


<b>2</b>	<p>University of Rochester Medical Center</p> <p><i>Strong Memorial Hospital</i> <i>Highland Hospital</i></p>
<b>0</b>	<p><b>MANDATORY IN-SERVICE EDUCATION MANUAL</b></p> <p> UNIVERSITY of <b>ROCHESTER</b> MEDICAL CENTER</p> <p>MEDICINE of THE HIGHEST ORDER</p>
<b>1</b>	
<b>5</b>	

**TABLE OF CONTENTS**  
**2015 Mandatory In-Service Education Manual**

**Introduction**

Table of Contents .....i  
 Preface .....v

**Section 1: General Topics for Everyone, Regardless of Duties/Position**

Active Shooter Emergency Recommendations **NEW** .....1  
 AMBER Alert .....3  
 Bloodborne Pathogens Standard .....5  
 Care of Patient Personal Belongings and Valuables.....7  
 Code of Organizational and Business Ethics (**SMH** specific).....9  
 Compliance: Everyone’s Responsibility.....12  
 Disaster Preparedness .....13  
 Diversity and Inclusion.....15  
 Electrical Safety in Health Care Facilities .....17  
 Emergency Page Codes .....20  
 Firearms/Weapons .....26  
 Fire Safety .....27  
 Hand Hygiene—Simple, But Effective .....30  
 Hazard Communication Standard .....32  
 HIPAA Privacy and Security, and Confidentiality of Information .....36  
 HIV/AIDS Confidentiality Requirements .....37  
 Infection Prevention.....39  
 Influenza—What You Should Know .....41  
 Interactions Between URM/HH and Industry .....43  
 Interpreter Services .....44  
 Joint Commission Readiness .....46  
 Lifting and Transfers: Posture and Body Mechanics .....47  
 Management of Suspected Abuse and Neglect .....49  
 Minimum Standards for Programs for Minors (**SMH** specific) **NEW** .....52

.....continues.....

TABLE OF CONTENTS for 2015 Mandatory In-Service Education (continued)

Obtaining UR Dept. of Public Safety or HH Security Services .....54

Occurrence and Claim Reporting .....55

Patient Identification .....59

Patient Prisoner Population (**SMH** specific) .....60

Patient Rights/Ethics/Complaint Process .....62

Patient Safety, Team Communication, and Medical-Health Care Error Reduction .....64

Policy Against Discrimination and Harassment .....66

Professional Conduct Event Education .....68

Professional Misconduct Reporting and the Impaired Professional .....70

Providing Better Care for People With IDD **NEW**.....72

Quality, Safety, Performance Improvement.....74

Smoke-Free Campus, Inside and Out.....78

Stroke Recognition **NEW** .....80

The Strong Commitment (**SMH** specific).....82

Waste Management .....84

Workplace Violence / Defusing Potential Violence .....88



**Section 1:**

**GENERAL TOPICS**

**FOR**

**EVERYONE REGARDLESS**

**OF DUTIES/POSITION**



# ACTIVE SHOOTER EMERGENCY RECOMMENDATIONS

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## Subject Matter Experts:

**SMH:** Lorraine McTarnaghan (275-2500) **HH:** Joe Coon (341-6833)

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## Recommendations During an Active Shooter Event

- If you find yourself involved in an Active Shooter situation, try to remain calm and use these guidelines to help you plan a strategy for survival.
- Remember, do not wait to be told what to do if an active shooter is in your area.
- Decisions made (or not) and actions taken (or not) will have a direct impact on your survival.

## Run, Hide, Fight

Run	Hide	Fight
<ul style="list-style-type: none"><li>• Escape if you can</li><li>• Encourage others to follow</li><li>• Prevent others from entering the area</li><li>• Leave your belongings behind</li><li>• Call 911 or UR Public Safety/HH Security as soon as you are safe</li><li>• Keep your hands empty and visible when approaching law enforcement</li></ul>	<ul style="list-style-type: none"><li>• Hide in an area out of the shooter's view</li><li>• Lock/block the doors</li><li>• Remain quiet and silence all electronic devices</li><li>• Stay away from windows and doors</li></ul>	<ul style="list-style-type: none"><li>• If no other option and your life is in danger, FIGHT</li><li>• Act with aggression and attempt to incapacitate the shooter(s)</li><li>• Use improvised weapons and throw objects at the shooter(s)</li><li>• Your life depends on it so commit yourself to your actions</li></ul>

## When notifying 911/UR Public Safety or HH Security

### Call:

911

SMH: x13 or 275-3333

HH: x1-6666

### Provide:

- Location of the suspect(s)
- Injuries
- Number and descriptions of shooter(s)
- Type of weapon used
- Safest route for responding law enforcement
- If using a cell phone try to stay on the line as long as possible

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ACTIVE SHOOTER EMERGENCY RECOMMENDATIONS (continued)

**For More Information**

**URMC/SMH:**

<http://intranet.urmc-sh.rochester.edu/Policy/EmergPrepManual/1/1-19.pdf>

**HH:**

Violent Incident Plan Policy 2.14.1

<http://intranet.urmc-sh.rochester.edu/Highland/Policy/EmergencyPrep/>

# AMBER ALERT

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## Subject Matter Experts:

**SMH:** Lorraine McTarnaghan (275-2500) **HH:** Joe Coon (341-6833)

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- All admitted infants and children while receiving care at the University of Rochester Medical Center-SMH shall be checked minimally every 2 hours and this check shall be documented in some fashion in their medical chart.
- Admitted infants and children shall be assessed to include risk of abduction. Staff identifying a potential security risk for abduction of a patient should confer with area/unit leadership and other departments as applicable (for example, Social work).
- If a security risk is identified for a patient, the Patient Protection Plan (SMH Form 1375) should be completed by staff.

## If you are in the area where the abduction occurred:

- Immediately contact the UR Department of Public Safety (UR DPS) at extension 13 or HH Security at 1-6666, and request an **AMBER Alert**.
- Give the location, age of infant/child/adolescent, description of infant/child/adolescent and of the abductor, if known. Remain on the phone with UR DPS or HH Security until all necessary information is communicated.
- Page you will hear:
  - SMH:** AMBER Alert (age/location)
  - HH:** AMBER Alert (all buildings)

## Other staff in the immediate area

- Should not allow anyone to enter or leave the area where the abduction took place; staff should search the area and identify all witnesses (separate if possible).
- All departments in the facility should monitor exits for which they are responsible

## Staff in an area other than the site of the abduction:

- **SMH:** report suspicious activity or persons to UR DPS at x13 and direct persons attempting to exit with a child, package, or appearing to be pregnant to the exits that UR DPS will be monitoring:
  - Main Lobby—First floor Med. Ctr. Parking Garage Link
  - Ground floor—Med. Ctr. Parking Garage Link, Patient Discharge, and G-5000 near the Clinical Research Center

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AMBER ALERT (continued)

- **HH:** Individuals will be assigned to secure ground-level exits in their vicinity, and to request anyone leaving to remain there until interviewed by HH Security or the Rochester Police Department.

**At no time should an employee jeopardize his or her own security!**

- If threatened, allow the person to leave, get a good description, watch their direction of travel, and contact UR DPS/HH Security.

**For more information:**

**SMH:** Policy [2.8](#)

Policy [3.3](#) Protection and Monitoring of Minor Inpatients

**HH:** [Abduction of Newborn Policy](#) in *Environment of Care Manual, Safety Management*

**It is important to remember:**

- Report suspicious activity or persons to UR DPS at x-13 or HH Security at x1-6666.
- Monitor the nearest perimeter door in your area until the "AMBER Alert, All Clear" overhead page is announced.
- You should not place yourself in danger by attempting to detain a suspicious person. If you encounter a suspicious person, immediately call UR DPS at x-13 or HH Security at x1-6666 with a description of that person and their direction of travel.
- No information should be given to the press regarding the incident.

# BLOODBORNE PATHOGENS STANDARD 29 CFR 1910.1030

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## Subject Matter Experts:

- SMH:** Anne Schmidlin (275-9809), Laura Caruso (275-3622)  
**HH:** Vivian Condello (341-8017)
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- Every needlestick or other exposure to blood or body fluids involves potential risk of HIV, Hepatitis C, or Hepatitis B infection.
- Follow Universal Precautions: treat the blood and body fluids of ALL persons as if they contain bloodborne pathogens.

## Prevent Exposures:

- Use safety sharps and activate safety devices **immediately** after use.
  - Examples: use needleless blood transfer kits (NOT 18g needles), activate the push button while in the vein when using the butterfly needle
  - Practice engaging safety cap with one-handed technique
- Practice safe work practices; for example, use the “safe zone” in the OR, always know how to operate a safety device **before** you use it!
- Dispose of all sharps in hard-plastic sharps containers
  - Sharps include needles, lancets, scalpel blades, surgical staples/wires, broken/contaminated glass, slides or any other item likely to puncture a bag
- Replace sharps containers before they are  $\frac{3}{4}$  full. To request a more frequent pick-up schedule, call Environmental Services:
  - **URMC** call 275-6255
  - **HH** call 341-7378
- Never leave sharps on tables, procedure trays or the floor for someone else to pick up.
- Never discard sharps in the trash.
- Wear Personal Protective Equipment
  - Gloves, gowns, goggles/face shields
  - 20% of blood exposures are splashes. Prevent splashes of blood or body fluids to the mucous membranes by wearing splash protection.

## If you are exposed to blood or body fluids, follow the WASH, CALL, REPORT protocol:

- WASH or irrigate the exposed area immediately;
- CALL
  - **URMC:** the Blood Exposure Hotline at 275-1164 ASAP
  - **HH:** Employee Health at 341-8017, or off shift, call 341-6263 or page the Nursing Supervisor at 51616, enter pager number

Post-exposure evaluation and follow-up including testing, counseling, and potential treatment will be offered.

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BLOODBORNE PATHOGENS STANDARD 29 CFR 1910.1030 (continued)

- REPORT the incident online at:
  - UPMC: [www.safety.rochester.edu/SMH115.html](http://www.safety.rochester.edu/SMH115.html)
  - HH: <http://intranet.upmc-sh.rochester.edu/Highland/Depts/HR/HHIncidentReport/>

**It is important to remember:**

- Every needlestick or other exposure to blood or body fluids involves potential risk of HIV, Hepatitis C, or Hepatitis B infection.
- Activate safety devices immediately after use
- Wear eye protection; 20% of blood exposures are splashes
- Dispose of **all** sharps in hard-plastic sharps containers

# CARE OF PATIENT PERSONAL BELONGINGS AND VALUABLES

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## Subject Matter Experts:

**SMH:** Joan Romano (275-5418)      **HH:** Amy Eisenhauer (341-0677)

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Strong Memorial Hospital and Highland Hospital do not assume responsibility for any personal belongings or valuables kept with the patient or in the patient's room.

- Patients are encouraged to leave at home valuables such as jewelry, watches, clothing, money, credit cards, medications brought to the hospital, electronic devices, cell phones, computers, etc., or to have them sent home upon admission. If this is not possible, the valuables are inventoried and deposited in the Cashier's Office for safekeeping
- Patients should be encouraged to leave valuables at home, or to have them sent home upon admission. Items that remain with the patient are the responsibility of the patient.
- Patients are informed that the hospital will not assume responsibility for items not deposited at the Cashier's Office or for personal belongings that are kept in patient rooms. Items remaining with the patient are the responsibility of the patient.
- Using the electronic or transfer forms, unit staff members are responsible for logging on and off the unit glasses, hearing aids, dentures or prosthetics which accompany the patient during a transfer.

## Deceased patient belongings

- Deceased patient belongings and valuables should be given to the family.
- If any personal belongings remain, at:
  - **SMH**, they will be inventoried by unit staff and sent to the Cashier's Office for safekeeping and final disposition.
  - **HH**, they will be inventoried by unit staff and sent to the Security Office for safekeeping and final disposition. If valuables such as money, credit cards, or jewelry remain, they will be inventoried and sent to the Cashier's Office.

## Patients should let staff know if they have dentures, glasses and/or hearing aids.

- If these items are not needed, patients are strongly encouraged to leave/send them home.
- If these items are necessary, they need to be properly secured during the patient's stay.
  - Dentures should be stored in a denture cup supplied by the hospital and labeled with the patient's name.
  - Glasses and hearing aids should be stored in the cases supplied when purchased and labeled with the patient's name.
- Patients should be informed not to place any of these items on a meal tray, on the bed, unprotected on the bedside table, or in any concealed place where they may be lost or accidentally thrown out.

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**It is important to remember:**

- Encourage patients to leave valuables at home, or to have them sent home upon admission.
- Items that remain with the patient are the responsibility of the patient.
- Patients should let staff know if they have dentures, glasses and/or hearing aids. If these items are not needed, patients are strongly encouraged to leave/send them home. If these items are necessary, they need to be properly secured during the patient's stay.
- Dentures should be stored in a denture cup supplied by the hospital and labeled with the patient's name.
- Glasses and hearing aids should be stored in the cases supplied when purchased and labeled with the patient's name.
- Patients should be informed not to place any of these items on a meal tray, on the bed, unprotected on the bedside table, or in any concealed place where they may be lost or accidentally thrown out.
- Patients should be informed that neither Strong Memorial Hospital nor Highland Hospital will assume responsibility for any personal belongings kept with the patient or in the patient's room.
- Patients are given a copy of the hospital booklet, *Admission Information*, which states this policy.
- If the patient is deceased, staff should give belongings and valuables to the family.
  - At SMH if any personal belongings remain with the deceased, they are inventoried by unit staff and sent to the Cashier's Office for safekeeping and final disposition.
  - At HH if any personal belongings remain, they will be inventoried by unit staff and sent to the Security Office for safekeeping and final disposition. If valuables such as money, credit cards, and jewelry remain, they are inventoried and sent to the Cashier's Office.

# CODE of ORGANIZATIONAL AND BUSINESS ETHICS (SMH Specific)

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**Subject Matter Expert:** Richard Demme, MD (275-5800)

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The mission statement and 12 principles of the Code of Organizational and Business Ethics are displayed in the admissions offices of Strong Memorial Hospital and are printed in Orientation literature for all employees.

**The 12 principles of the Code of Ethics are as follows:**

## **Principle 1 – Respect for Patients**

- Respect for the people for whom we are privileged to care is our first and greatest concern.
- We will provide health care without regard to race, creed, color, gender, sexual orientation, national origin, age, or ability to pay, and will respect each patient's unique background, culture, beliefs, and needs.
- Each of us bears a moral obligation to our patients to respect the value and dignity of human life, and this duty outweighs our own personal and financial interests. The Hospital has a Charity Care Program to support this principle.

## **Principle 2 – Relief of Suffering**

- Curing disease, reducing suffering and achieving an acceptable quality of life as defined by the patient are central goals of our institution.
- Patient suffering must always be addressed. Treatment for relief of symptoms and curative treatment are both treated with importance.

## **Principle 3 – Communication With Patients**

- A diagnosis is not just an identification of a disease, but may also carry with it serious emotional, social and financial burdens for patients and those close to them, including the burden of making and living with difficult choices.
- It is our responsibility to offer support and assistance by providing patients and their families with all the information they need to make sound decisions. This includes the timely sharing of information about the expected or unexpected outcomes of care with the patient or family.

## **Principle 4 – Confidentiality of Patient Information**

- Patient information is confidential and should not be disclosed without the patient's consent, except as provided by law. All information must be recorded accurately and communicated responsibly.
- Patient identity is to be protected especially in all public places, including hallways, elevators, and waiting rooms. Those with access to patient information have an obligation to protect patient privacy.

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### **Principle 5 – Patient Access to Health Care**

- Registration, admission, transfer and discharge of patients are based on the patient's welfare and personal preferences, without regard to their ability to pay.
- Out of respect for patients and their concerns, we have established procedures to expeditiously and fairly resolve patient concerns or disputes arising over registration, admission, transfer, discharge, billing and payment. We will do all we can to help patients find resources to cover the cost of their care and the optimal setting for that care.

### **Principle 6 – Interdisciplinary Relations**

- Good patient care requires the collaboration of many different people providing a range of services, and effective communication and coordination between the care providers are essential to the welfare of our patients.
- Such collaboration requires the mutual respect of all the employees, students, trainees, volunteers, and faculty who are involved in the care.

### **Principle 7 – Conflicts of Interest**

All clinical decisions, including tests, treatment, procedures, and follow-up care will be based on the patient's needs, and not on the financial interests of the hospital or its leaders, managers, staff or practitioners.

- **Professional Integrity**

Our faculty must disclose any ownership, employment, equity interest, stock options, or consulting relationship they or their immediate family members have with a company involved with a product they are using for patient care, research, or publication.

- **Corporate Integrity**

We will pursue business relationships that are free from potential conflicts of interest in the practices and contractual relationships at all levels of the institution. Patients have the right to full disclosure about the existence of any business relationships among the hospitals, educational programs, providers, payors or networks that may influence the patient's care and treatment plan.

### **Principle 8 – Preventive Health Care**

- Disease prevention is an essential part of our mission. Through public education, community preventive service and research, we can reduce the incidence of illness and thus serve people who may never be our patients. Our responsibility to our neighbors and community also extends to a concern to produce and preserve a healthy environment.

### **Principle 9 - Education and Ethics**

- Education is both an investment in a better future and a tribute to past generations of patients and scholars. We commit ourselves to further progress against disease by sharing the knowledge, skills and ethical values that are the foundation of this institution.
- Educational programs and Ethics consultation are available to patients, their families, the community and our staff, volunteers, and faculty.

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**Principle 10 - Research Ethics**

- Basic and clinical research are central to our mission. They are fundamental to the prevention, diagnosis, treatment and ultimately, to the eradication of disease.
- Research requires activities that are anticipated to improve patient care in the future, and participants who are fully and adequately informed about the risks and benefits, including all reasonable alternatives.
- Research must reflect the highest standards of integrity including accurately collected, precisely analyzed and honestly reported data

**Principle 11 – Cost Containment and Allocation of Resources**

- Medical care, disease prevention and medical education and research are costly endeavors demanding conscientious stewardship; however, financial considerations should not dictate the quality of care offered to each patient.
- When the hospital must address the fair distribution of limited health care resources, the relative efficacy and financial costs will be considered, with the goal of maximizing health benefits using available resources. We will use both financial and natural resources conservatively, not wastefully.
- Quality assurance procedures will be followed to control costs and avoid unnecessary tests, treatments, or procedures.

**Principle 12 – Marketing Practices**

- Marketing practices for medical services carry a unique responsibility that require special care to avoid manipulating people made vulnerable by illness. Ethical marketing requires providing accurate and unbiased information in all of our communications, public relations and advertising.

# COMPLIANCE: EVERYONE'S RESPONSIBILITY

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**Subject Matter Expert:** SMH and HH: Fred Holderle (275-1609)

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University of Rochester Medical Center (URMC) policy requires all employees and affiliated professional staff to fully comply with state and federal laws and conduct themselves in accordance with the highest ethical standards. Any confirmed act of noncompliance could result in corrective action or discipline, including termination of employment.

## The Compliance Office

- Supports employees, clinical providers and management in providing effective, quality care while performing their responsibilities ethically and within the bounds of the law.
- Some of the services and tools available through the Compliance Office are:
  - Education and training for employees and clinical providers.
  - Written guidance, including a Code of Conduct; compliance plans, policies and procedures; and newsletters covering critical compliance topics and new government policies.
  - An Integrity Hotline (756-8888) where employees can report noncompliant activities.
  - Auditing and monitoring programs to identify potential noncompliant activities.

## Reporting Noncompliant Behavior

You have the responsibility to report suspected illegal or noncompliant activities to your supervisor or to the Compliance Office. Examples of reportable incidents:

Breach of patient confidentiality	Inappropriate billing practices
Inaccurate record keeping	Research fraud

### It is important to remember:

You can report any compliance concerns without fear of retribution by:

- Contacting your supervisor/manager.
- Contacting the Compliance Office at 275-1609 or in writing at Box 520.
- Calling the Integrity Hotline at 756-8888; callers may remain anonymous.

# DISASTER PREPAREDNESS

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## Subject Matter Experts:

**SMH:** Mark Cavanaugh (275-8412)

**HH:** Joe Coon (341-6833)

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## Definition

A disaster occurs when events:

- Overload the capacity and/or ability of the ED or Hospital units to care for the injured or ill, causing significant disruption to normal Hospital operations.
- Cause other community agencies to request support from URM-Strong or Highland Hospital departments.
- Of a biological, chemical, or radiological materials nature severely impact any part of the hospital community (such as receipt of a suspicious letter or package).

The occurrence of any of the above may result in the Hospital activating its disaster response plan.

## Sequence of Events

The Emergency Department (ED) will routinely be the first to be notified, and:

1. The ED charge nurse will confer with the Administrator-on-Call (AOC) and then notify the Page Office at URM-Strong Hospital or Telecommunications at Highland Hospital.
2. The Page Operator will notify hospital staff by means of the overhead page and pagers.
3. Pre-identified staff will be notified via a call service and individual departments will notify staff at home according to departmental disaster/emergency response plans; staff will report to their designated areas and implement their job action sheets.
4. Once identified, the location of an institutional Emergency Operations Center will be paged:
  - URM-Strong: the Ambulatory Care Center conference room A&B or as determined by the AOC
  - Highland: the Gleason Room or as determined by the senior administrator

## How to Prepare for a Disaster Response

- To be prepared for any disaster affecting URM-Strong or Highland facilities, know where your emergency management plan is located, and review your department's disaster/emergency response plan to understand your role so you can respond appropriately.
- Independent Licensed Practitioners (ILPs) who do not have a specific assignment in the Emergency Preparedness Plan, please review the following link for your role in an emergency response and where to report in an emergency.

**SMH:** <https://intranet-secure.urmc.rochester.edu/Policy/EmergPrepManual/4/4-20.pdf>

**HH:** <http://intranet.urmc-sh.rochester.edu/Highland/Policy/EmergencyPrep/>

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## DISASTER PREPAREDNESS (continued)

### **It is important to remember:**

- If on duty, follow your department plan/directions from your leadership; make sure you are wearing your ID badge so that you can access all necessary areas.
- Do not use hospital phones/elevators except for emergency or disaster activities, if appropriate.
- If you are at home, remain there until contacted by the hospital.
- Come to the hospital if:
  - The TV or radio media request you to report.
  - Your department plan states you should report immediately.
- If called to report for duty, sign in when you report to work per facility procedure.
- When a disaster has been declared you cannot leave work until approved by your supervisor.
- Have a personal emergency preparedness plan. For additional information, go to [www.safety.rochester.edu/ep/pdf/URprepared.pdf](http://www.safety.rochester.edu/ep/pdf/URprepared.pdf)

# DIVERSITY AND INCLUSION

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## Subject Matter Experts:

**SMH:** Stanley Byrd (275-0425)

**HH:** Kathleen Gallucci (341-0118)

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## Philosophy

At the University of Rochester and Highland Hospital diversity means that we believe everyone is unique and has different talents and abilities. All of us contribute in various ways to provide our customers, the organization, and the community with excellent service. When we value diversity we can fulfill our highest potential as a team and as individuals.

## Dimensions of Diversity

To meet the needs of each person we interact with, we must be trained to understand the complex dimensions of diversity. These include, but are not limited to:

Age	Physical or mental abilities
Race	Culture
Ethnicity	Sexual orientation
Gender	Learning abilities

By examining our own attitudes, values, and behavior (as well as those of others), we begin to achieve real understanding.

## Teamwork is essential in a diverse work force.

- Qualified and diverse team members learn to respect each other's differences. Job satisfaction will be greatly increased if each employee is valued and treated with respect. Every employee will become empowered to build strength for our team.
- When each member of a team has high morale, the productivity of the organization and the quality of service will be enhanced. This leads to increased customer satisfaction and improved community relations.
- It is up to each of us to learn about others and address individual needs so we can work together to serve our customers. We are stronger through diversity.

## Inclusion

- Inclusion means creating an organizational environment and culture where every employee feels valued and is able to function at his or her best.
- The key to inclusion is harnessing the talents, strengths and personal motivation of each individual in our diverse workforce and aligning each person's talents, abilities and skills with the organization's goals, mission and values.

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DIVERSITY AND INCLUSION (continued)

**It is important to remember:**

- Our workforce is diverse; we must respect differences and make them work for us.
- Interpersonal relations and organizational effectiveness are improved through encouraging new ideas and perspectives.
- Stereotypical views of others limit our ability to understand those different from us.
- Every human being is unique; we need to create an environment where all employees feel they can contribute to their fullest potential.

# ELECTRICAL SAFETY IN HEALTH CARE FACILITIES — PROTECTION FOR YOURSELF AND PATIENTS

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## Subject Matter Experts:

**SMH:** Jerry Brower (273-2194), Arnie Spezzano (273-3683)

**HH:** John Griffiths (341-0120)

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The adequacy and integrity of the electrical power distribution system and all emergency power supplies are monitored by the Maintenance Department at Highland and Facilities Operations Maintenance Department at the University of Rochester Medical Center (URMC)-Strong Hospital.

An independent emergency power source is provided to ensure essential electrical service when the normal power supply is interrupted.

## Nonpatient Care Electrical Equipment

- **URMC-SMH**

- University of Rochester Medical Center-Strong Hospital is checked for electrical safety by Facilities Operations. The nursing staff will assist in requesting Facilities Operations to complete the inspection.
- Only radios, televisions, telephones, and VCRs provided by Strong Memorial Hospital are permitted in the Hospital, except on 5-1200, the Rehabilitation Unit, where special guidelines must be met.

- **Highland**

- Defined as electrical equipment that is not directly related or involved in patient care.
- All nonpatient care equipment used in the hospital must be in good physical condition, have been wired with a chassis ground via a separate third-wire ground with a hospital-grade plug attached or be double insulated.
- This equipment should have the appropriate UL listing for its type and use.

## Plugs and Receptacles

- Plug caps should fit securely in receptacle outlets.
- Grasp the plug cap and pull it out of the outlet. Never pull the cord.
- Do not reset a ground fault indicator outlet with an item plugged in.
- In the event of a major power outage, an independent power source will be activated.
- Highland-Specific Electrical Safety
  - Adapters must be approved by Clinical Engineering.

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ELECTRICAL SAFETY (continued)

**Receptacle Identification**

The following table describes the location of receptacles on emergency and nonemergency power.

	SMH	Highland
Receptacles on emergency power (generators) ONLY PATIENT CARE RELATED EQUIPMENT SHOULD BE PLUGGED INTO THESE RECEPTACLES	<b>Red</b> (Critical Life Support Equipment) Located in ICU, ORs, Emergency depts., other patient care areas.	Red
	<b>White</b> (General Patient Care Equipment—Beds, Call Systems, etc.) Located in all patient care areas	Ivory
Receptacles NOT on emergency power (normal house power)	<b>Orange</b> (Individual Patient Care Equipment) Life support equipment located in ICUs, ORs, Cath Scan/MRI, X-ray areas	Orange
	<b>Brown</b> (General Use Such As Vacuum Cleaners, Floor Polishers, Desk Lamps, etc.) Located throughout the hospital.	Brown

**Cords/Grounds**

- Report any loose plug caps in wall receptacles.
- Never use a cord that is frayed, has exposed wires, or loose prongs. Keep cords out of water, oil, or any material that could cause deterioration.
- Do not position cords in traffic areas. This could lead to someone tripping and/or damaging a cord.
- Use properly grounded electrical devices.
- Never roll a bed, cart, etc. over an electrical cord; keep all objects off electrical cords.

**Shock Avoidance**

- Do not touch any electrical device with wet hands.
- Do not stand in water when touching any electrical device.

**Report malfunctioning patient care equipment:**

Clinical Engineering

- URMCM-SMH x5-5501
- HH x1-7378

**Report malfunctioning nonpatient care equipment**

Facilities Customer Service Operations

- URMCM-SMH x3-4567
- HH x1-7378

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## ELECTRICAL SAFETY (continued)

### **It is important to remember:**

- Red, white/ivory and orange receptacles are for patient care equipment only and will run on emergency power.
- Gray and brown receptacles run on normal operating power.
- All plugs and outlets must be hospital-grade in patient care areas. Beware of broken outlets or loose plates. Electrical receptacles should be in good physical condition.
- Defective plug caps (hot to the touch) must be taken out of service. Call URM-Strong Facilities at x3-4567 or Highland Maintenance at x1-7378 immediately for repair.
- Do not use extension cords or “cheaters” (used to connect 3-pronged plugs to 2-pronged). The exception to using extension cords is during a Code Team at URM-Strong.
- Do not plug additional plug strips into an existing plug strip.

# EMERGENCY PAGE CODES

## Subject Matter Experts:

**SMH:** Lorraine McTarnaghan (275-2500), Erik Olsen (275-2170),  
Mary Pat Callahan (275-0291)

**HH:** Joe Coon (341-6894), Harry Aunkst (341- 0859)

## Common Codes

Emergency	Page Code
Investigation of a fire/smoke	Fire Alert (location)
Confirmed fire, flood, etc.	Fire Alert Confirmed (location)
Patient and/or visitor posing a safety threat and immediate assistance is needed.	Assistance Needed STAT (location)
Incident involving hostages and/or weapons	Critical Security Incident (location)

**SMH Phone #**  
**X-13**

**HH Phone #**  
**X-16666**

Emergency	Page Code
Cardiac or respiratory arrest	Code Team (location)
Pediatric cardiac or respiratory arrest	Pediatric Code Team (location)

**SMH Phone #**  
**x5-STAT**  
**x5-7828**

**HH Phone #**  
**x-1-6666**

Emergency	Page Code
Medical assistance	MERT Response (location)
Abduction of infant, child, adolescent	Amber Alert (SMH: age, location; HH: all buildings)
External/internal disaster	Command Center Activated
Utility Failure	Utility Alert (location, type of utility affected)

**SMH Phone #**  
**x-13**

**External/Internal  
Disaster:**  
**x5-STAT**  
**Disaster Emerg. Ops. Ctr.**  
**x5-0500**

**HH Phone #**  
**x-1-6666**

## EMERGENCY PAGE CODES (continued)

### It is important to remember:

#### **SMH**

##### **Inpatient:**

- All inpatient medical emergency and STAT pages are placed by calling the Communications Center at x5-7828 or x5-STAT.
- Inpatient medical emergency and STAT pages are executed using five overhead tones and followed by an announcement in the form of “Pediatric Code Team, call a *specific location*.” Call means “go-to” location.

##### **Noninpatient:**

- Noninpatient or nonlife-threatening medical emergencies, facility and personal safety emergencies are placed by contacting the UR Department of Public Safety (UR DPS) Communication Center at x13.
- Noninpatient or nonlife-threatening medical emergencies, facility and personal safety emergencies are executed using 3 overhead page tones, followed by an announcement indicating code/type and location of the emergency.

All pages other than STAT or inpatient medical emergency pages may be executed using Web paging (use the link to the main intranet page) or by calling 275-2222.

#### **HH**

- For all emergencies except Rapid Response Team, call x1-6666; pages use 2 overhead tones.
- Rapid Response Team: not an overhead page; call x1-6932

#### **SMH/HH:**

- When a facility or personal safety emergency has been resolved, a follow-up overhead page will indicate the event is “all clear.”

## **FIREARMS / WEAPONS**

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### **Subject Matter Experts:**

**SMH:** Lorraine McTarnaghan (275-2500)     **HH:** Joe Coon (341-6833)

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Firearms and other dangerous weapons are not permitted at any University of Rochester Medical Center—Strong Hospital, Highland Hospital site, or University premise except as required by law.

Law enforcement, forensic agencies and armored courier personnel may be required by law to carry firearms while engaged in the performance of their duties.

- If, however, the firearm is not essential to the performance of their duty, personnel from such agencies will be encouraged to contact UR Department of Public Safety (UR DPS)/HH Security for further direction.

### **Staff discovering a firearm or weapon**

- Do not touch the weapon
- Notify UR DPS/HH Security immediately for appropriate action.

### **It is important to remember:**

- Firearms and other dangerous weapons are not permitted at any URMC-Strong, Highland Hospital site, or University premise except as required by law.
- Staff discovering a firearm or weapon should not touch the weapon.
- Notify UR DPS/HH Security immediately if a firearm or weapon is discovered or seen on a person who is not authorized to carry a weapon.

# FIRE SAFETY

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## Subject Matter Experts:

**SMH:** Mark Cavanaugh (275-8412)

**HH:** Harry Aunkst (341- 0859)

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## For more information:

**SMH:** <http://intranet.urmc-sh.rochester.edu/policy/EmergPrepManual/1/1-12.PDF>

**HH:** <http://intranet.urmc-sh.rochester.edu/highland/Policy/envCare> (Section 1)

## Fire Prevention

- Fire prevention should be paramount in everyone's mind.
- Our number-one life safety finding is improper storage of materials in the corridor or stairwells.
- The number-two finding is blocked life safety equipment because of this storage.
- Be aware of excessive use of extension cords, faulty electrical devices or frayed electrical cords; these can easily start a fire.
- Be on the alert for conditions that may lead to rapid fire spread or hinder safe evacuation.
  - Obstructed corridors
  - Openings in walls and ceilings
  - Propped open or blocked fire doors
  - Blocked extinguishers, pull stations, or gas shut-off valves

## Interim Life Safety Measures (ILSM)

- Life safety features (for example, a fire alarm system) are put into place to protect individuals working in the building.
- When the hospital is unable to maintain a life safety feature due to construction, maintenance, renovations, or the device/system fails, an *Interim* Life Safety Measure (ILSM) must be implemented. For example:
  - If the fire alarm system was malfunctioning, the hospital would be required to take other measures to ensure the safety of the occupants
  - In that instance, a fire watch could be established where employees would be physically patrolling the area for signs of smoke or fire

## Patient Fires

- Extinguish with a bed covering such as bedspread, blanket, or sheet.
- Protect yourself by wrapping your hands inside the material, lean tight against the bed to prevent flashback
- Quickly drape the extinguishing material completely over the patient, remembering to protect the patient's face first and to tuck the material into every crevice formed by the patient's body (for example, between legs and under back).
- Please see the *Emergency Preparedness Manual* for specifics pertaining to your department's procedures so you will know what to do in case of a fire or other emergency.

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**When Pages or Alarms Sound**

Fire Alert/Alarm	Fire Alert (location) and Fire Alert Confirmed (location)
In area of the fire	Follow RACE (Rescue, Alarm, Contain, Extinguish/Evacuate)
Other location outside immediate fire area	a. Close all doors/clear corridors; avoid telephone use unless an emergency. b. Do not use elevators, especially if they're in the vicinity of the fire alert. c. Stay where you are unless job responsibilities require a specific response. d. When the "All Clear" page sounds, resume normal activities.

**It is important to remember RACE:**

**Rescue** anyone in immediate danger, relocate him or her to a safe area. Below waist level, the air is relatively cool and clean, allowing for escape by staying low and moving quickly.

**Alarm** everyone whenever there is evidence of fire, by using a pull station. Call 13 at *URMC-SMH* or 1-6666 at *Highland*; state your name, the nature of problem and the location.

**Confine** the fire by closing all doors immediately upon discovery of fire. The door leading to the room of origin should be closed immediately and kept closed. Do not open windows.

**Extinguish** a small contained fire if trained, but without endangering yourself or others. A clear exit path should be maintained to prevent being trapped by rapidly spreading fire.

**It is important to remember Evacuation Guidelines:**

- If fire conditions seem to be worsening, evacuation should be assessed.
- Guidelines for determining evacuation are as follows:
  - Fire has spread to the structure such as walls or ceiling.
  - Several items of furnishings are involved in the fire.
  - Smoke appears to be spreading unchecked from the room of origin.
  - Orders are received from a person listed as qualified to call an evacuation.
- If the room(s) is evacuated, obtain chalk from the nearest fire extinguisher cabinet and chalk the lower hinged side of the door with a slash.

**It is important to remember Fire Extinguisher Operation (PASS)**

**P**ull the pin

**A**im the horn or hose at the base of the fire

**S**queeze the handle

**S**weep at the base of the fire

.....continues.....

## Types of Fire Extinguishers



### Dry Chemical:

- Works by eliminating oxygen.
- Works on Class A and B fires (combustibles and flammable liquids)
- Most widely used type and is also recognized as a multi-purpose ABC fire extinguisher.



### Carbon Dioxide:

- Works by separating oxygen and heat.
- Works on Class B or C fires. (oil/gasoline/fuel and electrical fires)



### Pressurized Water:

- Works by cooling fire and coating the fuel.
- Works on Class A fires (wood, paper, trash, plastics, etc.)



### Water Mist

- Works by taking away the heat element of the fire tetrahedron. Alternative to the clean agent extinguishers where contamination is a concern.
- Effective for Class A fires, although they are safe for use on Class C fires as well.



### Wet Chemical:

- Works by forming a soapy foam blanket over the burning material and cooling it below its ignition temperature.
- Designed for commercial or restaurant-type kitchens.

# HAND HYGIENE---SIMPLE, BUT EFFECTIVE

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## Subject Matter Expert:

SMH and HH: Ann Marie Pettis (275-5056 / 341-6853)

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## Hand Hygiene

- Frequent and thorough hand hygiene is the single most effective thing we can do to protect our patients, ourselves, and our loved ones from infection.
- Although the action of hand hygiene is simple, the lack of compliance on the part of the health care worker (HCW) continues to be a problem in the United States and around the world.
- The Joint Commission requires each organization to select and fully implement either the World Health Organization (WHO) or the Centers for Disease Control (CDC) hand hygiene guidelines.
- URM has chosen to follow the WHO's hand hygiene guidelines which are based on "My Five Moments of Hand Hygiene."

## "My Five Moments of Hand Hygiene"



## Hand Hygiene Methods

- Either waterless, alcohol-based hand rub (ABHR) or soap and water at a sink can be used when performing hand hygiene.
- However, both WHO and CDC say that the use of alcohol-based hand rub (ABHR) should be the primary method health care workers (HCWs) use to sanitize their hands with the following exceptions:
  - After using the restroom
  - Before eating
  - When hands are visibly soiled

.....continues.....

## HAND HYGIENE---SIMPLE, BUT EFFECTIVE (continued)

- Recommended amount of time for adequate hand hygiene is 15-20 seconds (the amount of time it takes to sing “Happy Birthday” twice).
- Remember that friction is most important, and we must not short-cut the process.
- During cold weather the integrity of our skin can become compromised with frequent hand hygiene. Use hospital-approved hand lotion. Unapproved lotion is not allowed.

### **Patient Hand Hygiene**

As important as it is for HCWs to use proper hand hygiene to protect our patients from healthcare-associated infections (HAIs), it may be equally important that patients themselves use frequent hand hygiene as well.

- Hand sanitizer pads are provided on all meal trays, and small bottles of hand rub are available to distribute to patients, if appropriate from a safety standpoint.
- Reminding patients to clean their hands before eating and after using the restroom or a bedpan is a necessity.

### **It is important to remember:**

- Frequent and thorough hand hygiene is the single most effective thing we can do to protect our patients, ourselves, and our loved ones from infection.
- Sanitize your hands:
  - Before touching a patient
  - Before clean/aseptic procedures
  - After body fluid exposure/risk
  - After touching a patient and contact with the patient’s environment
- The amount of time for adequate hand hygiene is 15-20 seconds (singing “Happy Birthday” twice).
- Waterless ABHR or soap and water at a sink can be used for hand hygiene, but the primary method health care workers should use for hand hygiene is ABHR.
- The exceptions for use of ABHR are after using the restroom, before eating, or when hands are visibly soiled.
- Remind patients to use frequent hand hygiene as well, especially before eating and after using the restroom or a bedpan.
- Be sure the patient and/or their family see you perform hand hygiene.

# HAZARD COMMUNICATION STANDARD

## OSHA STANDARD 29 CFR 1910.1200

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### Subject Matter Experts:

**SMH:** John Conigilio (273-3409), Katherine Root (275-3241)

**HH:** Joe Coon (341-6833)

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The Hazard Communication Standard was revised in 2012 to align with the United Nations Globally Harmonized System of Chemical Classification and Labeling (GHS).

### Purpose:

To ensure the hazards of all chemicals are evaluated and information concerning their hazards is transmitted to employers and employees. This transmission of information is accomplished by container labeling, safety data sheets, and employee training.

### Employee Training

Area-specific employee training is provided by **Supervisors** who:

- Conduct **hazard assessments** to identify hazards and appropriate personal protective equipment and other necessary control measures.
- Review information on chemical labels and in Safety Data Sheets (SDSs).
- **Train employees** on the hazards of the chemicals used in the work area and how to prevent exposure through inhalation, skin contact, ingestion or injection.

Direct questions to:

**SMH:** Occupational Safety Unit of Environmental Health and Safety at 275-3241 or look on the EHS website: [www.safety.rochester.edu](http://www.safety.rochester.edu).

**HH:** Call the Highland Safety Officer at x1-7378.

### What is a Hazardous Chemical?

Any chemical classified as a:

- Health hazard
- Physical hazard
- Hazard not otherwise classified: a recognized hazard that does not meet the specific criteria of the above categories

### Health Hazard Categories:

- Acute toxicity
- Corrosive or irritating to skin
- Serious damage/irritation to eyes
- Respiratory or skin sensitization
- Germ cell mutagen
- Carcinogen
- Reproductive toxicity
- Target organ toxicity
- Aspiration hazard

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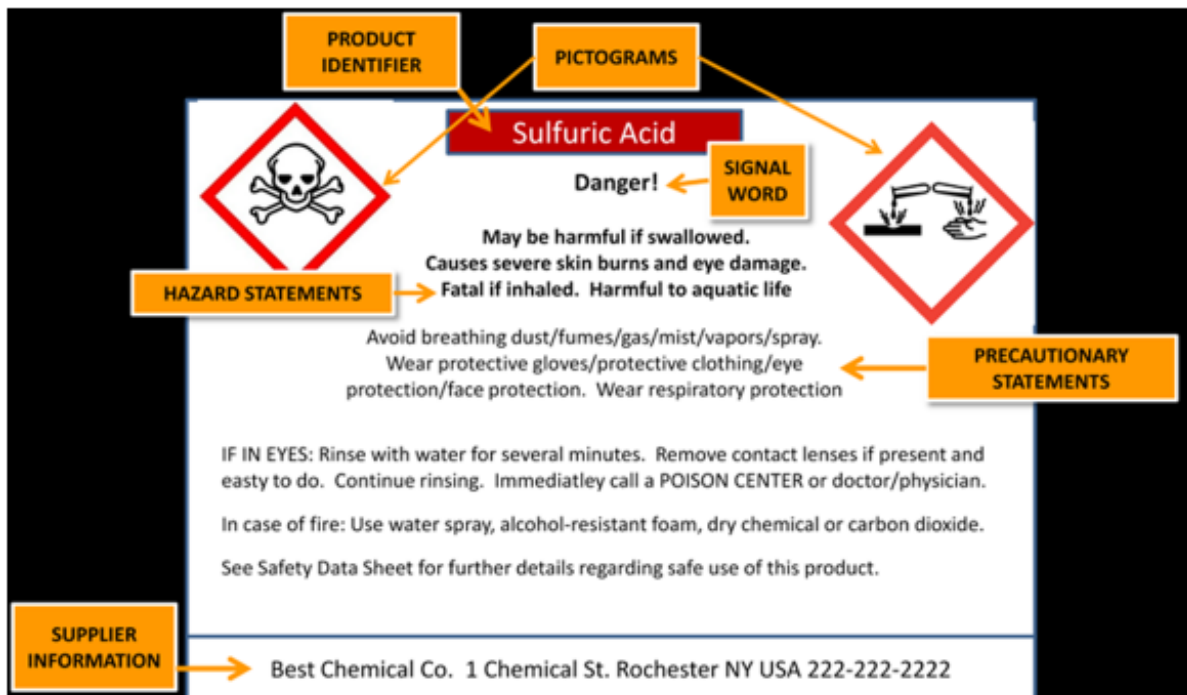
## HAZARD COMMUNICATION STANDARD (continued)

### Physical Hazard Categories:

- Explosives
- Flammable gases, liquids, solids and aerosols
- Oxidizing gases, liquids and solids
- Gases under pressure
- Self-reactive
- Pyrophoric liquids or solids
- Self-heating
- Contact with water emits flammable gas
- Organic peroxide
- Corrosive to metal

### Labels:

- **Required on ALL chemical containers**, except those under the continuous control of the user, and for immediate use.
- Must be legible and maintained. Do not deface or remove manufacturers' labels.
- The 2012 update to the Hazard Communication Standard (HCS) requires six label elements:



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HAZARD COMMUNICATION STANDARD (continued)

- HCS Label Pictograms and Hazards

<p><b>Health Hazard</b></p>  <ul style="list-style-type: none"> <li>• Carcinogen</li> <li>• Mutagenicity</li> <li>• Reproductive Toxicity</li> <li>• Respiratory Sensitizer</li> <li>• Target Organ Toxicity</li> <li>• Aspiration Toxicity</li> </ul>	<p><b>Flame</b></p>  <ul style="list-style-type: none"> <li>• Flammables</li> <li>• Pyrophorics</li> <li>• Self-Heating</li> <li>• Emits Flammable Gas</li> <li>• Self Reactives</li> <li>• Organic Peroxides</li> </ul>	<p><b>Exclamation Mark</b></p>  <ul style="list-style-type: none"> <li>• Irritant (skin and eye)</li> <li>• Skin Sensitizer</li> <li>• Acute Toxicity (harmful)</li> <li>• Narcotic Effects</li> <li>• Respiratory Tract Irritant</li> <li>• Hazardous to Ozone Layer (Non-Mandatory)</li> </ul>
<p><b>Gas Cylinder</b></p>  <ul style="list-style-type: none"> <li>• Gases under pressure</li> </ul>	<p><b>Corrosion</b></p>  <ul style="list-style-type: none"> <li>• Skin Corrosion/ Burns</li> <li>• Eye Damage</li> <li>• Corrosive to Metals</li> </ul>	<p><b>Exploding Bomb</b></p>  <ul style="list-style-type: none"> <li>• Explosives</li> <li>• Self-Reactives</li> <li>• Organic Peroxides</li> </ul>
<p><b>Flame Over Circle</b></p>  <ul style="list-style-type: none"> <li>• Oxidizers</li> </ul>	<p><b>Environment (Non-Mandatory)</b></p>  <ul style="list-style-type: none"> <li>• Aquatic Toxicity</li> </ul>	<p><b>Skull and Crossbones</b></p>  <ul style="list-style-type: none"> <li>• Acute Toxicity (fatal or toxic)</li> </ul>

**Safety Data Sheets (SDS) and Chemical Inventories:**

- Safety Data Sheets (SDS) provide a summary of health, safety and environmental information for hazardous chemicals.
- Departments must maintain ready access to Safety Data Sheets for all hazardous chemicals used in their areas.
- Departments must also maintain an inventory of chemicals used within their area, which can be kept as an index of the department's Safety Data Sheets.
- Copies of Safety Data Sheets (SDS) for chemicals are available to all employees upon their request and:

**SMH:** online at <http://www.safety.rochester.edu/restricted/msds.html>

**HH:** in each department or in the Support Services Office, x1-7378

**2012 Revision: the Safety Data Sheets**

- Safety Data Sheets (formerly known as MSDSs, Material Safety Data Sheets), are now required to conform to a standard format.
- All SDSs are comprised of 16 sections, in a standard order.
- Assists users in becoming familiar with where to look for the information they need.

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### Globally Harmonized Safety Data Sheets

\*Note: Since other Agencies regulate this information, OSHA will not be enforcing Sections 12 through 15[29 CFR 1910.1200(g) (2)].

#### The 16 SDS sections are:

1. Identification	2. Hazard (s) identification	3. Composition/information on ingredients	4. First-aid measures
5. Fire-fighting measures	6. Accidental release measures	7. Handling and storage	8. Exposure controls/personal protection
9. Physical and chemical properties	10. Stability and reactivity	11. Toxicological information	12. Ecological information
13. Disposal considerations	14. Transport information	15. Regulatory information	16. Other information

#### It is important to remember:

- Transmission of critical information about chemicals is accomplished by reading labels and Safety Data Sheets (SDS) and through employee training.
- Hazardous chemicals are chemicals that have been classified as health hazards or physical hazards.
- The updated Hazard Communication Standard of 2012 requires **all** chemical labels contain 6 elements:

Product Identifier	Signal Words	Hazard Statements
Pictograms	Precautionary Statements	Chemical manufacturer contact information

- Pictograms facilitate communication globally by reducing language barriers. You need to recognize and understand the 9 Hazard Communication Standard Pictograms.
- Safety Data Sheets (formerly MSDSs) will now follow the same format according to the updated standard. Every SDS will have the same 16 sections, in the same order, and with the same titles.
- Employees exposed to a hazardous chemical must take immediate action to minimize possible health effects. Immediate first aid may include rinsing of eyes or skin (at the point the chemical made contact) for at least 15 minutes and seeking medical attention.
- Small spills can be cleaned by personnel who are aware of the hazards of the spilled material. The proper personal protective equipment must be used.
- For large chemical spills, or if sufficiently trained personnel are not available, immediately leave the area and call the Department of Public Safety at x13 at SMH or Security at x1-6666 at Highland Hospital if the spill is on-site. If off-site, call 9-1-1. An employee should remain at a safe distance and keep others out of the area until emergency personnel can arrive.

# HIPAA PRIVACY and SECURITY, and CONFIDENTIALITY of INFORMATION

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## Subject Matter Experts:

**Privacy: SMH:** Patricia Keane (275-7059)    **HH:** Janet Taylor (341-6467)  
**Security: SMH:** James Purvis (758-0922)    **HH:** Jeffrey DeToro (341-0403)

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URMC HIPAA website link that contains the HIPAA Policy Manual, *HIPAA Highlights* & other training materials: <http://intranet.urmc-sh.rochester.edu/policy/HIPAA/index.asp>

## The Health Insurance Portability and Accountability Act (HIPAA)

- A federal regulation that mandates standards to protect the privacy and security of patients' medical information.
- Privacy refers to maintaining confidentiality and safeguards of all Protected Health Information (PHI) whether in electronic, written, or oral form. Any use or disclosure of PHI must be permitted by the Privacy regulations.
- Security refers to the measures that are taken to protect electronic protected health information (ePHI) from loss, theft, damage or unauthorized access.

## It is important to remember:

- You have an ethical and legal responsibility to protect patient information (clinical, demographic and financial) and for reporting inappropriate behavior of others. Patients and workforce members should call the University of Rochester Medical Center (URMC) Integrity Hotline at 585-756-8888 to report concerns, complaints, or violations.
- You must have a job-related reason, or be permitted by policy, to access any patient's PHI. You are not permitted to access PHI of any patient who is a family member or friend because they have asked you to, or because you hold a power of attorney or a health care proxy. MyChart is available to patients to access their health information or give proxy access to someone else for MyChart only.
- Your password is your electronic signature. You must never share your password with anyone, for any reason, ever. Each user is responsible for all information accessed or entered under his or her user ID/password. Do not leave your computer session unlocked or unattended.
- Do not open e-mail attachments you were not expecting. Do not click on links in e-mail messages you were not expecting. Do not access Web sites that are not work-related or not well-known brands. Taking these actions may lead to your system becoming infected with malware.
- You should consider more secure alternatives (on servers, use of Virtual Private Network, etc.) before storing any PHI on a portable device such as a laptop computer or USB/jump drive or on media such as CDs or DVDs. If you must store PHI on a portable device or media, it must be encrypted.

# HIV/AIDS CONFIDENTIALITY REQUIREMENTS

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## Subject Matter Experts:

**SMH:** Donna Galloway (275-7728)      **HH:** Steven Fine, MD (279-4600 or 423-2879)

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## What Is Confidential HIV Material According to New York State Public Health Law 27-F?

All HIV-related material is confidential. This includes any references in the Medical Record to:

- HIV or AIDS.
- Information that identifies or could identify someone as having HIV infection or illness or AIDS.
- Information that identifies someone as receiving pre-test counseling and/or who has been tested for HIV.
- Tests or results of any HIV-related test even if negative (CD4, Elisa).

## What HIV Information Must Be Reported to the New York State Department of Health?

New York State's HIV case name reporting and partner notification law requires that physicians and laboratories report the following results to the New York State Department of Health:

Positive HIV test results (initial determinations, diagnosis or monitoring of HIV infection)	Diagnoses of HIV-related illnesses
Viral Load tests	All CD4 test results (unless for monitoring other diseases)
Genotypic Resistance tests	AIDS

## What Is Disclosure and When Is It Appropriate?

- Disclosure is the communication of any HIV-related information to any person (other than the patient or to another health care provider to care for the patient) or entity.
- Generally, disclosure of HIV-related information is appropriate only with a special HIV release form (NYS DOH #2557 at [www.health.state.ny.us/forms/doh-2557.pdf](http://www.health.state.ny.us/forms/doh-2557.pdf) or OCA Official Form 960) signed by the patient with instructions as to the identity of the recipient.

## Consequences of Inappropriate Disclosures

- The consequences will be an appropriate amount of education/re-education and counseling consistent with the circumstances surrounding the disclosure.
- Repeated inadvertent disclosures will result in disciplinary action consistent with the circumstances, up to and including dismissal.
- In addition, fines of up to \$5,000 and a jail term of up to one year can be levied if the disclosure was intentional.

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HIV/AIDS CONFIDENTIALITY REQUIREMENTS (continued)

**NOTE:** When in doubt, don't release the information without a specific HIV authorization. Please contact the appropriate person below if you have questions.

	SMH		Highland	
Disclosure of HIV-Related Info.	Office of Counsel to the Medical Center (during regular business hours)	758-7606	Health Information Management Department	341-6766
	Health Information Management Department, Release of Information section	275-2605	HH Privacy Officer	341-6467
	SMH Privacy Officer	275-7059		
Identification of HIV-Related Info.	SMH AIDS Center	275-0526	Infection Preventionist	341-0288

**It is important to remember:**

- All HIV-related material is confidential.
- NYS HIV case name reporting and partner notification law requires that physicians and laboratories report certain results (including but not limited to positive HIV test results and all CD4 test results) to the NYS DOH.
- Inappropriate disclosure will result in education and counseling consistent with the circumstances (when unintended) but if intentional, termination and fines may occur.

# INFECTION PREVENTION

(including updates on OSHA Bloodborne Pathogen Standards and Tuberculosis)

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## Subject Matter Expert:

**SMH and HH:** Ann Marie Pettis (SMH: 275-5056 and HH: 341-6853)

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## General Infection Prevention Practices Safeguard Both Patients and Personnel.

- Infections are transmitted by several different routes. The specific route of transmission is dependent on the germ involved.
- Infection Prevention policies and isolation precautions are designed to interrupt transmission.

## Standard Precautions

- A prevention strategy which applies to all patients.
- There are additional enhanced or “transmission-based” precaution categories which apply only to patients with particular diseases.
- When in effect, these enhanced precautions:
  - Must be followed by all personnel as well as family and visitors even if they do not plan on coming in contact with the patient’s environment.
  - Are clearly specified on isolation signs located outside the patient’s room and documented in the patient’s medical record.

## OSHA Bloodborne Pathogens Standards

- The Occupational Safety and Health Administration (OSHA) of the federal government requires all hospitals to have policies to protect employees from infection caused by bloodborne pathogens, especially the viruses which cause AIDS (HIV), hepatitis B, and hepatitis C.
- These policies are found in a document called the “Bloodborne Exposure Control Plan.”
- All employees are required to comply with these policies.
- Those at risk should have received OSHA training. If you have not received OSHA Bloodborne Pathogens training, contact your supervisor or department head.

## Report Any Exposure As Soon As Possible and Notify Your Supervisor/Manager

### SMH:

- Immediately call Occupational & Environmental Medicine at 275-1164.
- Complete an Employee Incident Report Form (SMH 115) online at <http://www.safety.rochester.edu/SMH115.html>
- Include the type and brand involved in all sharps injuries (e.g., safety glide syringe, BD.)

### Highland:

- Call Employee Health at 341-8017, or off-shift notify the Nursing Supervisor
- Complete an Employee Incident Report Form.

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**It is important to remember:**

- Hand hygiene is the most important method of preventing the spread of infection.
- All equipment that goes from patient to patient **must** be sanitized before use.
- Respiratory hygiene, which means covering your nose and mouth with a tissue or your sleeve when you sneeze or cough, will also help prevent the spread of germs that cause illnesses like influenza and respiratory syncytial virus (RSV).
- The blood and body fluids of all persons must be considered potentially infectious. Standard Precautions apply to all patients.
- Do not recap needles. Many needle sticks occur during the process of recapping needles. Exceptions: recapping of needles is unavoidable in some situations. A one-handed technique is used for safe recapping of the needle when necessary.
- If you experience skin exposure to blood or body fluids, cleanse skin with soap and water.
  - For a needle stick, cut, or exposure through broken skin, wash the affected area with soap and water.
  - For oral exposure, rinse mouth well with water.
  - For eyes, rinse well with sterile saline or tap water (after removing contact lenses). An eyewash station should be used if possible.
  - Report any exposure as soon as possible using the appropriate form for your organization and notify your supervisor/manager.
- All staff should be vaccinated against influenza every year.
- Annual fit testing is required for staff who wear N95 masks for respiratory protection.
- An annual Tuberculin Skin Test (TST/PPD) is required for all staff.
- A private room with negative pressure and a closed door are used to prevent the transmission of TB.

**For more information:**

The Infection Prevention Manual is accessible online on the UR Intranet from all patient units:

**SMH:** <http://intranet.urmc.rochester.edu/policy/infcontrol/>

**HH:** <http://intranet.urmc-sh.rochester.edu/highland/policy/infectioncontrol/>

# INFLUENZA—WHAT YOU SHOULD KNOW

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**Subject Matter Expert SMH and HH:** Ann Marie Pettis (SMH: 275-5056 and HH: 341-6853)

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## For More Information:

**SMH:** <http://intranet.urmc.rochester.edu/policy/infcontrol/>

**HH:** <http://intranet.urmc-sh.rochester.edu/Highland/Policy/EmergencyPrep/>  
(See Section 2, “Pandemic Influenza Plan”)

### Both locations:

[URMC FLU SOURCE](#) (You must be on the URMCC network to access this content.)

## Types of Flu

- Seasonal Flu
  - Influenza or “flu” is a respiratory infection caused by influenza virus spread from person to person.
  - The flu that strikes every winter is called “seasonal” flu.
  - Most people who get the flu will recover within a week, but flu and its complications can be life-threatening for the elderly, newborn babies, and people with chronic illness.
- Pandemic Flu
  - Caused by a new strain of influenza A virus that causes a global (or pandemic) outbreak of serious illness which may be accompanied by high rates of death.
  - Because there is little natural immunity, the disease can spread easily from person to person.
  - The influenza A virus which caused the 2009 pandemic affected a preponderance of young and healthy individuals. Pregnancy was also a risk factor for more severe disease.

## How the Flu Is Spread

Flu can be spread from person to person by:

- Droplets released into the air when a person with flu coughs or sneezes within 3 - 6 feet of another person.
- Occasionally by aerosols of tiny virus particles that can travel longer than 3-6 feet from the coughing person and then are inhaled (e.g., across a room or down a corridor).
- Touching surfaces such as a doorknob or telephone contaminated with respiratory secretions from a person with flu, and then touching your eyes, nose or mouth.

## It is important to remember:

- The best way to prevent flu is to receive flu vaccine prior to the flu season.
- Stay home if you are sick:
  - Fever (temperature of 37.8 C or 100 F or greater), cough, sore throat, diarrhea, nausea/vomiting, body aches and headache.

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## INFLUENZA—WHAT YOU SHOULD KNOW (continued)

- Cover your cough.
  - Always cover your nose and mouth with a tissue when you cough or sneeze and dispose of the tissue
  - Use your upper sleeve (not hands) to cover your cough if tissue is not available.
- Hand hygiene
  - Always use alcohol-based hand rub (ABHR) or wash hands before and after touching any patient or their environment.
  - Use hand hygiene frequently during the course of the day and avoid touching your face.
- Always wear a mask when you are within 3–6 feet of patients with symptoms.
  - Surgical masks are used during typical seasonal flu.
  - N-95 masks are recommended during aerosol-generating procedures such as intubation or extubation, bronchoscopy, or open suctioning.

# INTERACTIONS BETWEEN UPMC/HH and INDUSTRY

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## Subject Matter Experts:

**UPMC/SMH** : Robert Panzer, MD (273-4438)      **HH**: Bilal Ahmed, MD (341-6770)

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## For More Information:

### UPMC:

<http://intranet.upmc-sh.rochester.edu/policy/industryinteractions/>

### HH:

[http://intranet.upmc-sh.rochester.edu/Highland/Policy/HHpolicy/documents/2.71\\_11\\_000.pdf](http://intranet.upmc-sh.rochester.edu/Highland/Policy/HHpolicy/documents/2.71_11_000.pdf)

## Interactions Between UPMC/HH & Industry

- While beneficial in many instances, some interactions with industry can create conflicts of interest when industry promotes use of a product that may not be in the best clinical or financial interest for UPMC/HH and their patients.
- Hospital policy states UPMC/HH faculty, staff, and students may not accept gifts (including meals) from industry or its representatives.
- While the policy does not prohibit use of medication samples, educational grants, or industry support of public conferences and continuing education events, some restrictions are imposed to ensure they are free from potential for bias.
- Site access by sales and marketing reps can only occur by appointment in both patient care and nonpatient care areas.
- The policy also contains information on disclosure of relationships with industry.

## It is important to remember:

- Gifts and compensation, including meals, from industry or its representatives should not be accepted.
- Sales and marketing representative visits can occur only by appointment in both patient care and nonpatient care areas.
- The policy also contains information on:
  - Scholarships and educational funds for students and trainees
  - Support for educational and other professional activities
  - Disclosure of relationships with industry

# INTERPRETER SERVICES

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## Subject Matter Experts:

**SMH:** Elizabeth Ballard (276-5972)

**HH:** Michael Sullivan (341-6718)

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## For more information:

- Spoken Languages Other Than English  
SMH: <http://intranet.urmc-sh.rochester.edu/policy/smhpolicies/section11/11-5-1.PDF>  
HH: <http://intranet.urmc-sh.rochester.edu/Highland/Policy/HHpolicy/3-16-1.pdf>
- Interpreters for Deaf or Hard of Hearing  
SMH: <http://intranet.urmc-sh.rochester.edu/policy/smhpolicies/section11/11-5-2.PDF>  
HH: <http://intranet.urmc-sh.rochester.edu/Highland/Policy/HHpolicy/3-16.pdf>
- Telecommunication Services for the Deaf and Hard-of-Hearing  
SMH: <http://intranet.urmc-sh.rochester.edu/policy/smhpolicies/section11/11-6.PDF>

## Interpreter Services

- Must be available for all Limited English Proficient (LEP) and Deaf patients and their families.
- NYS Health Code requires interpreter services must be available within 20 mins. for non-ED patients, 10 minutes for ED patients.
- Contact the appropriate interpreter service as soon as you know an interpreter is needed; not all interpreters are on-site at all hours.
- Hospital policy requires the use of only hospital-designated interpreters.
- Always offer an interpreter if you think it is needed.
- Document in patient's record: offer, response, use if interpreter accepted.
- Spoken languages other than Spanish, use CyraCom International language service (blue phones). Directions for use are in all clinical areas or contact unit's Nurse Manager.
- Sign Language or Spanish-speaking persons: interpreters available 24 hours; for nonemergency cases, arrange 1 hour before MD rounds (SMH) or 24 hours before (HH).

## Contacts

**SMH:** Go to <http://intranet.urmc-sh.rochester.edu/depts/caremanagement/CCCM/interp.asp> for contact and process information.

Assistive Devices: call Communications Center at 275-2222

### HH:

Sign Language: Days, call Social Work, 341-6718  
Evenings (after 4 pm), SMH Page Operator (275-2222)

Foreign Language: Days, call Social Work, 341-6718  
Evenings, nights, call Nursing Supervisor

Assistive Devices: call Telecommunications Operator at extension 0

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## INTERPRETER SERVICES (continued)

### Using an Interpreter

- Stand next to the interpreter, look directly at patient so he/she can see your facial expressions.
- Speak in first person, not “tell him or her.....”
- Interpreters will convey everything that is said; do not say anything you do not want the patient to know until you leave the room.
- Do not assume hard of hearing or deaf patients using Sign Language with “good speech” can lip read and fully understand the conversation; offer the use of a SL interpreter.

### It is important to remember:

- The New York State Health Code states comprehensive interpreter services are required.
- It is hospital policy to use only hospital-designated interpreters.
- When using an interpreter position yourself next to the interpreter (so the patient can read your facial expressions); look and speak directly to the patient.
- If a patient uses Sign Language as their primary mode of communication, be sure to offer interpreter services; don't assume they can lip-read and fully understand the conversation.
- Interpreters will convey everything that is said; do not say anything you do not want the patient to know until you leave the room.
- Do not assume hard of hearing or deaf patients using Sign Language with “good speech” can lip read and fully understand the conversation; offer the use of a SL interpreter.

# JOINT COMMISSION READINESS

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## Subject Matter Experts:

**SMH:** Ann Peterson Ottman (276-6065)

**HH:** Sharon Johnson (341-8399)

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## For more information, go to:

**SMH:** <http://intranet.urmc-sh.rochester.edu/Depts/jcreadiness/>

**HH:** <http://intranet.urmc-sh.rochester.edu/highland/depts/Quality/Joint-Commission/>

## What is the Joint Commission?

- Private agency evaluating how well health care organizations provide safe and high quality patient care.
- Joint Commission reviewers periodically visit our facilities to observe how we provide care and to ensure we are meeting the Joint Commission standards.
- Visits, called surveys, are unannounced so we need to be ready at all times.

## Be Ready for a Joint Commission Visit:

- Wear your ID Badge, and at SMH the white badge card with the emergency page codes, at all times.
- Know how you comply with the National Patient Safety Goals as they relate to your job.
- Know where to find information on the intranet—e.g., policy and procedure manuals, clinical practice guidelines, safety alerts.
- Be sure you understand a surveyor's question before answering.
- If you do not know the answer, it is fine to say, "I don't know the answer, but I do know where to find it."

## Reporting Care and Safety Concerns:

- Staff are encouraged to report concerns about care and safety through their management structure or at:
  - SMH:** call the Medical Director's Hotline (3-CARE).
  - Highland:** call Administration or Quality Management (341-8423).
- If a staff member is still not satisfied, they may report their concern to the Joint Commission at 1-800-994-6610 or via e-mail at [complaint@jointcommission.org](mailto:complaint@jointcommission.org).
- Patients/families are encouraged to participate actively in their care and report any safety or quality concerns to their caregivers or to the Patient and Family Relations Coordinator.
- Families may also initiate a Rapid Response if they have concerns regarding the changing condition of the patient.
- If a patient is still not satisfied, they may report their concern to the Joint Commission at 1-800-994-6610 or via e-mail at [complaint@jointcommission.org](mailto:complaint@jointcommission.org).

# LIFTING AND TRANSFERS: POSTURE AND BODY MECHANICS

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## Subject Matter Experts:

**SMH:** Kathleen Owens (341-9000)     **HH:** James Tempest (341-8280)

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For More Information: References/Useful Websites

[http://my.clevelandclinic.org/health/ns\\_overview/hic\\_Posture\\_for\\_a\\_Healthy\\_Back](http://my.clevelandclinic.org/health/ns_overview/hic_Posture_for_a_Healthy_Back) (Healthy Back Info)

[www.spineuniverse.com](http://www.spineuniverse.com) (Healthy Back Info)

[www.hovermatt.com](http://www.hovermatt.com) (Air-assisted Transfer Device)

[www.medical-supplies-equipment-company.com](http://www.medical-supplies-equipment-company.com) (Mechanical Lift)

[www.mtsmedequip.com](http://www.mtsmedequip.com) (Lateral Transfer Slide & Gurney)

[www.allegromedical.com](http://www.allegromedical.com) (Transfer Belts)

[www.osha.gov/SLTC/ergonomics/index.html](http://www.osha.gov/SLTC/ergonomics/index.html)

## Posture

1. What is good posture?
  - Standing: head straight up with chin in, shoulders back, and pelvis in neutral position (tighten abdominal muscles).
  - Sitting: head straight up with chin in, shoulders back; all three curves should be present in your back. If possible, elbows should rest on armrests, shoulders should be relaxed, and feet should rest flat on the floor or a footrest.
  - Take frequent breaks to change position and stretch, reversing any prolonged postures.
2. Why is good posture important?
  - Keeps bones and joints in the correct alignment so that muscles are properly used.
  - Decreases abnormal wearing of joint surfaces.
  - Decreases stress on the ligaments holding the joints of the spine together.
  - Prevents the spine from becoming fixed in abnormal positions.
  - Prevents backache and muscular pain.
  - Decreases the probability of back injuries during lifting or heavy exertion.
3. What is the result of poor posture?
  - Muscles are in weakened positions
  - Increased potential for injury
  - Pain, discomfort

## General Lifting Guidelines

1. Keep the three curves of your spine in line—especially your lumbar curve. Try not to twist.
2. Bend at the hips, knees and ankles—not the spine.
3. Use leg muscles. Leg muscles are bigger and stronger than back muscles.
4. Feet should be shoulder-width apart with the load positioned at midline.
5. Keep the load as close to the body as possible. Avoid reaching—keep objects between shoulder and waist height. The closer the object is to you, the less the torque on your back.

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## LIFTING AND TRANSFERS: (POSTURE & BODY MECHANICS (continued))

6. Ask for help before you need it. Perform a two-person or team lift when possible to help prevent injury.
7. Use assistive technology to save your back (for example, transfer belts, Hoyer lift, hover mat, plastic sheeting, slide boards).

### **General Transfer Guidelines**

1. Determine the patient's needs.
2. Prepare the patient; explain what you are doing, how they can help.
3. Set up equipment to be used.
4. To save your back, use assistive technology such as transfer belts (available through Hospital Stores at SMH and on nursing units at HH), hoyer lift, hover mat, plastic sheeting and slide boards.
5. Prepare the environment: room free of clutter, lights on, floor dry, minimize distractions.
6. Prepare everyone involved in the transfer. Ask for help before you need it. The patient and all assistants need to know how and when the transfer will occur; ask the patient to help.
7. Perform the transfer.

### **It is important to remember:**

- Ask for help before you need it
- Perform a two-person or team lift when possible to prevent injury
- Use assistive technology to save your back
- Good posture prevents muscular pain, decreases injury and stress on joints

# MANAGEMENT OF SUSPECTED ABUSE AND NEGLECT

## (Domestic Violence/Elder Abuse/Child Abuse)

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### Subject Matter Experts:

**SMH:** Carla LeVant (273-5445)

**HH:** Michael Sullivan (341-6718)

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### For more information:

#### SMH

Policy 9.11.1 (Suspected Child Abuse or Maltreatment):

<http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section09/9.11.1%20Suspected%20Child%20Abuse%20or%20Mistreatment.pdf>

Policy 9.11.2 (Contacts With Law Enforcement Agencies):

<http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section09/9-11-2.pdf>

Policy 9.11.4 (Adult Domestic Abuse):

<http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section09/9-11-4.pdf>

Policy 9.7 (Sexual Assault):

<http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section09/9-7.pdf>

#### HH

Policy 3.5 (Child Abuse):

<http://intranet.urmc-sh.rochester.edu/highland/Policy/HHpolicy/3-5.pdf>

Policy 4.19 (Domestic Violence):

<http://intranet.urmc-sh.rochester.edu/highland/policy/HHpolicy/4-19.pdf>

Policy 3.8 (Elder Abuse):

<http://intranet.urmc-sh.rochester.edu/highland/Policy/HHpolicy/3-8.pdf>

Policy 3.10 (Physical Assault):

<http://intranet.urmc-sh.rochester.edu/highland/Policy/HHpolicy/3-10.pdf>

Policy 4.7 (Sexual Assault):

<http://intranet.urmc-sh.rochester.edu/highland/Policy/HHpolicy/4-7.pdf>

### Abuse and Neglect include:

- Suspected Child Abuse or Maltreatment
- Elder Abuse
- Adult Domestic Violence
- Sexual Assault

### Child Abuse Reporting Required

NYS Social Law **requires** health care providers to report any and all suspicions of child abuse or maltreatment to:

- NYS Child Central Registry
- Or Monroe County child abuse and neglect hotline

Only reasonable cause, not proof, is essential to file a report.

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### Reporting Process—Suspected Abuse/Neglect

1. Immediately alert social worker
  - SMH**—available 24 hrs/day via Page Office. Social worker and/or medical team determine the need for a REACH (Referral and Evaluation of Abused Children) consult (staffed by medical experts in evaluation of physical and/or sexual abuse)
  - HH**—days, page Social Work Director at 220-8319; after hours, page Social Worker on call with medical team
2. Social worker with medical team initiates formal referral to Child Protective Services (461-5690) and law enforcement
3. Objective facts and phone referral documented in patient record.
4. Social worker coordinates safe discharge

### Reporting Process—Suspected Domestic Violence or Elder Abuse

1. Immediately alert social worker
  - SMH**—available 24 hrs/day via Page Office
  - HH**—unit social worker or on-call social worker via pager
2. Social worker assesses for patient and dependent safety
3. Initiates appropriate reporting activities
4. Provides referral information to patient

### Management of Sexual Assault

SMH	Highland
<ol style="list-style-type: none"><li>1. Follow protocol for documentation and evidence gathering processes (URMC-SMH 9.7).</li><li>2. Alert social worker (available 24 hours a day via Page Office).</li><li>3. For victims under the age of 18, refer to URMC-SMH Policy 9.11.1.</li></ol>	<ol style="list-style-type: none"><li>1. Follow protocol for documentation and evidence gathering processes.</li><li>2. Ensure the patient is never alone.</li><li>3. Contact social worker assigned to the area or via the nursing supervisor for the on-call social worker.</li></ol>

### It is important to remember:

1. Abuse and neglect include:
  - Suspected child abuse or maltreatment
  - Elder abuse
  - Adult domestic violence
  - Sexual assault
2. NYS Social Service Law mandates that health care providers report any and all suspicions of child abuse or neglect to the NYS Child Central Registry or the Monroe Co. child/abuse neglect hotline.

# MINIMUM STANDARDS FOR PROGRAMS FOR MINORS AND CHILDREN (SMH Specific)

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**Subject Matter Expert:** Stanley Byrd, Ed. D. (275-0425)

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**For more information:** <http://www.rochester.edu/counsel/documents/MinorsPrograms.pdf>

## **Covered Programs Definition**

Programs that accept transfer of responsibility for supervision and control of minors and children from parents or guardians to the University, such as:

- Activities, workshops, laboratories and events that serve children, whether for academic, athletic, recreational or other purposes.
- Programs that are held on or off University premises (all properties owned, leased or controlled by the University).
- Programs held off University premises if the University is a sponsor or participant.

## **Uncovered Programs Definition**

Do Not Include:

- Any University undergraduate or graduate academic programs in which students enrolled at the University (or another institution of higher learning) are the only minors participating.
- University events such as fairs, festivals or other events that are open to people of all age groups in which children may participate.
- Events at which children are accompanied at all times by a parent or guardian.

## **Program Approval**

- All programs for minors must be evaluated and approved by the division (or the division's delegated department or subdivision) hosting the program (using an authorized University Program Administrator).
- The Program Administrator must ensure the program is designed in compliance with the University's minimum standards for Programs for Minors *before* approval.

## **Program Registration Process**

All programs for minors:

- Must be registered with the University by filing a registration form with the Office of Counsel's Risk Management Department.
- Should be completed by the University employee who is responsible for program oversight.
- Shall include a description of the program and the Program Administrator's signature.
- Shall include contact information for the Program Sponsor.

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### **Participant Registration Process**

All program participants in the Programs for Minors must be:

- Registered and have provided necessary information required by the policy *before* the activity or event begins.
- On a list of registered participants that includes his or her name, gender, age, phone number, parent or legal guardian, and emergency contact information.

### **Employee Background Checks**

All adult employees\* who have direct, regular and frequent contact with minors while performing their job or assigned role in the Program for Minors are required to have a background check on record (within the last three years) that will include a minimum of:

- Checking relevant applicable sexual offense registries
- Checking felony conviction records
- Completing a self-disclosure form of past criminal convictions

\*The term “employee” applies to all employees of the University including staff, faculty, medical and nursing students, student employees, and volunteers.

### **Procedure**

1. Staff members should first read and review the complete Minimum Standards for Programs for Minors and Children at:  
<http://www.rochester.edu/counsel/documents/MinorsPrograms.pdf>
2. Direct any unanswered questions to their manager or supervisor.
3. Managers/supervisors should review the Minimum Standards and refer any unanswered questions to the Department Administrator and/or HR Business Partner.
4. For still unanswered questions, the Administrator or HR Business Partner should contact Mary Goldenberg in the Risk Management Department for assistance.

# OBTAINING UR DEPT. OF PUBLIC SAFETY (UR DPS) OR HH SECURITY SERVICES

## Subject Matter Experts:

**SMH:** Lorraine McTarnaghan (275-2500)    **HH:** Joe Coon (341-6833)

## For more information:

### SMH:

<http://intranet.urmc-sh.rochester.edu/policy/smhpolices/documents/2.6ObtainingSecurityAssistance.pdf>

### HH:

<http://intranet.urmc-sh.rochester.edu/highland/Policy/envCare/#2>

## Obtaining UR DPS or HH Security Services

1. Incidents involving personal safety of students, volunteers, patients, employees and visitors should be immediately reported to UR Department of Public Safety (UR DPS) or HH Security, regardless of the facility you are in.
2. **UR DPS and Highland Hospital Security can be contacted 24 hours a day, 7 days a week.**
3. Other reportable incidents include but are not limited to:

• Disturbances	• Injuries
• Structural failure	• Loss of inventory
• Fire/explosion	• Traffic conditions/accidents
• Utility emergency	• Suspicious persons or activities
• Chemical/biological/radiological contamination	• Abduction
• Medical emergencies	• Patient disappearance
• Bomb threat	• Physical crimes
	• Theft/weapons

## It is important to remember:

To Contact UR DPS or Highland Hospital Security:

	SMH	Highland
<b>Emergencies</b>	<b>x13</b> from inside UR or any Blue Light Emergency Phone (BLEP)	<b>x1-6666</b>
<b>Nonemergencies</b>	x5-3333 (from inside UR)  Any Blue Light Emergency Phone (BLEP) located on or near pathways, parking lots, and each level of the MC ramp garage.  275-3333 (outside UR)	1-SERV or Page Operator from inside the hospital.  473-2200 (page operator) from outside the hospital.

# OCCURRENCE AND CLAIM REPORTING

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## Subject Matter Experts:

**SMH:** Spencer Studwell (758-7602)

**HH:** Sharon Johnson (341-8399)

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## For more information:

**SMH:** Event (Occurrence) Reporting – Patients and Visitors – 9.1

<http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/documents/9.1IncidentReports-PatientsandVisitors.pdf>

Reporting of Actual and Potential Medical Events – 9.1.1

<http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section09/9-1-1.pdf>

**HH:** Event (Occurrence) Reporting

<http://intranet.urmc-sh.rochester.edu/highland/Policy/HHpolicy/3-14.pdf>

Reporting of Actual and Potential Medical Errors and Events

<http://intranet.urmc-sh.rochester.edu/highland/Policy/HHpolicy/3-23.pdf>

## Occurrence/Claim Reporting

- Hospital Occurrences Definition:  
Any unintended and undesirable development or event related to care or services provided to patients, families, or visitors that takes place on the premises.
- Reportable occurrences include accidents as well as situations that *could* have resulted in an occurrence (near misses).
- A timely, thorough occurrence report must be entered into the security/risk management event reporting system (SRM/RL Solutions) for all occurrences.
- You may need to notify your immediate supervisor or others who may be relevant in the investigation.

## SMH Internal Occurrence/Claim Reporting

- Report any patient or visitor-related occurrence or near miss that is not consistent with routine operation of the hospital or routine care of the patient by entering the event in the online reporting system SRM/RL Solutions.
- All cases involving injury must be entered into SRM/RL Solutions no later than the end of the shift during which the occurrence happened or was first discovered.
- Serious occurrences meeting NYS Reporting or Joint Commission criteria must be reported by telephone immediately to the Risk Management Department at SMH or Quality Management at Highland, with a follow-up report in the SRM system.
- If a clinically significant event occurs, document that in the patient's medical record, but do not reference that a separate occurrence report has been completed.

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### HH Internal Occurrence/Claim Reporting

- Any member of the health care team aware of an occurrence, or a condition that may result in an occurrence, should promptly report it to the person in charge of the area.
- Enter the following in the electronic event reporting system:
  - Patient/visitor occurrences
  - Theft, loss, or damage of property
  - Department of Health occurrence reporting requirements
  - Patient/family complaint or concern
  - Near misses (situations that could have resulted in an occurrence)
    - See the Highland Occurrence Reporting Policy for a more specific list of all required, reportable events.
    - Immediately report serious occurrences to the HH Quality Management Department (341-8399) or the Nursing Supervisor (off-hours).

### NYPORTS External Reporting Requirements

Certain patient occurrences must be reported to the NYS Department of Health (DOH) under its “NYPORTS” program, or to other regulatory agencies.

- Consult with the appropriate coordinating office shown below **before** making an external report.
  - UPMC/SMH: Office of Counsel
  - Highland: Quality Management Department.
- Two types of reports must be sent to the DOH:
  - Short Form
  - Root Cause Analysis

### Short Form NYPORTS External Report

These reports track and trend certain minor occurrences.

- Report by:
  - Entering into SRM
  - or
  - Calling your SMH department’s Quality Assurance Rep or your HH Quality Management Department.
- *SMH Office of Counsel or HH Quality Management Department will coordinate reporting to DOH NYPORTS.*

### Root Cause Analysis (RCA) NYPORTS External Report

- Do not delay reporting in SRM/RL Solutions or to the UPMC Office of Counsel or Highland Quality Management Department incidents requiring RCA reports while conducting your own investigation. *Office of Counsel and the Quality Management Department will coordinate filing with DOH.*

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## OCCURRENCE AND CLAIM REPORTING (continued)

- RCA must be filed with the DOH for certain more serious patient occurrences (also called Sentinel Events) and within 24 hours of their discovery. See the NYPORTS Includes/Excludes Occurrence List, Appendix A, version 2.0 for a complete list of reportable events.
- RCA occurrences that take place after business hours or on weekends:
  - SMH: immediately notify the hospital administrator on call who will notify the Medical Center Office of Counsel.
  - HH: notify the nursing supervisor and/or administrator on call; the Quality Management Department will review.

### **External Reporting Requirements—Medical Devices/Equipment**

A serious injury resulting from an equipment-related incident is defined as:

- A life-threatening illness or injury resulting in either permanent:
  - Impairment of a bodily function
  - Damage to a bodily structure
- An illness or injury necessitating medical or surgical intervention to prevent permanent impairment of a bodily function, permanent damage to a bodily structure.

### **Reporting Medical Device or Equipment Occurrences**

- **Immediately report all** device/equipment-related incidents resulting in serious injury or death of a patient, visitor, or employee:
  - Enter in SRM/RL Solutions reporting system
  - SMH: contact the Office of Counsel to the Medical Center
  - Highland: contact the Quality Management Department
- Immediately notify the department responsible for maintenance of the device/equipment (e.g., Clinical Engineering or Facilities) of any incident.
- According to federal law, any medical device or equipment-related incident causing or contributing to a serious injury or death of a patient, visitor or employee must also be reported to the:
  - Device or equipment manufacturer
  - Food and Drug Administration**SMH Office of Counsel and HH Quality Management will coordinate reporting to outside agencies.**

### **Professional/General Liability Claims**

- The Office of Counsel to the Medical Center is the designated representative for all claims asserted against:
  - SMH
  - HH
  - Clinicians insured through the UR malpractice insurance program

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## OCCURRENCE AND CLAIM REPORTING (continued)

- For instances in which the potential exists for such a claim, immediately notify the SMH Office of Counsel or Highland Quality Management Department.
- Promptly forward any claim letters or lawsuits received to the appropriate office as listed above.

### **It is important to remember:**

- A timely and thorough report of all occurrence and near misses must be entered into the electronic event reporting system (SRM/RL Solutions).
- In all cases of injury, the occurrence must be entered into SRM/RL Solutions no later than the end of the shift during which the occurrence happened or was discovered.
- External reporting is coordinated by the UPMC Office of Counsel and Highland Quality Management.
- External reporting should **not** be done without consultation with the appropriate coordinating office.

# PATIENT IDENTIFICATION

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## Subject Matter Experts:

**SMH:** Robert Panzer, M.D. (273- 4438), Cindy Berry (275-6937)

**HH:** Sharon Johnson (341-8399)

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## For More Information:

Details on Joint Commission National Patient Safety Goal #1 – Improve the Accuracy of Patient Identification: <http://www.jointcommission.org/patientsafety/nationalpatientsafetygoals>

SMH Policy 10.1.1 Patient Identification and Allergy Bands:  
<http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section10/10-1-1.pdf>

HH Policy 2.65, Patient Identification:  
<http://intranet.urmc-sh.rochester.edu/highland/policy/HHpolicy/2-65.pdf>

## Patient Identification

- Goals:
  1. Ensure the correct patient receives the correct health care procedure
  2. Eliminate transfusion errors related to patient misidentification
- The use of **two identifiers in 2 places** equals safe patient care.  
Examples include:
  - Patient name **and** birthdate, **using** patient statement **and** lab requisition
  - Scanning the barcode on a patient's ID band, the medication, and verifying the correct patient's MAR opened up when administering any medication.
- The patient should be actively involved in the identification process whenever possible.
- All lab/specimen containers should be labeled in the presence of the patient.

## PATIENT PRISONER POPULATION (SMH Specific)

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**Subject Matter Expert:** Lorraine McTarnaghan (275-2500)

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### For more information:

Policy 9.10 (Prisoner Patients)

<http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section09/9-10.pdf>

Nursing Practice Administration Policy 8.18 (Patient Prisoner Resources)

<http://intranet.urmc-sh.rochester.edu/nurses/policy/adminManual/Section8/8-18.pdf>

### Admission/Discharge

- If the patient prisoner is under a managed care program, check with Admitting, Social Work, Financial Services, Utilization Review, and/or your supervisor.
- If you receive a phone call from a managed care organization, refer the caller to Utilization Review at 275-3185.

### Security Procedures

- All admitted patient prisoners have a security plan.
  - See SMH Form 877MR—*Inpatient Patient Prisoner Security Plan Checklist*
  - Exception: patient prisoners on medical leave of absence may not require a plan
- Check with the nurse caring for the patient prisoner **before** interacting with the patient.
- Upon arrival at any treatment location for the patient prisoner, the forensic officer should be asked to sign the Forensic Staff Log and be given the *Informational Guidelines for Forensic Staff*.
- Let other staff/departments know the person is a patient prisoner, if necessary. (For example, Food & Nutrition needs to know to supply plastic tableware.)
- Maintain professionalism at all times, report threats or aggressive behavior to area leadership and/or UR Dept. of Public Safety.
- Do not inform inmates of future appointments or other scheduling information.
- Phone inquiries: inform the patient's guarding officer of the call and that no information is to be given out.
- Never be alone in a room with a patient prisoner.
- Do not give the patient any personal info (your address, phone number, etc.).

### It is important to remember:

- Before interacting with a patient prisoner, check with the nurse caring for the patient.
- For security reasons, inmates should NOT be informed of future follow-up appointment dates, times, days of the week or other scheduling information.

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PATIENT PRISONER POPULATION--SMH Specific (continued)

- For your own personal safety, do not tell the patient prisoner personal information such as where you live or your telephone number.
- Never be alone in a room with an inmate.
- If you have questions or concerns, contact the area leadership.
- Nonmedical security-related questions should be referred to UR Department of Public Safety (UR DPS).
- For **emergencies**, call UR DPS at **x13**

# PATIENT RIGHTS/ETHICS/COMPLAINT PROCESS

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## Subject Matter Experts:

**SMH:** Joan Romano (275-5418)

**HH:** Amy Eisenhauer (341-0677)

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For more information:

**SMH:** <http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/index.asp> (Section 11)

**HH:** <http://intranet.urmc-sh.rochester.edu/highland/Policy/HHpolicy/3-11.pdf>

## Patient Rights

- NYS defines patient rights and staff must be familiar with how they apply to their role.
- Patient Rights are prominently displayed in all patient care areas, including hospital-affiliated, off-site locations; a copy must be given to every patient.
- See the policy link (Section 11.1.1) above for a complete list of patient rights.

## Ethical Concerns

UR Medicine and Highland have formal processes to address ethical concerns and dilemmas brought up by physicians, staff, patients, or families.

Contact the SMH Ethics Consultation Service at 275-5800 or the Highland Ethics Committee at 341-6718.

## Patient Complaint Process

Patients have the right to complain about the care and services provided.

Patient concerns should be dealt with right away so issues can be resolved in a timely fashion at the point of origin.

If you can't respond to a patient's complaint or if the patient is not satisfied with your response, quickly refer it to your manager or supervisor.

If the patient is still not satisfied, he or she may contact the Patient and Family Relations Office and will be advised they can take the complaint to the hospital Grievance Committee, NYS Dept. of Health, or the Joint Commission.

## It is important to remember:

- Knock before entering the patient's room, identify yourself, and explain what you do.
- Wear your ID badge so it can be prominently seen.
- Treat patients with respect, using the patient's title and last name (e.g., Mr., Mrs., Ms. Jones).
- Keep your voice low, encourage visitors to do so.

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PATIENT RIGHTS/ETHICS/COMPLAINT PROCESS (continued)

- Realize patients are encouraged to voice any concerns they have about care and services provided and try to resolve the issue.
- If you are unable to respond to a complaint, it involves another department, or if the patient is unsatisfied with your response, promptly refer it to your manager/supervisor.
- For still unresolved complaints, refer the patient/family to the Patient and Family Relations Office.
- Patient and Family Relations will advise patients they have the right to take the complaint to the hospital grievance committee, NYS Dept. of Health, or Joint Commission.

# PATIENT SAFETY, TEAM COMMUNICATION, AND MEDICAL-HEALTH CARE ERROR REDUCTION

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## Subject Matter Experts:

**SMH:** Ann Peterson Ottman (276-6065)      **HH:** Sharon Johnson (341-8399)

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## For more information:

Details on the Joint Commission National Patient Safety Goals and Requirements:  
[http://www.jointcommission.org/assets/1/6/2014\\_HAP\\_NPSG\\_E.pdf](http://www.jointcommission.org/assets/1/6/2014_HAP_NPSG_E.pdf)

## Cultures of Safety

Strong Memorial Hospital and Highland Hospital are committed to creating cultures of safety by:

- Using a nonpunitive medical error reporting process.
- Using an automated occurrence reporting process for actual occurrences and near misses to reduce future events.
- Following Joint Commission National Patient Safety Goals/Requirements.

## 2014 Joint Commission National Safety Goals

Goal 01: Improve the accuracy of patient identification

Goal 02: Report critical results in a timely manner

Goal 03: Improve medication safety by properly labeling medications, containers

Goal 3.5: Reduce likelihood of patient harm associated with the use of anticoagulation therapy

Goal 3.6: Accurately, completely reconcile medications across the continuum of care

Goal 7: Reduce the risk of healthcare-associated infection

Goal 15: Identify patients at risk for suicide

## Patient Safety Goals Examples

- Use 2 patient identifiers when providing direct or indirect patient care.
- Encourage patients' active involvement in their own care.
- Accurately, completely reconcile medications across the continuum of care.
- Reduce hospital-acquired infections by use of proper hand hygiene, appropriate isolation precautions, properly cleaning patient care equipment after use.
- Reduce likelihood of patient harm in use of anticoagulation therapy.
- Improve recognition and response to changes in patient's condition.

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### **2014 Joint Commission Universal Protocol Requirements**

- UP01.1 Conduct a pre-procedure verification process
- UP 01.2 Mark the procedure site
- UP 01.3 A time-out is performed before the procedure

### **Team Communication**

Per the Joint Commission, ineffective communication is the #1 root cause of serious patient events. To improve communication:

- Standardize handoffs in care: include patient history, medications, current condition, anticipated changes, plan of care.
- Write down, read back verbal orders and critical test results.
- Use a medication reconciliation process.
- Do not use these abbreviations in medical record documentation:  
U, IU, QD, QOD, trailing zero X.0 mg, Lack of leading zero .Xmg, MS, MSO<sub>4</sub>, MgSO<sub>4</sub>, u g, T.I.W., A.S., A.D., A.U.

### **It is important to remember:**

- A culture of safety needs the entire team's involvement in providing accurate, timely communication to reduce the #1 root cause of serious patient events.
- All actual events and near misses should be entered in the electronic event reporting system (RL Solutions) so unsafe trends can be tracked and eliminated.
- Never use these abbreviations in any medical record documentation:  
(U, IU, QD, QOD, trailing zero X.0 mg, Lack of leading zero .Xmg, MS, MSO<sub>4</sub>, MgSO<sub>4</sub>, u g, T.I.W., A.S., A.D., A.U.).
- Effective communication involves writing down and reading back information to ensure it was correctly heard, communicating with respect, and listening to understand.

# POLICY AGAINST DISCRIMINATION AND HARASSMENT

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## Subject Matter Experts:

**SMH:** Christopher Walsh (758-2032)

**HH:** Kathleen Gallucci (341-0118)

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## For more information:

UR Policy 106: [www.rochester.edu/working/hr/policies/pdfpolicies/106.pdf](http://www.rochester.edu/working/hr/policies/pdfpolicies/106.pdf)

HH Policy 130:

<http://intranet.urmc-sh.rochester.edu/Highland/Depts/HR/documents/HR130-NONHARASSMENT.pdf>

## Principles of Policy

- Any behavior, including verbal or physical conduct, that involves, in any form, discrimination or harassment against any member or guest of the University or Highland Hospital is prohibited.
- Retaliation, in any form, against a person complaining about an act of discrimination or harassment is prohibited.

## Definition of Discrimination

- Any behavior, whether anonymous or overt, limiting, segregating or classifying a person or group in a way that deprives them of the opportunity to fully function or participate as a member of the University/Highland Hospital community.
- Includes any behavior that might reasonably be considered unlawful discrimination under applicable NYS and/or federal law.

## Definition of Harassment

- Any behavior, whether anonymous or overt, intended to cause or could reasonably be expected to cause an individual or group to feel intimidated, demeaned, or abused, or fear or have concern for their personal safety.
- Includes any behavior that might reasonably be considered unlawful harassment under applicable NYS and/or federal law.

## It is important to know:

If you feel you are being discriminated against or harassed, or notice it happening to another person, you should take action that includes any/all of the following:

- Tell the individual the behavior is unwelcome and unacceptable.
- Talk with your supervisor or manager.
- Contact any of the following resources.

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POLICY AGAINST DISCRIMINATION AND HARASSMENT (continued)

Resources	SMH	Highland
Intercessor's Office - (Trained counselors appointed by the University to handle complaints or questions dealing with sexual harassment.)	275-9125 (staff and students)	
Human Resources	Christopher Walsh, 758-2032 (staff)	Kathleen Gallucci, 341-0118 (faculty and staff)
UR Dept. of Public Safety - SMH Security - HH	Emergency x13 Nonemergency 275-3333	Emergency 341-6666 Nonemergency x1-SERV
Office of Counsel	Office of Counsel to the Medical Center 275-8571	Office of Counsel to the Medical Center 275-8571

# PROFESSIONAL CONDUCT EVENT EDUCATION

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## Subject Matter Experts:

**SMH:** Christopher Walsh (758-2032), Pat Reagan Webster (273-1554)

**HH:** Kathy Gallucci (341-0118)

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Patient- and family-centered care and quality thrive in an environment that supports teamwork and respect for other people, regardless of their position in the hospital. Unprofessional conduct that intimidates others and affects morale or staff turnover can be harmful to patient care when one or more team members feel they are no longer a respected member of that team.

## Leaders Address Unprofessional Conduct By:

- Regularly evaluating the culture of safety and quality, implementing changes to improve safety and quality.
- Adhering to a code of conduct that defines unacceptable, unprofessional conduct or inappropriate events that compromise quality and safety.
- Creating and implementing a process for managing unprofessional conduct and inappropriate events

## Examples of unprofessional conduct include (but are not limited to):

insulting or verbal attacks	throwing instruments or charts
frequent outbursts of anger	criticizing a team member in front of patients

## Reporting Unprofessional Conduct

### SMH –

- Faculty and staff should report unprofessional conduct in RL Solutions (the hospital's electronic reporting system) as soon as possible; events can be entered anonymously if preferred. Or, the event can be reported on the Integrity Hotline at 756-8888.
- Your CONFIDENTIAL report is reviewed by Human Resources and is then given to the best person to handle resolution of that event. If you use your name when reporting the event, you will receive confirmation that your report has been seen and is being reviewed.
- Each event will be handled on a case-by-case basis, so there is no standard time frame for resolution of the event, but each event will be reviewed within 14 days of being reported. If you used your name when reporting the event, you should receive a confirmation in approximately 14 days. However, if you did not use your name when reporting the event, there is no mechanism in place to notify you that it has been received and is being reviewed.

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## PROFESSIONAL CONDUCT EVENT EDUCATION (continued)

### HH –

- Faculty and staff should report unprofessional conduct in RL Solutions (the hospital's electronic reporting system) as soon as possible; events can be entered anonymously if preferred.
- Your CONFIDENTIAL report is reviewed by Human Resources and is then given to the best person to handle resolution of that event. If you use your name when reporting the event, you will receive confirmation that your report has been seen and is being reviewed.
- Each event will be handled on a case-by-case basis, so there is no standard time frame for resolution of the event, but each event will be reviewed within 14 days of being reported. If you used your name when reporting the event, you should receive a confirmation in approximately 14 days. However, if you did not use your name when reporting the event, there is no mechanism in place to notify you that it has been received and is being reviewed.

### **It is important to remember:**

- Patient- and family-centered care and quality thrive in an environment that supports teamwork and respect for other people, regardless of their position in the hospital.
- Unprofessional conduct that intimidates others and affect morale or staff turnover can be harmful to patient care.
- Faculty and staff should report unprofessional conduct as soon as possible through appropriate channels.

# PROFESSIONAL MISCONDUCT REPORTING AND THE IMPAIRED PROFESSIONAL

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## Subject Matter Experts:

**SMH:** Spencer Studwell (273-4575)

**HH:** Sharon Johnson (341-8399)

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## For more information:

### SMH:

<http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/documents/1.7.1CodeofConduct.pdf>

### HH:

<http://intranet.urmc-sh.rochester.edu/highland/Policy/HHpolicy/3-1.pdf>

<http://intranet.urmc-sh.rochester.edu/highland/depts/hr/documents/HR128-SUBSTANCEABUSE.pdf>

## Examples of Professional Misconduct

- Fraudulently obtaining a license or practicing the profession while the license is suspended/inactive
- Practicing while impaired by alcohol, drugs, or mental disability
- Refusing to provide professional service to a person because of the person's race, creed, color, or national origin; includes harassing, abusing, or intimidating a patient, either physically or verbally
- Directly or indirectly offering, giving, soliciting, or receiving or agreeing to receive, any fee or other consideration to or from a third party for the referral of a patient
- Willfully making or filing a false report, or failing to file a report required by law, or willfully obstructing such filing, or inducing another person to do so
- Practicing or offering to practice beyond the scope permitted by law except in an emergency situation where a person's life or health is in danger
- Performing professional services which have not been duly authorized by the patient or his or her legal representative, including ordering excessive tests, treatment, or use of treatment facilities not warranted by the condition of the patient

## Impaired Professional

Anyone witnessing behavior of an individual suspected of being impaired is **legally obligated** to notify the appropriate manager/supervisor and/or Director of Nursing and the Associate Medical Director.

Possible indications of impairment include but are not limited to:

- Arguments, bizarre behavior, irritability, depression, mood swings
- Irresponsibility, poor memory, poor concentration
- Difficult to contact; won't answer phone or return calls
- Neglect of patients, incomplete charting, or neglect of other duties
- Inappropriate treatment or dangerous orders, including excessive prescription writing
- Unusually high doses or wastage noted in drug logs

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**It is important to remember:**

To Report Misconduct Concerns:

**URMC-SMH:**

Contact the Office of Counsel to the Medical Center through departmental channels.

If the concern involves a supervisor or departmental leader, staff should directly contact the Office of Counsel to the Medical Center at 275-8019.

**HH:**

Contact the Quality Management Department through departmental channels.

If the concern involves a department leader, staff should directly contact the Quality Management Department at 341-8399.

For weekends or evening/night shifts, the Nursing Supervisor and/or Administrator-On-Call should be notified.

# PROVIDING BETTER CARE FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES THROUGH COMMUNICATION

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## Subject Matter Experts:

**SMH:** Steven Sulkes, MD (275-2986)

**HH:** Daniel Mendelson, MD (341-0888)

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## Objectives

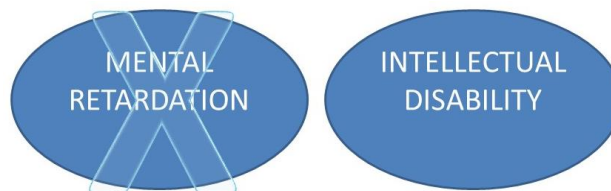
1. Increase awareness of communicating with people with intellectual and developmental disabilities.
2. Provide some strategies for improving communication and service.

## Intellectual and Developmental Disabilities

- **Developmental disabilities** (DDs) are severe chronic conditions that can be cognitive, physical or both. DDs are marked by impairment in physical, learning, language, or behavior areas and occur before the age of 21.
- **Intellectual disabilities** (IDs) are characterized by difficulties in intellectual functioning and adaptive behavior.
- People with intellectual and/or developmental disabilities (**IDD**) include those with cerebral palsy, autism spectrum disorders, epilepsy, and many other syndromes and conditions.

## Preferred Terminology

In recent years, the term “Intellectual Disability” has replaced the stigmatizing term “Mental Retardation.”



## How Are People With IDD Impacted by Their Disability?

Impacts of IDD vary from person to person and can include difficulties with:

- Mobility
- Learning
- Communication
- Adaptive skills

An individual’s disability is not always visible.

Each person with an intellectual or developmental disability has his or her own unique interests, strengths and challenges.

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### **Communicating With an Individual With IDD**

- Find out how the person best communicates. For example, some people benefit from picture communication
- Speak directly to the person, instead of the parent or caregiver
- Simplify language
- Allow time for the patient to process information; check in with the patient to ensure understanding
- Be truthful: “The shot will hurt a little, not a lot.”
- Use People First Language: “Kevin is a 14-year-old boy with autism” not “The autistic boy.”

### **Health Care for People With IDD**

- Having a disability does not mean a person is not healthy.  
But people with IDD have been shown to have poorer health and dental care than people without IDD
- Health conditions experienced by people with IDD are not necessarily related to their disability.
- Providing healthcare for people with IDD consists of the same elements as providing healthcare for people without disabilities:
  - Involving the patient
  - Obtaining information to identify a diagnosis
  - Communicating treatment plans and preventive measures

### **Resources**

Health Care for Adults with Intellectual and Developmental Disabilities Toolkit  
<http://vkc.mc.vanderbilt.edu/etoolkit/>

Developmental Disabilities information from the American Academy of Pediatrics  
<http://www.healthychildren.org/English/health-issues/conditions/developmental-disabilities/Pages/default.aspx>

# QUALITY, SAFETY, AND PERFORMANCE IMPROVEMENT

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## Subject Matter Experts:

**SMH:** Judy Burkman (276-3148), Pat Reagan Webster (273-1554)

**HH:** Sharon Johnson (341-8399)

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## For more information:

**SMH:** [SMH Policy 1.7.1](#) Code of Conduct

**HH:** [HH Policy 1.4](#), Code of Conduct

**Mandatory In-Service Topic:** Patient Safety, Team Communication, Medical-Health Care Error Reduction

## Other resources:

- IHI Website: [www.ihl.org/ihl](http://www.ihl.org/ihl)
- Institute of Medicine: [www.iom.edu/](http://www.iom.edu/)
- Integrity Hotline: 756-8888
- Joint Commission: [www.jointcommission.org/patientsafety/nationalpatientsafetygoals/](http://www.jointcommission.org/patientsafety/nationalpatientsafetygoals/)
- Patient Safety Classes: contact H. Poltorak/R. Panzer
- SMH Quality Officers: [SMH Quality Assurance Dept](#)
- SMH Education Committee: contact T. Smith
- SMH Unit-based Performance Program: contact Pat Reagan Webster
- Strong PFCC/Strong Commitment Modules: contact J. Beckerman
- TeamSTEPPS Training: contact H. Poltorak/Dr. Panzer
- Lean Performance Improvement: contact Tricia Hough
- HH Quality Management Department
- HH PFCC: contact Amy Eisenhauer

## Mission Statements

### Strong Memorial Hospital:

We improve the well-being of patients and communities by delivering innovative, compassionate, patient- and family-centered health care enriched by education, science, and technology.

### Highland Hospital:

Commitment to excellence in health care, with patients and their families at the heart of all we do.

## Visions and Obligation

**SMH Vision:** We will define and deliver *Medicine of the Highest Order* and set the standard for compassion and innovation, always placing patients and their families first.

**HH Vision:** We deliver *Medicine of the Highest Order* in a community hospital where compassion, quality, and patient- and family-centered care are our guiding principles. Our affiliation with a world-class medical center will allow us to provide the best of both worlds: state-of-the-art medicine and personalized patient care.

Each of us is a part of a system that supports patient care, education or research.

We each have an **obligation** to our customers, our team, and ourselves to speak up when we have an improvement idea.

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**SMH Goals (According to SMH Management Plan)**

- Quality, Safety (High quality, safe and effective care)
- Patient/family-centered care (patient centered, timely, efficient)
- Growth (capacity management)
- People (human resource services, staff/leadership development, employee engagement)
- Financial Responsibility (achieve operating targets)
- Infrastructure (upgrade as appropriate to achieve goals)
- System Integration (reduce unnecessary hospitalizations by community-based health initiatives)

**HH Goals**

- Quality, Safety (High quality; safe, effective care)
- Service Excellence/Patient/Family-Centered Care (timely, efficient patient/family-centered care)
- People (staff/leadership development, employee engagement)
- Growth (volume growth, capacity management)
- Financial Responsibility (achieve operating targets)
- Infrastructure (upgrade as appropriate to achieve goals)
- System Integration (reduce unnecessary hospitalizations by community-based health initiatives)

**Six Dimensions of Quality in Health Care** (per Institute of Medicine)

1. **Safety** – a property of any system, not just everyone “working carefully”
2. **Effectiveness** – the right technique/resources for the illness or event
3. **Patient-centeredness** – the patient plays an active role in making decisions
4. **Timeliness** - unintended waiting is a system defect
5. **Efficiency** - seeking to reduce the waste in supplies, equipment, space, capital, etc.
6. **Equity** - race, ethnicity, gender, and income do not prevent anyone from receiving care

**A Safe Culture** (per Joint Commission)

- Expressed in the beliefs, attitudes and values of an organization’s physicians/staff.
- Characterized by a continual drive toward the goal of maximum attainable safety.
- A place where everyone is sensitive to operations and understands change management.
- Strengthened when work processes allow leaders and staff to discuss and learn together.

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### **Performance Improvement**

- Key to high quality health care
- Performance improvement philosophy pervades leading healthcare organizations
- A system designed to reduce or eliminate chances for error, monitored for improvement opportunities over time
- Highlights errors when they happen, empowering staff to speak up and offer improvement suggestions

### **Core Principles/Concepts of Continuous Quality Improvement**

- Identification of customer needs, expectations
- Commitment to teamwork
- Making decisions based on data
- Commitment to continuously improving processes

### **Quality Care/Service Is Everyone's Job**

- The patient's or customer's needs must be first in our minds
- Quality or performance improvement means working together
  - Often in teams within or across departments
  - To improve processes and resolve issues

### **Model for Improvement Using PDSA**

#### **Fundamental Questions**

- What are we trying to accomplish?
- How will we know a change is an improvement?
- What changes can we make that will result in improvement?

#### **PDSA**

- **Plan:** plan the change
- **Do:** implement the change
- **Study:** study the results of the planned change
- **Act:** hold the gains or continuously improve

### **NYS Dept. of Health/Joint Commission Surveyors Expect Staff Members to Explain:**

- How your job supports the Hospital's mission
- Your involvement in department performance improvement/safety activities
- Fire safety and emergency responses, use of universal precautions, hand hygiene, equipment and reagent safety, safety of the workplace
- How the hospital's approach to implementing the National Patient Safety Goals affects care in your area

**Ask your supervisor if you are unsure how you would answer these questions.**

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**You should speak up when you:**

- See an opportunity to improve a process or reduce an error in your work.
- Identify an opportunity to eliminate waste in your work environment.
- Observe an issue that needs to be addressed.
- Think there is a systems problem that can be fixed, but needs a team to solve it.
- Observe someone who is acting in a disrespectful or inappropriate way.

# SMOKE-FREE CAMPUS, INSIDE AND OUT

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## Subject Matter Experts:

**SMH:** Lorraine McTarnaghan (275-2500)

**HH:** Joe Coon (341-6833)

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## For more information:

**SMH:** Smoke-Free Intranet Site

<http://intranet.urmc-sh.rochester.edu/policy/smokefree/>

**HH:** HH Policy 2.35, Smoke Free Campus

<http://intranet.urmc-sh.rochester.edu/highland/Policy/HHpolicy/2-35.pdf>

## Sale of smoking materials is prohibited in all areas of:

- Highland Hospital
- Strong Memorial Hospital and the Medical Center campus including:
  - Eastman Institute for Oral Health (Eastman Dental Center)
  - School of Medicine and Dentistry
  - School of Nursing
  - Saunders Research Building
  - Kornberg Medical Research Bldg. & Del Monte Neuro-medicine Institute

## Smoking Perimeters

Smoking by faculty, staff, volunteers, students, patients and visitors is prohibited within the established perimeters for each organization,\* including:

- Parking lots/areas
- Personal vehicles within the perimeter areas
- URM/SMH and HH neighborhoods

\* At this time, URM/SMH does provide designated smoking outposts within the perimeter. See the map at <http://intranet.urmc-sh.rochester.edu/policy/smokefree/> for locations

## Maintaining a Smoke-Free Campus

ALL faculty, staff, and students are expected to:

- Follow the policy
- Inform persons smoking within the perimeter of the Smoke-Free policy
- Be aware they are subject to corrective action if they do not comply with the smoke-free policy

Support resources are available to assist in complying with the smoke-free policy including smoking cessation programs and nicotine replacement products available for purchase at various locations.

A comprehensive nicotine replacement therapy protocol is provided for all inpatients.

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**Failure to Comply With Policy at Either Campus**

If you see a person smoking within the perimeter of either campus and outside the smoking outposts at SMH:

- Inform the person of the no-smoking policy and request they cease smoking
- If they refuse, request they take the remainder of their smoking material with them so others do not think it is OK to smoke in that location
- Indicate smoking replacement materials are available for sale

**It is important to remember:**

- A smoking outpost is no longer available at Highland.
- Many support resources are available to help community members comply with the Smoke-Free Policy (e.g., smoking cessation programs, nicotine replacement products).
- A comprehensive nicotine replacement therapy protocol is provided for all inpatients.
- Nicotine replacement products are available for purchase at various locations to help outpatients, visitors, and staff to be more comfortable while complying with the policy at both SMH and HH.
- Faculty, staff and students should be aware they are subject to corrective action if they do not comply with the smoke-free policy.

# STROKE RECOGNITION

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## Subject Matter Experts:

**SMH:** Ann Leonhardt (273-2861)

**HH:** Meghan Reddy (341-6932)

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## Stroke Centers

- Strong Memorial Hospital is a Joint Commission Certified Comprehensive Stroke Center. This means we are recognized for providing highly specialized care to the most complex stroke patients.
- Highland is a New York State designated Stroke Center. We have also been rewarded the Gold Seal for Stroke care.
- At either institution, Stroke is an emergency and all potential treatments must be provided quickly.

## Sudden Onset Recognition

- Weakness or numbness of face, arm, or leg (especially when isolated to one side of the body)
- Confusion, trouble speaking or understanding, slurred speech
- Trouble seeing in one or both eyes, double vision
- Trouble walking, dizziness, loss of balance or coordination
- Severe headache with no known cause

## Remember “FAST” to Recognize Stroke

The American Heart Association/American Stroke Association recommends remembering “FAST” to help recognize stroke:

**Use FAST to remember warning signs of stroke:**

- FACE:** Ask the person to smile. Does one side of the face droop?
- ARMS:** Ask the person to raise both arms. Does one arm drift downward?
- SPEECH:** Ask the person to repeat a simple phrase. Is their speech slurred or strange?
- TIME:** If you observe any of these signs, **call 9-1-1 immediately.**

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STROKE RECOGNITION (continued)

**Immediately Call For Help**

If you witness someone having a suspected stroke, immediately call for help:

Strong Memorial Hospital	Highland Hospital
Inside either hospital:	
<ul style="list-style-type: none"><li>• STAT page through the page office</li><li>• For a patient: Stroke Alert</li><li>• For anyone else: MERT response</li></ul>	<ul style="list-style-type: none"><li>• For a patient: Inform an RN on the floor who will call a Rapid Response</li><li>• For anyone else: Call page office for a MERT Response</li></ul>
Outside either hospital, call 9-1-1	

**It is important to remember:**

Signs of a stroke may include:

- Weakness or numbness of face, arm, or leg (especially when isolated to one side of the body)
- Confusion, trouble speaking or understanding, slurred speech
- Trouble seeing in one or both eyes, double vision
- Trouble walking, dizziness, loss of balance or coordination
- Severe headache with no known cause

It is critical to recognize and treat stroke very quickly.

Remember “FAST”:

Face, Arm, Speech, Time

## THE STRONG COMMITMENT (SMH Specific)

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**Subject Matter Expert:** Jacqueline Beckerman (275-8794)

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### **For more information:**

Strong Commitment Website

<http://intranet.urmc-sh.rochester.edu/policy/strongcommitment/>

Learning Materials

<http://intranet.urmc-sh.rochester.edu/policy/strongcommitment/learning/>

View Learning Materials Over CCTV

<http://intranet.urmc-sh.rochester.edu/Policy/StrongCommitment/learning/cctv.asp>

### **The Strong Commitment**

*Every word you speak, action you take, makes an impression on those who trust us to provide them the best possible care. We are committed to exceeding their expectations and serving their needs with compassion, respect and exceptional health care.*

- Every employee must make a personal commitment to the values we share, ensuring our words and actions are consistent with those values.
- You are expected to embrace this commitment and make it central to your work life at Strong, every day.
- To help in that process, learning resources are available to you.
- Please go to the Learning Materials link on slide 2; learning is grouped according to your role and responsibilities at Strong—as a manager or a staff member.
- You are required to complete the Strong Commitment training program created for you.

### **Service Excellence Core Competencies/Expected Behaviors**

#### **Appearance and Language**

- Wear neat, proper dress, and a visible ID badge
- Use words and tones appropriate to a health care setting

#### **Greeting and Assistance**

- Greet others warmly
- Introduce yourself and explain your role
- Offer assistance and escort guests to their destination if needed

#### **Ownership and Hospitality**

- Keep our hospital clean (report spills, pick up trash and reduce clutter)
- Always give patients and families priority (in elevators, lines, parking lots)

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## THE STRONG COMMITMENT—SMH Specific (continued)

### Respect and Recover

- Respect every person's privacy (knock before entering a room, pull privacy curtains where possible)
- Acknowledge situations; apologize for any inconveniences; correct when possible

### Teamwork and Innovation

- Solve problems rather than blame others or offer excuses
- Value and support your co-workers and actively participate in team success
- Be flexible and willing to listen to ideas that are different from your own

## The Strong Commitment Means I CARE

**Integrity** – I will conduct myself in a fair, responsible and trustworthy manner.

**Compassion** – I will act with empathy and understanding toward others.

**Accountability** – I have an obligation to take responsibility for my actions and to join with my colleagues in realizing the hospital's vision.

**Respect** – I will treat patients, families and colleagues with dignity and sensitivity, valuing their differences.

**Excellence** – I will rise above the ordinary through my personal efforts and those of my team.

## Service Recovery

- Tool to recognize, prevent, and correct unmet customer expectations
- Goal: to turn potentially negative situations into positive ones and make things right for our customers
- Use the **Learn Protocol** to turn things around:
  - LISTEN** to the customer
  - EMPATHIZE** with how the customer is feeling
  - APOLOGIZE** for not meeting their expectations
  - RESPOND** to the problem
  - NOTIFY** the appropriate person(s)

# WASTE MANAGEMENT

**Subject Matter Experts:** SMH: Bradley Miller (275-4699)

HH: Horace Little (341-0313)

## Waste Management

- Improper handling or disposal of certain types of waste could be illegal and create unsafe conditions.
- **Improper sharps disposal is a major concern** as sharps could be misplaced onto patient food trays or into dirty linen and trash bags.
- Sharps **must** be immediately disposed of in approved sharps containers, without recapping the needle.

## Who to Contact

Important Numbers	SMH	HH
General waste questions, schedule pickups or service	Environmental Services x5-6255	Environmental Services x1-7378
Biohazardous Waste	Technical questions, to voice concerns, call Environmental Health & Safety x5-8405.	Environmental Services x1-7378
Chemotherapeutic Waste Info.	Technical questions, to voice concerns, call Environmental Health & Safety x5-8405 or x5-9809.	Environmental Services x1-7378
Hazardous Chemical Waste (including mercury)	Hazardous Waste Management x5-2056	Support Services x1-7378
Radioactive Waste	Radiation Safety x5-3781	Radiation Safety Officer x1-6279
Recycling/ Confidential Documents	Paper, cardboard, confidential document disposal, call Environmental Services x5-6255.  Used electronic equipment: e-mail University IT at <a href="mailto:itequipmentrecovery@rochester.edu">itequipmentrecovery@rochester.edu</a> .  Batteries, call x5-2056  Furniture, medical equipment: Facilities Surplus x5-8875	Environmental Services x1-7378

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WASTE MANAGEMENT (continued)

**Waste Disposal Method Examples**

Waste Type	Examples	Disposal Method
<b>General Refuse</b>	Nonrecyclable paper, food wrappings, paper towels, etc.	<b>SMH:</b> Clear or dark bag <b>HH:</b> Clear bag
<b>Nonregulated</b> medical waste (generated during treatment/diagnosis of patients but not classified as biohazardous by NYS DOH)	Gloves, IV bags, tubing, etc., that are <b><i>not saturated to the point of dripping</i></b> with blood or body fluids.	Clear or dark bag
<b>Biohazardous or Infectious Waste</b> (medical waste defined by NYS as having a higher risk of being infectious.)	Sharps (patient and personal)	Approved sharps container (hard plastic with tight-fitting top)
	Blood/body fluids	Discard <i>carefully</i> into designated flush sink/hopper ( <i>not handwashing sinks</i> )
	Blood bags that cannot be safely drained, disposed	Empty, 8-gallon, free-standing sharps container and label container for blood bags only. Do not put sharps in this container and keep it upright.
	Items <i>saturated</i> to the point of dripping with blood/body fluids (other than feces and most urine). Human pathological waste (recognizable body parts, organs) Laboratory waste known to be in contact with infectious agents. Chest drainage canisters Animal waste (bedding, carcasses) known to be contaminated. Suction canisters (keep upright in red bag)	Must be put into red bags.
	Clinical lab <i>unbroken</i> blood tubes, or any other biohazardous glass from patient treatment areas. Broken glass is put in sharps containers if it fits.	Special cardboard box designed for these items.

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WASTE MANAGEMENT (continued)

Waste Type	Examples	Disposal Method
<b>Recyclable Waste</b>	Office paper, newspapers, magazines, catalogs, books, paperboard boxes (flattened)	Blue bin/blue recycling toter (where available)
	Cardboard (clean, flattened)	Consolidated in designated areas and brought down to compactor at waste dock
	Clean and empty plastic #1, 1-7, aluminum and tin cans, glass bottles/containers, milk/juice cartons	Bin with green label/green toter (where available)
	Button batteries, nickel cadmium, lithium ion, nickel metal hydride and any other battery type except alkaline.	Battery drop-off points: soiled utility cart in inpatient units; also, at SMH: Parking Office Service counter, Photo Illustration, Engineering Stores.
<b>Confidential Documents</b>	Patient Records; all HIPPA-related documents and information	Department shredder or: <b>SMH</b> – locked small gray metal container. <b>SMD</b> – locked green toter with slotted top for Environmental Services pickup. <b>HH</b> : locked gray container.
<b>Pathological Waste</b>	Body parts/organs/tissues removed through surgical procedures	Special handling – See your Dept. Head for details (most goes to on-site Crematory)
<b>Pharmaceutical Waste</b>	IV bags with RX drugs still left in them Syringe/needles with RX drugs still in them	Special floor-placed, 8-gallon blue containers for nonhazardous RX waste and a special floor-placed 8-gallon black container for <i>hazardous</i> RX waste. If a syringe/needle has RX waste left, use a special 2-gallon wall bracket or tabletop <i>black sharps shelter</i> . These are either in the med rooms or soiled utility rooms on the units. For SMH areas such as Radiology and the OR that generate a large amount of sharps (including syringes) there are special floor-placed 8-gallon purple containers available for this purpose if there is residual RX material in the sharp. <b>NOTE:</b> Some Rx waste could be reactive or called “noncompatible.” This RX waste must be sent back to the Pharmacy. In SMH this is placed in a special purple plastic bag that will be placed on the Pharmacy cart for return.

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WASTE MANAGEMENT (continued)

Waste Type	Examples	Disposal Method
<b>Mercury Waste</b> Do not throw items containing mercury in the trash	Button batteries, thermometers	On inpatient units, label and place on soiled utility carts. All other areas—check procedure for your specific areas.
<b>Hazardous Chemical Waste</b>	Halogenated solvents, corrosives, heavy metals, waste oils, etc.	Keep different kinds of chemical wastes separated. Place in tightly closed containers that are properly and clearly marked. Fill out a <b>Hazardous Waste Tag</b> and promptly call the <b>Hazardous Waste Management Unit (x52056)</b> .
<b>Radioactive Waste</b>	Includes a variety of long- and short-lived radioactive materials mixed in with research and clinical apparatus such as pipettes, test tubes, examination gloves, paper, etc. All waste from patients receiving oral solution of iodine 131.	Keep different types of radioactive waste separate from each other and place in proper containers that are clearly and properly labeled with a <b>Radioactive Waste Tag</b> ; drop off at or pickup by <b>Radiation Safety Office</b> . Special boxes for these materials; pickup by <b>Radiation Safety</b> . F-18, Tc-99m, In-111m and Tl-201 wastes may be stored for decay within department with approval of Radiation Safety Officer.

**It is important to remember** (Info on previous charts plus below):

Waste Type	Examples	Disposal Method
<b>Chemotherapeutic Waste</b> Chemo waste must be separated from all other types of waste.	Nonsharp waste from a patient being treated with cancer-fighting drugs including gloves, gowns, etc.  Sharps and glass containers used for patients being treated with cancer fighting drugs.	Yellow bag labeled “Caution Chemotherapy Waste”  Yellow plastic sharps container labeled “Caution! Hazardous Drug Waste” or “Caution! Chemotherapy Waste”
<b>Creutzfeldt-Jakob Disease (CJD) Waste</b>	Waste from patients known or suspected to have CJD	<b>Sharps: SMH and HH:</b> Yellow Chemo sharps container with CJD stickers placed over Chemo labels. <b>Nonsharps: SMH:</b> Orange bags with CJD sticker placed on the bag. <b>HH:</b> Red bag labeled “CJD” placed into an autoclave bag marked “CJD.”

# WORKPLACE VIOLENCE / DEFUSING POTENTIAL VIOLENCE

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## Subject Matter Experts:

**SMH:** Lorraine McTarnaghan (275-2500)

**HH:** Joe Coon (341-6833)

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## For more information:

### SMH:

<http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/documents/10.14ManagementofViolentActorsTreatsofViolence.pdf>

<http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section02/2-3.pdf>

<http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section02/2.9%20Critical%20Security%20Incident.pdf>

Related Strong Commitment training materials can be obtained from The Strong Commitment Office (x5-8794) or from the Director's Office.

**HH:** <http://intranet.urmc-sh.rochester.edu/highland/policy/HHpolicy/3-21.pdf>

## Hospital Policy

Both the URM-C-SMH and Highland strive for a safe, violence-free environment. Acts or threats of violence will not be tolerated.

## Signs of Potential Violence

What You Might See or Hear	
Visible stress	Loud, fast speech
Tense muscles	Demanding, blaming statements
Fidgeting	Refusal to follow rules
Glaring	Throwing, slamming objects
Pacing	Verbal outbursts
Threats	Unrealistic expectations

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### Responding to Potential Violence

Immediate Threat, Call:	Not An Immediate Threat:
UR Dept. of Public Safety (UR DPS) x-13	Notify your supervisor/manager and UR DPS or HH Security to help develop an action plan
Highland Hospital Security x1-6666	
Off-Site Locations 9-1-1	

### If a Traumatic Event Happens....

- Report the event to your supervisor/manager
- Address staff emotional needs and review the incident with all involved.
- Document the event by a report to UR DPS/HH Security and staff/visitor incident/occurrence report; the report will be promptly investigated and kept confidential if possible.
- Any act or threat of violence initiated by an employee will be grounds for termination per policy.

### To Calm a Potentially Violent Person

1. Give your full attention to the person; maintain a safe distance; give yourself the ability to exit if necessary.
2. Don't be defensive; speak in a calm voice and be aware of your body language.
3. Ask for specific examples of what the person is upset about; redefine the problem to ensure your full understanding.
4. Offer reasonable choices to diffuse the situation.

