCHC will also interview the person alleged to have committed sexual harassment. When the investigation is completed, CCHC will, to the extent appropriate, inform the person filing the complaint and the person alleged to have committed the conduct about the results of the investigation.

CCHC will act promptly to eliminate sexual harassing conduct and will impose the appropriate remedial and/or disciplinary action. Such action may range from counseling to termination from employment and may include other remedial and corrective action appropriate under all of the circumstances.

C. Federal and State Remedies

In addition to the above, if you believe that you have been subjected to sexual harassment, you may file a formal complaint with either or both of the government agencies, below. CCHC’s complaint procedure does not prohibit you from filing a complaint with these agencies. You should be aware that each of the agencies has a time period of 300 days for filing a claim.

- United States Equal Employment Opportunity Commission (“EEOC”)
  One Congress Street, 10th Floor
  Boston, MA 02114
  1-800-669-4000
  617-565-3200

- Massachusetts Commission Against Discrimination (“MCAD”)
  One Ashburton Place
  Sixth Floor, Room 601
  Boston, MA 02108
  Phone: 617-994-6000

Cape Cod Healthcare periodically reviews its policies to ensure compliance with federal, state and other compliance regulations and to ensure policies support the mission and values of CCHC.

Questions regarding this policy and complaint procedure should be directed to Human Resources.

APPROVAL:

Michael Lauf
President & CEO
Cape Cod Healthcare, Inc.

Emily Schofer
Senior Vice President, Human Resources
Cape Cod Healthcare, Inc.

Initially introduced as APPS No. P-6N: 01/31/95
Revised: 01/31/97, 01/31/98
Changed I.D. from P-6N to P-6.14 08/01/00
Revised content and title, and Changed I.D. from P-6.14 to HR-1 11/05/02
Revised content and title, and Changed I.D. from HR-1 to HR-2 10/20/06
Reviewed and revised: 7/14/09, 03/20/12, 10/1/12, 10/30/13, 2/17/15
SUBJECT: Code of Conduct

PURPOSE:
To define the personal and professional standards of conduct and acceptable behavior for all individuals while carrying out their assigned responsibilities at Cape Cod Healthcare (CCHC).

POLICY STATEMENT:
Safety, high quality patient care, and patient satisfaction are dependent on teamwork, communication, and collaboration. Inappropriate, disruptive and/or intimidating behaviors can lead to medical errors, contribute to preventable, adverse outcomes, foster patient dissatisfaction, and increase the cost of care. Negative behaviors also have a significant impact on employee morale, increasing stress and impacting work performance. For these reasons, Cape Cod Healthcare seeks to promote a work environment in which all persons, whether employees, patients or visitors, are treated in a respectful, courteous, and dignified manner. This environment is integral to Cape Cod Healthcare’s vision, mission and values and to realizing the CCHC “CARES” standards of Compassion, Accountability, Respect, Excellence and Service.

All Cape Cod Healthcare employees, volunteers, contractors and vendors are expected to act in a manner consistent with the standards of behaviors outlined in the Code of Conduct policy and to refrain from words and actions that may disrupt operations, adversely affect the ability of others to perform their jobs, or have a negative impact on the confidence of patients and families in CCHC’s ability to provide quality care.

GUIDELINES:
1. Standards of Behavior:
These are behaviors that result in quality patient outcomes, enhance safety, and promote a positive and productive work environment. Examples include, but are not limited to the following:

- Treating all persons, including patients, families, visitors, employees, volunteers, and contractors/suppliers with respect, courtesy, caring and dignity.
- Demonstrating sensitivity to the needs and concerns of individuals from diverse backgrounds (including gender, age, race, disability, nationality, sexual orientation, and religion).
- Communicating with team members in a constructive, positive manner to resolve issues and identify solutions that best serve the patient and the organization.
- Encouraging, supporting and respecting the right and responsibility of all persons to assert themselves in promoting patient safety and quality care.
- Carrying out job duties with professional competence and high ethical standards.
• Respecting the privacy and confidentiality of all individuals in accordance with all CCHC policies and HIPAA regulations regarding protected health information

2. Inappropriate and Unacceptable Behaviors:
These are behaviors that undermine safe patient care and quality outcomes, disturb day-to-day working relationships, decrease morale, and have a negative effect on operations. Examples include, but are not limited to the following:
• Use of threatening, abusive, loud, profane or similarly inappropriate or offensive language
• Behaviors or actions that belittle, berate, intimidate, demean and/or are threatening to another individual
• Any act which unreasonably disrupts the workplace or the ability of any CCHC employee to perform their duties and responsibilities
• Willful disregard of CCHC and/or entity-specific policies and procedures

Examples of serious violations of the Code of Conduct include, but are not limited to:
• Threats of physical assault or actual physical assault, or the placing of others in fear by engaging in threatening behavior
• Deliberate destruction or theft of any CCHC property
• Possession, storage, or the carrying of a firearm or weapon within any CCHC facility or property
• Possession, use, distribution or sale of illegal drugs, controlled substances or alcohol within any CCHC facility
• All forms of unlawful and unacceptable harassment or discrimination based on any status protected by federal and state laws as addressed in CCHC’s Non-Discrimination and Anti-Harassment Policy (CCHC HR-145)
• Any verbal and/or physical conduct of a sexual nature that is unwelcome and offensive to those individuals who are subject to it or who witness as addressed in CCHC’s Sexual Harassment Policy (CCHC HR-3)
• Retaliation against any individual who complains or who cooperates with an investigation of a complaint

PROCEDURES:
Employees who believe they have been subjected to treatment or behaviors in violation of this policy should immediately direct their complaint to their supervisor. If the employee does not feel comfortable discussing the issue with his/her supervisor, the employee should contact Human Resources. In situations where an employee feels the potential for personal injury to him/herself or others exists and is imminent, Security should be called.

Similarly, managers or supervisors who observe or receive information regarding employees engaging in inappropriate or unacceptable behaviors should contact Human Resources for assistance.

Employees should not assume that management of the organization is aware of the issues or concerns that may be in violation of the Code of Conduct. It is the responsibility of employees to bring complaints and concerns to the attention of their managers or to Human Resources so that the issues can be investigated and remedial action taken, if appropriate.
Complaints will be promptly investigated in a fair and expeditious manner. The investigation will be conducted in such a way as to maintain confidentiality to the extent practical under the circumstances. In the case of an individual filing a complaint, the investigation will include a private interview with the person initiating the complaint and any witnesses. CCHC will also interview the person or persons alleged to have committed the offending conduct. If it is determined that offensive conduct has occurred, CCHC will act promptly to eliminate the conduct and impose corrective and/or disciplinary action up to and including termination.

As stated above, all employees should take special note that retaliation will not be tolerated.

Cape Cod Healthcare periodically reviews policies to ensure compliance with federal, state and other compliance regulations and to ensure policies support the mission and values of the organization.

Questions regarding this policy should be directed to Human Resources.

**APPROVAL**

Michael Lauf  
President and CEO

Emily Schorer  
Senior Vice President, Human Resources
SUBJECT: Non-Discrimination and Anti-Harassment Policy

PURPOSE:

This policy provides notification to all employees, volunteers, contractors and vendors that Cape Cod Healthcare does not tolerate discrimination and harassment based on a protected status under federal and state laws.

POLICY STATEMENT:

Cape Cod Healthcare’s (CCHC) goal is to promote a work environment free from discrimination and harassment based on race, color, national origin, age, gender, sexual orientation, gender identity and/or expression, religious belief, disability, veteran status, genetic background information or other protected status under federal and state laws. Further, retaliation against an individual who has made a complaint or who has cooperated with an investigation of a complaint will not be tolerated. The following guidelines and procedures address complaints of discrimination.

GUIDELINES/PROCEDURES:

CCHC will respond promptly to investigate complaints of discrimination and will act promptly to eliminate the conduct and impose appropriate remedial and/or disciplinary action to remedy the situation and prevent further occurrence. This policy is not intended to limit CCHC’s authority to discipline or take remedial action for conduct which is determined to be unacceptable, even if the conduct does not meet the definition of discrimination or harassment based on protected status under federal and state laws.

A. Definitions

Discrimination

CCHC is committed to reinforcing its fair employment practices which prohibit discrimination in the terms, conditions of employment because of race, color, national origin, age, gender, sexual orientation, transgender, religious belief, disability, veteran status, genetic background information, or other protected status under federal or state laws. Discrimination is a difference in treatment of employees based solely on a person’s protected status resulting in disparate terms and conditions of employment including, but not limited to, hiring, compensation, benefits, training, work opportunities, transfer, reduction-in-force, and participation in employer sponsored activities. Please note that terms and conditions of employment for union employees are subject to the terms of collective bargaining agreements.

Harassment

Harassment is a form or manifestation of discrimination and it shall mean, offensive verbal, written, electronic communications or physical conduct related to an individual’s race, color, national origin, age, gender, sexual orientation, transgender, religious belief, disability, veteran status, genetic background information, or other protected status under federal or state laws, which:
• Has the purpose or effect of creating an intimidating, hostile, or offensive work environment;

• Has the purpose of effect of unreasonable interference with an individual’s work environment;

• Constitutes an adverse action affecting an individual’s employment status.

It is not possible to include an exhaustive list. However, conduct such as racial and religious slurs or disparaging remarks towards those with disabilities are a few examples of prohibited acts.

As stated above, all employees should take special note that retaliation will not be tolerated.

Please refer to CCHC’s Sexual Harassment Policy for a definition of sexual harassment. The complaint and investigation procedures are the same under both policies.

B. Procedures

Filing a Complaint/Reporting

If an employee believes he/she has been subjected to discrimination or harassment based on race, color, national origin, age, gender, sexual orientation, transgender, religious belief, disability, veteran status or genetic background information, the employee has a right to file a complaint. An employee should not assume management is aware of the offending conduct. The complaint may be filed verbally or in writing. If you would like to file a complaint, you may do so by directly contacting CCHC Human Resources at (508) 862-5700 or any of the individuals listed below:

- Cape Cod Hospital, CCHC Laboratory Services, Cape Cod Human Services and Medical Affiliates of Cape Cod
  • Cape Cod Hospital, CCHC Laboratory Services, Cape Cod Human Services and Medical Affiliates of Cape Cod
    • Cape Cod Hospital, CCHC Laboratory Services, Cape Cod Human Services and Medical Affiliates of Cape Cod
    • Cape Cod Hospital, CCHC Laboratory Services, Cape Cod Human Services and Medical Affiliates of Cape Cod
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    • Cape Cod Hospital, CCHC Laboratory Services, Cape Cod Human Services and Medical Affiliates of Cape Cod
    • Cape Cod Hospital, CCHC Laboratory Services, Cape Cod Human Services and Medical Affiliates of Cape Cod

- Falmouth Hospital
  • Falmouth Hospital
  • Falmouth Hospital

- JML Care Center, Falmouth
  • JML Care Center, Falmouth

- Heritage of Falmouth
  • Heritage of Falmouth

- VNA
  • VNA

Employees of Cape Cod Healthcare, Inc and other affiliates of CCHC should contact Emily Schorer, Senior Vice President of Human Resources at 508-862-5589.

Managers and Supervisors have a responsibility to make a report to Human Resources should they receive a complaint of discrimination or if they observe or have a concern that such conduct has occurred.

The employee filing a complaint and the alleged offender will be provided with a copy of this policy and given an opportunity to discuss resolution of the complaint.
Investigation

Complaints will be promptly investigated in a fair and expeditious manner. The investigation will be conducted in such a way as to maintain confidentiality to the extent practical under the circumstances. The investigation will include a private interview with the person filing the complaint and any witnesses. CCHC will also interview the person or persons alleged to have committed the offending conduct. When the investigation is completed, CCHC will, to the extent appropriate, inform the person filing the complaint and the person(s) alleged to have committed the conduct about the results of the investigation.

CCHC will act promptly to eliminate discriminating conduct. Such action may range from counseling to termination from employment and may include other remedial actions, as CCHC deems appropriate under the circumstances.

C. Federal and State Remedies

In addition to the above, if you believe that you have been subjected to discrimination, you may file a formal complaint with either or both of the government agencies, below. CCHC’s complaint procedure does not prohibit you from filing a complaint with these agencies. You should be aware that each of the agencies has a time period of 300 days for filing a claim.

- United States Equal Employment Opportunity Commission ("EEOC")
  One Congress Street, 10th Floor
  Boston, MA 02114
  1-800-669-4000
  617-565-3200

- Massachusetts Commission Against Discrimination ("MCAD")
  One Ashburton Place
  Sixth Floor, Room 601
  Boston, MA 02108
  Phone: 617-994-6000

Cape Cod Healthcare periodically reviews its policies to ensure compliance with federal, state and other compliance regulations and to ensure policies support the mission and values of CCHC.

Questions regarding this policy and complaint procedure should be directed to Human Resources.

APPROVAL:

Michael Laut
President & CEO
Cape Cod Healthcare

Emily Schofer
Senior Vice President, Human Resources
Cape Cod Healthcare
Americans with Disabilities Act (ADA) and Fair Employment Practices Act

The federal law called the “Americans with Disabilities Act” and the state law entitled “The Massachusetts Fair Employment Practices Act (Chapter 151B)” (collectively, referred to here as the “ADA”) protect disabled persons from discrimination in terms and conditions of employment. The ADA concerns the rights and obligations of both employers and employees. Applicants for employment are also covered. Generally, a “disabled” individual is a person who has a physical or mental impairment that substantially limits one or more major life activities. The individual must be “qualified” to safely and adequately perform the essential function of a job, with or without reasonable accommodation. The essential functions of the job are the fundamental job duties, such as a core responsibility of the person performing the job.

Interactive Process

The interactive process is a fact finding review of the essential functions of the job and the employee’s current ability to safely and adequately perform these functions, with or without an accommodation. This process is typically triggered by the employee, a manager, an employee’s leave of absence status, or a fitness for duty review by Occupational Health Services. The employee is involved in the process through discussions facilitated by Human Resources and Occupational Health. The goal is to explore whether there is a reasonable accommodation in the current job or whether there are alternative opportunities.

Reasonable Accommodation

An accommodation is any change in the work environment or the way in which work is performed. Reasonable accommodations commonly include: (1) a leave of absence; (2) adjustments to a work station, modification of equipment or devices, training materials; (3) temporary changes in certain duties or modification of work schedules; or (4) an offer of a comparable, vacant position. Through the interactive process, the employer determines whether it can provide a reasonable accommodation so that the otherwise qualified and disabled individual can perform the essential functions of a job. It is the employer who makes the decision about whether a reasonable accommodation exists without undue hardship to the employer. A reasonable obligation does not include lowering performance standards or providing personal use items (i.e., glasses or hearing aids). Further, an employer does not have to create a new position for an employee as an accommodation.

Patient Safety in Health Care Employment

Health or safety risks posed by the disability of an applicant or employee raise particular challenges to health care employers such as CCHC. Under the ADA, an employer may exclude an applicant or employee with a disability from a particular position if that individual would pose a direct threat to patient health or safety. The determination of whether there is a direct threat is based on an individualized assessment of a person’s present ability to perform the essential functions of the job safely and adequately. This assessment typically involves an independent medical examination.

HIPAA

Protected Health Information and HIPAA Compliance

HIPAA is an acronym for the Health Insurance Portability and Accountability Act of 1996. It is a federal law and impacts us all, as either a patient or a provider. HIPAA established standards about keeping protected health information (PHI) private and secure. CCHC is committed to protecting the privacy and security of all patient information, including all PHI whether it is in written or electronic form.

The United States Department of Health and Human Services (HHS) has established certain obligations applicable to health care providers with respect to HIPAA compliance; some deal with the privacy of patient information and some deal with the security of it. CCHC has policies that apply to both and you are expected to know what these policies say and to abide by their requirements. If you have any questions about PHI and when it can be accessed or shared, it is your obligation to ask for clarification before you act.

Employees within CCHC have been terminated because they shared spoken, written, or computerized patient information with others or accessed PHI when the information was unrelated to the duties of their job. You can be fired if you violate HIPAA or fail to follow CCHC’s policies pertaining to the privacy and security of PHI. You are required to immediately report any potential HIPAA violation to the Compliance Officer.

CCHC intends to comply in all material respects with all applicable HIPAA provisions. Of course, HIPAA is not the only law dealing with patient privacy and it is CCHC policy to comply with all other state and federal laws governing these important matters. CCHC has established policies and procedures specific to the various HIPAA requirements (privacy, security and otherwise), to ensure the continued compliance with all aspects of HIPAA. All employees and physicians, as well as all CCHC representatives and Business Associates, must comply with the standards contained in CCHC’s Notice of Privacy Practices as well as all HIPAA-related policies and procedures.

Notice of Privacy Practices

CCHC’s Notice of Privacy Practices is available to all patients, employees, and providers. It spells out everything we can and cannot do with the health information (including all PHI) of those we care for and tell them their rights about that health information. You will see the Notice posted in many areas throughout CCHC and it can be found on the CCHC website (www.capecodhealth.org) in English, Spanish and Portuguese.

Treatment, Payment, or Operations

Access to PHI is limited to those who need it to do their jobs. We can share PHI when it is needed to treat a patient, to make a claim for payment or for our own health care functions and operations, like quality assurance and risk management programs. Otherwise, permission of the patient is most always required to access or use their PHI.

Protected Health Information, Data Elements

HIPAA includes a list of data elements that is considered Protected Health Information (PHI) and you might be surprised to see some of them:

- Names
- Geographic subdivisions smaller than a state (except the initial three digits of a zip code if the division contains more than 20,000 people). That means ANY part of an address.
- All elements of dates except year (and for ages greater than 89, age unless grouped together into a single category of age 90 or older). That includes looking up a friend’s birthday.
- Telephone numbers
Fax numbers
- E-mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identification numbers
- Device identifiers
- Web universal resource locators
- Internet protocol addresses
- Biometric identifiers (e.g., finger/voice prints)
- Full face photographic and any comparable images
- Any other data or a photo where you are able to figure out who a person is

Misplaced or Lost Electronic Devices
If you misplace or lose a CCHC-issued device or have a personal electronic device that has on it or is connected to any CCHC information system, please contact the Help Desk immediately. Devices include, but not limited to, pagers, smart phones, iPhones, iPads, and laptops.

Protected Health Information Is Given Out in Error
When the wrong record is sent by mail, fax or other method, it is VERY important that you alert your manager or a compliance officer at your entity as soon as possible. We have an obligation to review the situation and try to limit the disclosure. In some cases, it needs to be reported to others.

HIPAA and Social Media
Posting anything about any CCHC patient via Facebook, Twitter, or any other social networking site is strictly prohibited and constitutes a violation of CCHC policy. Even if you think you have not included enough information to identify a patient, others may be able to and that is a violation of HIPAA.

Providing Information on the Phone
A unit clerk in the Emergency Room took a call from a reporter about a patient who had been in the local news for a high profile incident. The reporter didn’t know the patient’s identity, people in that community knew who the patient was because the shark bite was well-publicized. There were two HIPAA violations by the doctor: (1) taking the picture with his personal cell phone, and (2) posting it on a social media site.

Computer privacy shields and limited computer menus, password changes, and “time-out” screens for computers are examples of how CCHC has taken action to make sure that it complies with some HIPAA Security Requirements.

There are many policies covering different aspects of HIPAA. For example, at CCH and FH, there is a policy that requires a staff member to ask callers or visitors for the special four-digit number provided to them before giving out any PHI concerning specific patients. Registration staff gives the number out to patients, and they in turn, are asked to share this number with family members (thus giving them access to their PHI).

Recognizing and Managing Suspicious Emails
How to recognize malicious emails:
- Always check the sender of the emails. DO NOT follow links or open attachments if you don’t recognize the sender.
- Do not open attachments that have random names.
- Beware of a false sense of urgency; deals that expire, large transactions under your name, “exclusive” offerings, fake security alerts.
- Look for contact information. Emails signed by “the help desk” that do not contain any contact phone number are likely not legitimate.
- Ask yourself if the sender should have your work email address. Use your personal email address when registering to shopping sites or to any sites not work-related.
- REMEMBER the three second rule – if you stop to ponder whether an email is legit for more than three seconds, please do not take any chances on it.

What to do if you receive one at work:
- You can always forward the suspicious work emails to the Helpdesk for review.
- You can access websites directly by typing in the web address instead of clicking links included in emails.
- Do not open emailed attachments. Instead, access the website directly and look up the information.

Your Essential HIPAA Compliance Obligations
- Follow the practices described in CCHC’s Notice of Privacy Practices.
- Abide by the confidentiality agreements you have signed.
- Keep all passwords and all access privileges confidential.
- “Log Off” when you leave a computer workstation.
- Do not e-mail any PHI via the Internet without encrypting it first.
- If you work in the hospital, use the access code given out to patients before giving out PHI to someone other than the patient.
• Store, protect, dispose of, and safeguard all forms of PHI.
• Act, at all times, as if it were your PHI.
• If you don’t need the information to do your job, don’t access it.
• Report any issues to the Compliance Officer.
• Comply with all of CCHC’s HIPAA-related policies and procedures.

Please read and acknowledge on the Answer Sheet any additional information specific to the facility or facilities at which you are working.

❖ If you are working at Falmouth Hospital, please proceed to Page 57.

❖ If you are working at Cape Cod Hospital or for Cape Cod Healthcare Lab Services, please proceed to Page 58.

❖ If you are working at JML, please proceed to Page 60.

❖ If you are working at VNA of Cape Cod, please proceed to Page 63.
Falmouth Hospital Progressive Discipline

Purpose
The purpose of Progressive Discipline is to outline Hospital standards regarding acceptable employee conduct and performance. Provide notice to employees and guidelines to managers, and to establish a process to correct difficulties and/or deficiencies in performance or conduct.

Policy
- The Hospital will attempt to be uniform and fair in its treatment of employees.
- Violation of Hospital policies, standards, practices and regulations will result in one or more disciplinary actions according to the frequency, seriousness and circumstances of the offense, as determined by the Hospital.
- A disciplinary process is, in most instances, intended to provide employees with the opportunity to change their conduct or correct performance problems with their manager's guidance and assistance.
- The Hospital will attempt to ensure that discipline will be appropriate to the offense, it will be timely, and it will be applied consistently.

Progressive Discipline Principles
- Where appropriate, employees will normally be provided appropriate counseling and an opportunity to correct performance or conduct problems.
- In most instances, progressively more severe action will be taken if the employee has not corrected the problem or if the pattern of unacceptable behavior continues.
- For more serious instances, as determined by the Hospital, some issues or problems may not lend themselves to progressive discipline and immediate and more serious discipline may be taken at the first instance.

Disciplinary Actions
Depending upon the issue at hand, action might begin at any level, some levels may be repeated and some may be skipped entirely.
NOTE: A manager may, depending on the issue/incident at hand, elect to skip or repeat any of the following actions:

Informal Conference, Discussion or Counseling
- The manager notifies the employee of what appears to be misconduct, a rule infraction, or performance problem.
- The employee is told what change is required so that she/he will have an opportunity to make appropriate corrections.
- Self-referral or supervisory referral to the confidential Employee Assistance Program may be considered at this or any other step.

Warning(s) or Reprimand(s)
- The manager meets privately (if possible) with the employee to put him/her on notice that his/her performance or conduct is unsatisfactory, to make clear what change is required, and to describe the likely consequences of failure to correct the problem.
- Such warnings will be in writing and may be repeated if, in the judgment of the manager, it would be productive or appropriate to do so.

Suspension
- It may be the first or second step in response to a more serious violation.
- After appropriate investigation, the employee is dismissed from work without pay.
- Suspension may also be appropriate in situations that otherwise call for immediate termination but which require further investigation and/or consultation.

Please see policy for details on the following actions:
- Immediate Discipline
- Investigatory Suspension

Termination (Discharge)
- When corrective measures have been exhausted and it is normally preceded by lesser degrees of discipline.
- Employee has demonstrated an unwillingness or lack of intent/ability to correct the unacceptable performance/conduct after investigation, due notice, etc. termination of employment will follow.
- Offense is of such a grave nature that discharge is the reasonable and fitting consequence.

Refer to APPS No. P-6.1
Purpose
The purpose of Progressive Discipline is to outline Cape Cod Hospital (CCH)/CCHC Laboratory Services standards regarding acceptable employee conduct and performance, provide notice to employees and guidelines to managers, and to establish a process to correct difficulties and/or deficiencies in performance or conduct.

Policy
- CCH/CCHC Laboratory Services will attempt to be uniform and fair in its treatment of employees.
- Violation of CCH/CCHC Laboratory Services policies, standards, practices and regulations will result in one or more disciplinary actions according to the frequency, seriousness and circumstances of the offense, as determined by CCH/CCHC Laboratory Services.
- A disciplinary process is, in most instances, intended to provide employees with the opportunity to change their conduct or correct performance problems with their manager’s guidance and assistance.
- CCH/CCHC Laboratory Services will attempt to ensure that discipline will be appropriate to the offense, it will be timely, and it will be applied consistently.

Progressive Discipline Principles
- Where appropriate, employees will normally be provided appropriate counseling and an opportunity to correct performance or conduct problems.
- In most instances, progressively more severe action will be taken if the employee has not corrected the problem or if the pattern of unacceptable behavior continues.
- In more serious instances, as determined by CCH/CCHC Laboratory Services, some issues or problems may not lend themselves to progressive discipline and immediate and more serious discipline may be taken in the first instance.

Disciplinary Actions
Depending upon the issue at hand, action might begin at any level, some levels may be repeated and some may be skipped entirely.

Note: A manager may, depending upon the circumstances specific to the issue/incident at hand, elect to skip or repeat any of the following actions:

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- The manager notifies the employee of what appears to be misconduct, a rule infraction, or performance problem.
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Warning(s) or Reprimand(s)
- The manager meets privately (if possible) with the employee to put him/her on notice that his/her performance or conduct is unsatisfactory, to make clear what change is required, and to describe the likely consequences of failure to correct the problem.
- Such warnings will be in writing and may be repeated if, in the judgment of the manager, it would be productive or appropriate to do so.

Final Warning
- While typically following previous warning(s), a final warning may also be the first step in response to a more serious violation or problem.
- The employee is advised as above and provided written notice as above.

Suspension
- While often the step following a final warning, it may be the first or second step in response to a more serious violation.
- After appropriate investigation, the employee is dismissed from work without pay.
- Suspension may also be appropriate in situations that otherwise call for immediate termination but which require further investigation and/or consultation.
- Please see policy for details on the following actions:
  - Immediate Discipline
  - Investigatory Suspension

Termination (Discharge)
- When corrective measures have been exhausted, normally preceded by lesser degrees of discipline.
- Employee has demonstrated an unwillingness or lack of intent/ability to correct the unacceptable performance/conduct after investigation, due notice, etc. termination of employment will follow.
- Offense is of such a grave nature that discharge is the reasonable and fitting consequence.
Types of Offenses Warranting Disciplinary Action

The following are provided for purposes of general direction and example only and are neither inclusive nor mandatory. Each incident is to be considered separately and disciplinary decisions may well deviate from those identified below.

Examples of Group I (Those which generally lend themselves to progressive discipline):

- Smoking in unauthorized areas, excessive absenteeism which interferes with job performance
- Absent without notice
- Sleeping on duty
- Inability or unwillingness to perform expectations of position or position competencies
- Failure to be in assigned work area on time
- Loitering or malingering during work hours

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<tr>
<th>Consequences for Group I Offenses May Include:</th>
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<tr>
<td>First offense: Verbal/Written Warning</td>
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<td>Second: Written Warning</td>
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<td>Third: Final Warning</td>
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<tr>
<td>Fourth: Suspension or Termination</td>
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Examples of Group II (Those issues which call for immediate and substantial discipline):

- Obscene or abusive language; unruly behavior; insubordination or refusal to comply with reasonable instructions or disregard for CCH/CCHC Laboratory Services rules; intentional or willful interference with work of other employees; racial, ethnic, religious or sexual slurs to any individual on work time or on CCH/CCHC Laboratory Services property.
- Breach of confidentiality of CCH/CCHC Laboratory Services, employee, contributor or patient information, including unauthorized possession, use, copying or revealing of CCH/CCHC Laboratory Services business, activities or information.
- Errors of sufficient magnitude to jeopardize patient safety and/or welfare
- Failure to follow procedures governing receipt, dispensing or accounting for CCH/CCHC Laboratory Services property (including narcotics or other controlled substances)

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<th>Consequences for Group II Offenses May Include:</th>
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<td>First offense: Final Warning or Immediate Suspension</td>
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<td>Second: Immediate Suspension or Termination</td>
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Examples of Group III (Issues which generally require no warning and which call for immediate suspension or termination on the first offense):

- Immoral, indecent or illegal conduct on CCH/CCHC Laboratory Services property; mistreatment or abuse including such things as threat, intimidation, harassment, fighting, coercion of others while on duty, or on CCH/CCHC Laboratory Services property, including acts of sexually harassing nature.
- Reporting to work under the influence of alcohol or any other substance that interferes with the employee's ability to appropriately perform the job duties and/or which may disrupt the performance of others; possession and/or use of any controlled substance, drug or intoxicant not prescribed by a physician, while on CCH/CCHC Laboratory Services property or on work time.
- Willful omission or falsification or destruction of work records/information, including medical records, time records, payroll records and/or application for employment/transfer; refusal to complete assigned duties and/or schedule, or walking off the job without prior approval of immediate supervisor or designee; theft, unauthorized possession or willful misuse or damage to CCH/CCHC Laboratory Services property or property of its employees, visitors, or patients.

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<th>Consequences for Group III Offenses May Include</th>
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<tr>
<td>First offense: Immediate Suspension or Termination</td>
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<tr>
<td>Second: Immediate Termination</td>
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For personnel working at JML:

IF YOU HAVE REASONABLE SUSPICION THAT A CRIME HAS OCCURRED AGAINST A RESIDENT OR PERSON RECEIVING CARE AT THIS FACILITY, FEDERAL LAW REQUIRES THAT YOU REPORT YOUR SUSPICION DIRECTLY TO BOTH LAW ENFORCEMENT AND THE STATE SURVEY AGENCY

If you believe the crime involves serious bodily injury including criminal sexual abuse to the resident, you must report it immediately, but no later than 2 hours after forming the suspicion.

OR

If the crime does not appear to cause serious bodily injury to the resident you must report it within 24 hours after forming the suspicion.

WHO MUST REPORT

- Individuals who must comply with this law are: owner(s), operators, employees, managers, agents or contractors of this LTC facility. This law applies to the above individuals associated with nursing facilities, skilled nursing facilities, hospices that provide services in LTC facilities, and Intermediate Care Facilities for the Mentally Retarded (ICFs/MR).

PENALTIES FOR NOT REPORTING

- Individuals – Who fail to report are subject to a civil monetary penalty of up to $300,000 and possible exclusion from participation in any Federal health care program as an "excluded individual."

NO PENALTIES FOR REPORTING

- An LTC facility cannot punish or retaliate against you for lawfully reporting a crime under this law. Examples of punishment or retaliation include: firing/discharge, demotion, threatening these actions, harassment, and denial of a promotion or any other employment-related benefit or any discrimination against an employee in the terms and conditions of employment. In addition, a facility may not file a complaint or a report against a nurse or other licensed individual or employee with the state professional disciplinary agencies because the individual lawfully reports the suspicion of a crime.

- Employees can file a complaint with the state survey agency against the facility if there is retaliation for reporting, causing a report to be made, or for taking steps in furtherance of making a report of a reasonable suspicion of a crime to the appropriate authorities.

HOW DO I REPORT

- Individuals reporting suspicion of a crime must call, fax, or email both local law enforcement and the state survey agency.

Contact the following agencies regarding the suspicion of a crime at JML CARE CENTER:

Falmouth Police Department  508-548-1212
Massachusetts Department of Public Health  617-753-8000

To file a complaint because you believe you have been punished or retaliated against for reporting the suspicion of a crime, contact the Department of Public Health at 617-753-8000.
Facts about the Official “Do Not Use” List of Abbreviations
June 30, 2015

The Joint Commission’s “Do Not Use” List is part of the Information Management standards. This requirement does not apply to preprogrammed health information technology systems (for example, electronic medical records or CPOE systems), but this application remains under consideration for the future. Organizations contemplating introduction or upgrade of such systems should strive to eliminate the use of dangerous abbreviations, acronyms, symbols and dose designations from the software.

Official “Do Not Use” List

<table>
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<tr>
<th>Do Not Use</th>
<th>Potential Problem</th>
<th>Use Instead</th>
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<tbody>
<tr>
<td>U, u (unit)</td>
<td>Mistaken for “0” (zero), the number “4” (four) or “cc”</td>
<td>Write “unit”</td>
</tr>
<tr>
<td>IU (International Unit)</td>
<td>Mistaken for IV (intravenous) or the number 10 (ten)</td>
<td>Write “International Unit”</td>
</tr>
<tr>
<td>Q.D., QD, q.d., qd (daily)</td>
<td>Mistaken for each other</td>
<td>Write “daily”</td>
</tr>
<tr>
<td>Q.O.D., QOD, q.o.d, qod (every other day)</td>
<td>Period after the Q mistaken for “I” and the “O” mistaken for “1”</td>
<td>Write “every other day”</td>
</tr>
<tr>
<td>Trailing zero (X.0 mg)*</td>
<td>Decimal point is missed</td>
<td>Write X mg</td>
</tr>
<tr>
<td>Lack of leading zero (.X mg)</td>
<td></td>
<td>Write 0.X mg</td>
</tr>
<tr>
<td>MS</td>
<td>Can mean morphine sulfate or magnesium sulfate</td>
<td>Write &quot;morphine sulfate&quot;</td>
</tr>
<tr>
<td>MSO₄ and MgSO₄</td>
<td>Confused for one another</td>
<td>Write &quot;magnesium sulfate&quot;</td>
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* Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

Exception: A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

Development of the “Do Not Use” List

In 2001, The Joint Commission issued a Sentinel Event Alert on the subject of medical abbreviations. A year later, its Board of Commissioners approved a National Patient Safety Goal requiring accredited organizations to develop and implement a list of abbreviations not to use. In 2004, The Joint Commission created its “Do Not Use” List to meet that goal. In 2010, NPSG.02.02.01 was integrated into the Information Management standards as elements of performance 2 and 3 under IM.02.02.01.

For more information, contact the Standards Interpretation Group at 630-792-5900 or complete the Standards Online Question Submission Form.
2016 Long Term Care
Medicare/Medicaid Certification-based Option
National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify residents correctly
NPSG.01.01.01
Use at least two ways to identify residents. For example, use the resident’s name and date of birth. This is done to make sure that each resident gets the correct medicine and treatment.

Use medicines safely
NPSG.03.05.01
Take extra care with residents who take medicines to thin their blood.
NPSG.03.06.01
Record and pass along correct information about a resident’s medicines. Find out what medicines the resident is taking. Compare those medicines to new medicines given to the resident. Make sure the resident knows which medicines to take when they are at home. Tell the resident it is important to bring their up-to-date list of medicines every time they visit a doctor.

Prevent infection
NPSG.07.01.01
Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
NPSG.07.04.01
Use proven guidelines to prevent infection of the blood from central lines.

Prevent residents from falling
NPSG.09.02.01
Find out which residents are most likely to fall. For example, is the resident taking any medicines that might make them weak, dizzy or sleepy? Take action to prevent falls for these residents.

Prevent bed sores
NPSG.14.01.01
Find out which residents are most likely to have bed sores. Take action to prevent bed sores in these residents. From time to time, re-check residents for bed sores.
VNA of Cape Cod Specifics

Body Mechanics
All clinical staff in the field (except MSWs) are required to have Transfer Training at orientation and every two years afterward.

Corporate Compliance
The VNA Chief Financial Officer is our CCHC Corporate Compliance Officer and can be contacted at x7401 if you see or hear of anything within CCHC that you believe is illegal, unethical or inappropriate.

Cultural Diversity
Medical interpreters are available through the CCHC Medical Interpreter Program. If a patient does not comprehend English, a medical interpreter must be provided through this program or else a telephonic language line can be used. Never use a family member or friend as a medical interpreter.

Customer Service
- Clinicians call patients to establish the time of their visit. Never give an exact time, give an approximate range of the expected time of your visit.
- HHAs/Homemakers often have scheduled visit times.
- Remember, you are a GUEST in the patient’s home and patient property must be treated with respect.
- Establish professional boundaries with your patients and their families. NEVER give a patient your home phone number. To protect YOUR privacy, please dial *67 before dialing a patient’s phone number when you call from your home or cell phone.
- Only MSWs can assist the patient with financial matters.

Emergency Preparedness
VNA Policy and Procedure books can be found in every VNA office and the Emergency Management Plan can be found in our Policy & Procedure books.

Storms and Other Disasters:
- Calling Tree for staff
- Triage patients according to need
- Telecommunications systems
- Computer downtime
- Bio-event Plan

Ethics Committee
We are represented at the Ethics Committees at both hospitals and can access the committees as needed.

Fire & Electrical Safety
- All our offices have ABC fire extinguishers to be used only by emergency responders.
- Assess fire & electrical safety in patient homes, particularly if they are supplementing heat with an electric or propane heater or if anyone in the home smokes.
- If you are in the immediate area of a fire in a patient home, please evacuate the patient and/or family members out of the home. If the patient is bedbound, you may need to ease them onto a blanket and pull them out of the home.

Patient Abuse and Neglect
- Mandated Reporter: any individual who is paid for caring for a patient or resident, whether on a permanent or temporary basis.
- Suspect or witnessed abuse, neglect or misappropriation should be reported to a Team Leader or Manager immediately. If decision is made to “file”, telephone report is immediate and written report within 48 hours.
- Children (0-17yr) report abuse and neglect to Department of Children and Families.
- Disabled (18-59) report abuse, neglect and misappropriation to Disabled Persons Protective Commission.
- Elders (60yr and older) report abuse, neglect, misappropriation and self-neglect to Elder Services-Protective Services.
• **Abuse:** the willful infliction of injury, unreasonable confinement, intimidation including verbal and mental abuse, or punishment with resulting physical harm, pain, or mental anguish.

• **Neglect:** failure to provide goods and services necessary to avoid harm, mental anguish, or mental illness.

• **Mistreatment:** the use of medications or treatments, isolation or physical or chemical restraints which harm or are likely to harm.

• **Misappropriation:** the deliberate misplacement, exploitation or wrongful temporary or permanent use of belongings or money without consent.

• **Self-neglect:** an inability to understand the consequences of one’s own actions or inaction, which leads to or may lead to harm or endangerment.

### Infection Prevention

#### Hand Washing
- Hand hygiene needs to be performed before entering clinical bag, before and after any patient contact, before donning and after removing gloves, after contact with blood or body fluids, before and after using a laptop or telephone, before eating and after using the restroom and before you leave the home.
- Alcohol based waterless soap is the preferred method of hand washing. If your hands are visibly soiled or the patient has *C. difficile* then hands must be washed with soap and water.

#### Clinical Bag Technique
- Place bag on a clean, hard surface. Use a barrier under your bag such as a newspaper, paper towel, or plastic bag (use barrier only once and then dispose of it).
- Never place bag on floor or on soft furniture or a bed.
- Ensure that you use a barrier for your bag in your car and keep your bag away from animals and children. Prefer to place bag in trunk of car.
- Wash your hands before entering your bag each time.
- If you use your gait belt on a patient, you are to leave it in the patient’s home and obtain a new one from the supply closet.

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*Personal Protective Equipment (gloves, masks, aprons, goggles, face shield) are available in the supply cabinet at each office. Use PPE appropriate to the task or procedure.*

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#### Sharps
- We provide a sharps container for disposal of sharps (or needles, etc.) and an insulated Biohazard bag to carry lab specimens.
- The sharps container should be disposed of in the appropriate labeled disposal box in most offices, when it is 2/3s full.
- The VNACC staff does not dispose of sharps that have been used by patients.
- Please refer to the “Proper Use and Disposal of Needles and Syringes” available on the MA DPH website [www.mass.gov/eohhs/gov/departments/dph](http://www.mass.gov/eohhs/gov/departments/dph) for proper disposal of patient’s sharps containers in the different Massachusetts towns. Homebound patients can call the Cape Cod Cooperative Extension at 508-375-6690 for guidance if they are unable to bring sharps containers to the specified drop off area in their town.

#### Hazardous Waste (soiled dressings)
- If drainage is minimal it may be double bagged.
- If dressing is saturated it should be placed in a plastic bag with an added capful of 10% bleach solution (one part bleach & nine parts water). The bag should be tied and placed into a second bag and secured.
- The bags can be disposed of in the regular trash.

#### Tracking of Infections
- Please notify Infection Prevention of any reports of infected IV sites, UTI if the patient has a Foley catheter, and any wound infections or blood stream infections as a result of a central line that have been diagnosed after admission to VNA.
- **Please notify your Team Leader of any illness that you develop that may be contagious (respiratory illnesses, GI illnesses, conjunctivitis, etc.)*

#### Post-Exposure Protocol
- Wash exposed area and contact a Team Leader by phone.
Drive to the closest hospital ER and identify yourself as a VNA employee who has had an exposure. At CCH or Falmouth Hospital ER, identify yourself as a “PRIORITY ONE” patient.

**Tuberculosis:** You MUST be fit tested for a special TB mask (N95 respirator) which is to be worn in the home of any patient with active or suspected TB.
- Open the window, weather permitting, to dilute TB in the air.
- Visitors are restricted for about 2 weeks.
- Soiled tissues are contaminated.
- Teach patient and family respiratory etiquette.

**Latex Allergies**
- All gloves at the VNA are latex free. Please document any patient latex allergy and communicate this information to ALL disciplines.

**Radiation Safety**
- You may be present when a patient receives a portable X-ray in the home. To protect yourself, keep at least 6 feet from the X-ray equipment.
- On the very rare occasion that you might be asked to position a frail patient or hold a child, a protective lead lined apron and collar should be worn.
- If a patient has a bone scan (as an outpatient), please note that radiation may be found in body fluids for 24 hours afterwards, so care should be taken when dealing with any body waste (especially if you are pregnant).

**Patient Rights**
- Please ensure patient confidentiality when using laptops.
- Only access patient records on a NEED TO KNOW basis.
- Breech of patient confidentiality is grounds for IMMEDIATE DISMISSAL.

**Patient Safety**

Patient Safety refers to The Joint Commission National Patient Safety Goals for 2016. The National Patient Safety Goals are derived primarily from recommendations made from the Sentinel Event database (from hospitals and health care systems). These are the Patient Safety Goals for Homecare.

**SAFETY RISKS ARE IDENTIFIED:** Identify and document risks associated with home oxygen therapy such as home fires and re-evaluate at least every 60 days.

**PATIENT IDENTIFICATION:** Use at least two patient identifiers when providing care, treatment or services. Label specimen containers in the presence of the patient.

**ALWAYS WASH HANDS:** Reduce the risk of health care associated infections. Wash hands at least before and after patient contact for at least 15 seconds per CDC guidelines. Set and use goals to improve hand hygiene.

**REDUCE THE RISK OF PATIENT HARM RESULTING FROM FALLS:** Assess the risk; implement interventions based on the risk; provide individualized education to the patient/family and caregivers. Take action to prevent falls with high risk patients.

**RECONCILE MEDICATION INFORMATION:** Obtain and update the patient’s medication information during the first contact and update with any changes; define the med: name, dose, route, frequency, and purpose; compare med information given by patient with meds ordered; identify and resolve discrepancies; provide written information to patient/caregiver; assure patient knows which meds to take; instruct to bring an up-to-date list of medicines every time s/he visits the doctor; patient to carry med information at all times in the event of an emergency. Make a good faith effort to collect this information and document your findings.

A reminder: “Read back” of orders and lab results and “hand off” of information standards for 2016 are found in The Joint Commission Standards and the VNACC policies related to Provision of Care, Treatment, and Services.
**Post-Test – VNA of Cape Cod**

Please put all answers on the answer sheet in the back of this booklet. Thank you.

1. VNA Policy and Procedure books are located in every VNA office.
   a. True    b. False

2. When disposing of infectious or blood-saturated material in the home, you would do all of the following EXCEPT:
   a. Place material in a plastic bag
   b. Saturate material with a 10% bleach solution
   c. Take the bag to the VNA office for disposal
   d. Seal bag, place it in a second plastic bag and secure it to prevent leaks.
   e. Have the patient or caregiver dispose of it in the local landfill.

3. How many patient identifiers do the Patient Safety Goals of 2016 recommend?
   a. 1
   b. 2
   c. 3
   d. 4

4. You must notify your Team Leader or Manager whenever you develop a contagious illness like mononucleosis, conjunctivitis, etc., since the VNA of Cape Cod is required to track infectious employee illnesses.
   a. True    b. False

5. In order to give informed consent, a patient must understand the risks and benefits of treatment. Therefore, if a patient does not comprehend English, they must be provided with a medical Interpreter through the CCHC Medical Interpreter Program or else use the telephonic Language Line.
   a. True    b. False
### Answer Key for CCHC 2016 Core and Clinical Mandatory Post-Tests

#### Core Mandatory – Part I

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#### Core Mandatory – Part II

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#### Clinical Mandatory – Part I

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#### Clinical Mandatory – Part II

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#### VNA of Cape Cod Specifics

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### Core Mandatory – Part I

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### Policies/Facility-Specific Acknowledgements:
I acknowledge that I have read and will comply with the following policies

(Please write your initials on the line in front of each policy):
- ____ HR3: Sexual Harassment Is Prohibited
- ____ HR126: Code of Conduct
- ____ HR145: Non-Discrimination and Anti-Harassment Policy
- ____ Americans with Disabilities Act (ADA) and Fair Employment Practices Act/HIPAA Supplement
- ____ Falmouth Hospital Progressive Discipline (FH only)
- ____ Cape Cod Hospital and CCHC Laboratory Services – Progressive Discipline and Corrective Action (CCH and CCHC Lab Services only)
- ____ Long Term Care Abuse Reporting (JML only)
- ____ “Do Not Use” List (JML only)
- ____ 2016 Long Term Care National Patient Safety Goals (JML only)
- ____ VNA of Cape Cod Specifics (VNA only)

### Clinical Mandatory – Part I

1. ____
2. ____
3. ____
4. ____
5. ____
6. ____
7. ____
8. ____
9. ____

### Core Mandatory – Part II

1. ____
2. ____
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### VNA of Cape Cod Specifics

1. ____
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### Clinical Mandatory – Part II

1. ____
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Please be sure to clearly print your name, title, department/affiliation, and date on the Answer Sheet. Submit the Answer Sheet page, when completed, to your designated CCHC contact and keep a copy for your records.