

**Please Do Not Write in This Booklet!**

**2**

*UR Medicine*

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**FRIENDS OF STRONG  
VOLUNTEER  
MANDATORY  
IN-SERVICE  
EDUCATION  
MANUAL and  
QUESTIONS**





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## COMPLIANCE Section

### 2019 HIPAA Privacy, Security, and Confidentiality of Information

**HIPAA Privacy, Security, and Confidentiality of Information** 20181126

#### Why Is HIPAA Important?

HIPAA is about protecting the privacy and security of our patients' healthcare information.



Protected health information (PHI) includes any individually identifiable information used or created to provide healthcare to an individual. Patients trust us to treat their information with respect and confidentiality, the way we would want others to treat us, our friends and family.


HIPAA is a law that all workers in a health care setting are required to follow. Failure to follow the HIPAA rules can harm our organization's reputation, result in large fines, and/or possibly require disciplinary action for the employee who violates these rules.

#### Most Common HIPAA Mistakes and Violations at UR Medicine

- Looking at patient information that isn't needed for your job responsibilities (for example, snooping).
- Giving patients the wrong written information (for example, visit summaries, labs, requisitions).
- Not logging off or securing workstations when not in use.
- Throwing items or devices containing PHI in the regular trash or leaving it in a common area for others to see.
- Saving PHI onto a portable device that hasn't been encrypted.

We need everyone's help to protect patient privacy. Next, we will review the actions you should take to prevent HIPAA mistakes and violations.



**HIPAA Privacy, Security, and Confidentiality of Information**

#### HIPAA Security

##### Passwords

- 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. Log off or lock your computer when you walk away.



##### E-mail


Phishing can disable your computer and gain access to PHI and other personal information. To ensure your computer is not accessed:

- 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.

##### Secure Storage of PHI

- PHI must be stored securely wherever it is stored. UR Medicine shared drives and UR's Box service are examples of secure storage places.
- All devices containing PHI must be encrypted.
- Contact your Help Desk or HIPAA Security Official to determine the most appropriate and secure storage mechanism. The use of cloud storage, portable media or other unencrypted storage mechanisms must first be approved by the HIPAA Security Official.







## HIPAA Privacy, Security, and Confidentiality of Information

### HIPAA Privacy

- Unless you are performing your job, never use your work systems to look at patient information of a family member or friend, even if they have asked you to do so, or you hold power of attorney or you are health care proxy.
- Always use two patient identifiers (for example, name and DOB or MRN, to check information before handing or mailing PHI to patients).
- Log off or secure computers or devices when you step away so others cannot access PHI.
- Use secure disposal bins, shredders or your facility's process for secure disposal of devices for PHI.


### HIPAA Privacy and Security Resources

- Your supervisor.
- The UR Medicine HIPAA Intranet site or facility resources provide policies, training modules and updates with practical examples to help you.
- Privacy and Security Officers are designated for all clinical and research areas within UR Medicine and Affiliates. Contact information for these resources is located on the UR Medicine HIPAA Intranet site or your facility resource.
- Patients and staff should call the UR Medicine Integrity Hotline at 585-756-8888 to report HIPAA concerns, complaints or violations.
- **Thompson Health** staff should notify Corporate Compliance Hotline at 585-396-6234.
- **Jones Memorial** staff should notify Corporate Compliance Hotline at 4095 or the Privacy Officer at 4145. From outside JHM call 596-0145.

## Quiz: 2019 HIPAA Privacy, Security, and Confidentiality of Information

### 1. (Multiple Choice)




## Quiz: HIPAA Privacy, Security, and Confidentiality of Information

Under what circumstances would it be acceptable to share a password with another person?

Choice
A. IT Support called and requested my password to access my computer
B. My supervisor gave me their password to check test results they were waiting on.
C. My co-worker needs access to a system that only I have access to.
D. Never. It is never OK to share my password with anyone.


**2. (Multiple Choice)**

**Quiz: HIPAA Privacy, Security, and Confidentiality of Information**

Which statement below reflects the correct way to dispose of papers or devices containing Protected Health Information (PHI)?

Choice
A. Take all old computers used for patient care directly to the loading dock or other place where trash is removed from your facility.
B. Leave the patient appointment schedule you found in the bathroom where it is, so the person who lost it can find it.
C. Discard printed patient lists and schedules in a locked bin for destruction as soon as you are finished with them.
D. Dump coffee grounds on top of the old patient billing records you are discarding so no one can read them.



# 2019 HIV AIDS Confidentiality


**HIV/AIDS Confidentiality**20181127

## What Info Is Confidential?

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 (including CD4, HIV antibody, HIV viral load, rapid HIV test)





**HIV/AIDS Confidentiality**


## What Info Is Reported?

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.

These results are generally reported by the laboratory to the NYSDOH via an electronic reporting system:

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





HIV/AIDS Confidentiality

### Disclosure

**What is disclosure?**  
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.

**When is it appropriate?**  
Generally, disclosure of HIV-related information is appropriate only with a special HIV release form (NYS DOH #2557) or OCA Official Form 960 (if initiated on the appropriate line), signed by the patient, with instructions as to the identity of the recipient.

**What are the consequences of inappropriate disclosure?**  
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.

**What if I'm still unsure?**  
When in doubt, don't release the information without specific HIV authorization. Please contact the appropriate person below if you have questions.

Click each button above to review contact information by location.


i

HH

JMH

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URMC/SMH



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QUIZ

## URMC



HIV/AIDS Confidentiality

### Disclosure

**What is disclosure?**  
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.

URMC/SMH		
Disclosure of HIV-Related Information	Office of Counsel to the Medical Center (during regular business hours)	758-7606
	Health Information Management Department, Release of Information section	275-2605
	SMH Privacy Officer	758-7883
Identification of HIV-Related Information	SMH AIDS Center	275-0526


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URMC/SMH



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QUIZ

## Quiz: 2019 HIV/AIDS Confidentiality

### 1. (Multiple Choice)

Choice
A. SH 48MR Authorization for release of medical care
B. NYS DOH 2557
C. Official Form 960
D. MOLST
E. Either B or C

## 2019 Joint Commission Readiness

Joint Commission Readiness
<p><b>What Is the Joint Commission?</b></p> <p>The Joint Commission is a private agency that evaluates how well healthcare organizations provide safe and high quality patient care.</p> <p>Joint Commission reviewers periodically visit our facilities to observe how we provide care and to ensure we are meeting the Joint Commission standards.</p> <p>Visits, called surveys, are unannounced, so we need to be ready at all times.</p>







### Are You Joint Commission Ready?

Wear your ID Badge, and at URM/Strong and Jones Memorial, 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 (for example, policy and procedure manuals, clinical practice guidelines, and safety alerts). Follow policies, clinical practice guidelines and protocols.

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 Concerns

#### To report a concern:

##### Staff

Staff are encouraged to report concerns about care and safety through their management structure; at URM/SMH call the Medical Director's Hotline (3-CARE).

At Highland, staff members may call Administration or Quality Management (341-8423).

At Thompson Health, staff may email patient concerns at [patient.concerns@thompsonhealth.org](mailto:patient.concerns@thompsonhealth.org) or call the Quality Department at 396-6793.

Jones Memorial staff are also encouraged to report through their management structure or by conferring with the Quality Management Director at 4020.

If a staff member is still not satisfied, they may report their concern to the Joint Commission via e-mail at [complaint@jointcommission.org](mailto:complaint@jointcommission.org).

##### Patients

Patients/families are encouraged to participate actively in their care and report any safety or quality concerns to their caregiver, or to the Patient and Family Relations Coordinator (or the administrator on call at **Thompson Health**).


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 via e-mail to [complaint@jointcommission.org](mailto:complaint@jointcommission.org).



## Quiz: 2019 Joint Commission Readiness

*(Multiple Choice)*

**Quiz: Joint Commission Readiness**

2. What do all staff need to do to be prepared at all times for a Joint Commission survey?

Choice
A. Memorize the emergency codes
B. Follow policy, clinical practice guidelines, protocols and provider orders
C. Answer all Joint Commission surveyor questions, even if you have to make up an answer
D. Memorize all the National Patient Safety Goals



# 2019 Patient Identification

**Patient Identification**

20181127

## Patient Identification


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.

This also includes any tissue samples taken.





**Patient Identification**

Goals


The use of two identifiers in 2 places equals safe patient care.


**Examples include:**

- Patient name *and* birth date, using patient statement *and* lab/procedure 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

**Goals:**

- Ensure the correct patient receives the correct health care procedure and correct protected health information
- Eliminate transfusion errors related to patient misidentification





## Quiz: 2019 Patient Identification


### 1. (True/False)

**Quiz: Patient Identification**

Comparing the patient's stated name with the patient's room number constitutes two identifiers.

Choice
True
False

### 2. (True/False)

**Quiz: Patient Identification**

Two identifiers are used to confirm the patient's identity before any health care procedure or treatment.

Choice
True
False

# 2019 Patient Rights/Ethics/Complaint Process

**Patient Rights/Ethics/Complaint Process**20181126

### Patient Rights

New York State (NYS) and the Centers for Medicare and Medicaid Services (CMS) define patients' 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. This includes all registered patients, and patients that are admitted/transferred into the Swing Bed Program at JMH.

For a complete list of patient rights click on the URM/SMH policy link, see attachment C:

<http://urmc-smh.policystat.com/?it=l-bRxFcOYcrGj2WSGnmeN&next=/policy/2985790/latest/>

JMH: Refer to Administrative Policies - Patient Rights P-05 and/or Parent Rights P-20.




**Patient Rights/Ethics/Complaint Process**

### Reporting Ethical Concerns

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

Contact the **URMC/SMH** Ethics Consultation Service at 275-5800 or the **Highland** Ethics Committee at 341-6718, or through the paging office of either hospital. **JMH** staff should refer to Administrative Policy E-06, Ethics Advisory Committee.




**Patient Rights/Ethics/Complaint Process**

### 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.

**What if I am unable to respond to a complaint?**


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.

**What if the patient is still not satisfied?**

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


**What else can I do?**

- Knock before entering the patient's room, identify yourself, and explain what you do.
- Wear your ID badge so it shows prominently.
- Treat patients with respect, using the patient's title and last name (for example, Mr., Mrs., Ms. Jones).
- Keep your voice low, encourage visitors to do so.
- Ask if there is anything else they need before leaving the room.
- JMH Recovery: Sorry (that occurred). Glad (you brought it to my attention). Sure (we can resolve the issue).
- JMH: Through JMH grievance process by referring to Administrative Policy P-11, Patient Complaint Policy.


**QUIZ**

## Quiz: 2019 Patient Rights/Ethics/Complaint Process

### 1. (Multiple Choice)



**Quiz: Patient Rights/Ethics/Complaint Process**

Patients have the right to complain to and receive a response from:

Choice
A. Patient and Family Relations Office
B. Department heads, supervisors or managers, or any staff member
C. NYS Department of Health
D. All of the above

# ENVIRONMENT OF CARE Section

## 2019 Active Shooter

**Active Shooter Emergency Recommendations**20181204


### Active Shooter Event – What to Do


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 that you should 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 survival.





**Active Shooter Emergency Recommendations**

### Run, Hide, Fight

**Run**


- Escape if you can.
- Encourage others to follow.
- Prevent others from entering the area.
- Leave your belongings behind.
- Call 911 or Public Safety/Security as soon as you are safe to report an active shooter or if you have relevant information.
- Keep your hands empty and visible when approaching law enforcement.


**Hide**

- Hide in an area out of the shooter's view.
- Lock/block the doors.
- Remain quiet and silence all electronic devices.
- Stay away from windows and doors.

**Fight**

- If no other option and your life is in danger, FIGHT.
- Act with aggression and attempt to incapacitate the shooter(s).
- Use improvised weapons and throw objects at the shooter(s).
- Your life depends on it, so commit yourself to your actions.





## Active Shooter Emergency Recommendations

### Calling For Help



When notifying 911/Public Safety or Security, call:

- 9-1-1.
- **URMC/SMH:** x13 or 275-3333.
- **HH:** x1-6666.
- **JMH:** Dial Emergency Ext. 2222, have Critical Security Incident -Code Silver with location announced or self-page by dialing 721 if needed. In addition, clinical areas can activate their panic buttons, which go directly to the police department. Notify the authorities by calling 9-911 or if you do not have a direct line to the hospital, 911.
- **TH:** 396-6666

Provide:


- Location of the suspect(s).
- Description of any 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.

## Quiz: 2019 Active Shooter

### 1. (Multiple Choice)




## Quiz: Active Shooter Emergency Recommendations

You are working at your assigned unit/work area and you hear a very loud noise, which sounds like a gunshot. You should:

Choice
A. Run to where the noise is coming from to figure out what is going on
B. Determine if it is safe to run, make sure you take your belongings with you, especially your phone
C. Hide if you cannot run, lock and barricade the door, get out of the shooter's view, and silence electronic devices
D. Stay where you are and yell for help

**2. (Multiple Choice)**

**Quiz: Active Shooter Emergency Recommendations**

In order to survive an active shooter situation, the best option for you to consider is:

Choice
A. Run (if safe), Hide (if you are able), and Fight (as a last resort)
B. Call 911 and/or Public Safety/Security (if safe to do so)
C. Be aware of your surroundings, exit points and what items could potentially be used to fight off an active shooter
D. All of the above



## 2019 Amber Alert

 **Amber Alert** 20181119

**If Threatened by the Abductor**


Allow the person to leave, get a good description, watch their direction of travel, and contact **UR DPS/HH Security**. At **JHM**, call 9-911 to alert the authorities. At **TH**, call 911.

**At no time** should an employee jeopardize his or her own safety.





## URMC

 **Amber Alert**


**Infants & Children**


Click the button for your location.

**URMC/SMH**  
All admitted infants and children, while receiving care at the University of Rochester Medical Center 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 (URMC/SMH Form 1375) should be completed by staff.






**HH**  
**JMH**  
**TH**  
**URMC/SMH**







**Amber Alert**


### AMBER Alert Page

All departments in the facility should secure exits for which they are responsible.  
(Security/Facilities at Thompson Health should secure exits and search building/grounds.)


Monitor the nearest perimeter door in your area until the "AMBER Alert, All Clear" overhead page is announced.

No information should be given to the press regarding the incident.





## URMC


**Amber Alert**

### AMBER Alert Page (In Abduction Area)

Click the button for your location

**URMC/SMH**


If an AMBER Alert is needed:

Immediately contact Department of Public Safety (UR DPS) at x13.

- Give the location, age of infant/child/adolescent, description of infant/child/adolescent and of the abductor, if known
- Remain on the phone until all necessary information is communicated

Page you will hear:

- AMBER Alert (age/location)




HH


JMH

TH


URMC/SMH



Other staff in the immediate area of the AMBER Alert 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).




## URMC

**Amber Alert**

**AMBER Alert Page (Not in Abduction Area)**  
Staff in an area other than the site of the abduction... (Click the button for your location)

**URMC/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 Medical Center Parking Garage Link
- Ground Floor – Medical Center Parking Garage Link and Patient Discharge; Children's Tower – First Floor entrance at Upper Loop; Cancer Center – Entrance at Upper Loop and G-5000 near the Clinical Research Center





HH

JMH

TH


URMC/SMH



 QUIZ

### Quiz: 2019 Amber Alert


#### 1. (Multiple Choice)

**Quiz: Amber Alert**

An AMBER Alert has been paged. What is each person's responsibility for their unit/department?

Choice
A. Monitor any exits your department is responsible for watching.
B. Allow visitors and staff to leave only from ground-level exits; be sure they are not with a child.
C. Report suspicious person(s) to 9-1-1, including a complete description.
D. Provide information to the press as clearly as you can so that the media can put out a bulletin and assist in finding the child.


# 2019 Disaster Preparedness

**Disaster Preparedness**20180914


### Defining a Disaster


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 UR Medicine
- Of a Biological/Chemical/Radiological materials nature severely impact any part of the hospital community (such as the receipt of a suspicious letter or package)








The occurrence of any of the above events may lead the hospital to activate its disaster response plan.


QUIZ

**Disaster Preparedness**


### Sequence of Events

Click on the numbered arrows to review each step in the sequence of events.




QUIZ

## Step 1 (Slide Layer)


 **Disaster Preparedness**

**Sequence of Events**


Click on the **numbered arrows** to review each step in the sequence of events.



**Step 1**  
The Emergency Department (ED) will routinely be the first to be notified.




## Step 2 (Slide Layer)


 **Disaster Preparedness**

**Sequence of Events**


Click on the **numbered arrows** to review each step in the sequence of events.



**Step 2**  
The ED charge nurse or hospital Administrator-on-Call (AOC) will notify the Page Office at URM/SMH; Telecommunications will be notified at Highland Hospital or Thompson Health; at Jones Memorial Hospital the ED charge nurse will notify the Administrator (or designee/on call) and/or Administrative Coordinator.




### Step 3 (Slide Layer)


**Disaster Preparedness**

**Sequence of Events**


Click on the **numbered arrows** to review each step in the sequence of events.



**Step 3**  
The Page Operator will notify hospital staff with the overhead page and pagers.




### Step 4 (Slide Layer)


**Disaster Preparedness**

**Sequence of Events**


Click on the **numbered arrows** to review each step in the sequence of events.



**Step 4**  
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.




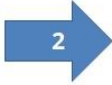
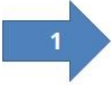


## Step 5 (Slide Layer)

**Disaster Preparedness**

### Sequence of Events

Click on the numbered arrows to review each step in the sequence of events.



**Step 5**


Once identified, the location of an institutional Hospital Command Center will be paged.  
**Wear your ID badge so that you can access all necessary areas!**

**URMC/Strong Memorial Hospital:** the Ambulatory Care Center conference room A&B or as determined by AOC

**Highland:** the Gleason Room or as determined by the senior administrator

**Jones Memorial:** Board Room on first floor

**Thompson Health:** Thompson Board Room



**Disaster Preparedness**

### Preparing for a Disaster Response

To be prepared for any disaster affecting UR Medicine facilities, know where your emergency management plan is located. Review your department's disaster/emergency response plan to understand your role and respond appropriately. When a disaster has been declared, you cannot leave work until approved by your supervisor.



**If you are an Independent Licensed Practitioner**

An Independent Licensed Practitioner (ILP) who does not have a specific assignment in the Emergency Preparedness Plan, should review the following links to review your emergency response role and where to report in an emergency.


**URMC/SMH:**  
<https://urmc-smh.policystat.com/policy/4889378/latest/>

**HH:**  
<http://sites.mc.rochester.edu/highland/policies-and-manuals/plans/emergency-preparedness-plan/>

**JMH:**  
For access to Command Center Activated - Condition Yellow protocols, staff should refer to the Online Comprehensive Emergency Management Plan.

**TH:**  
<http://sites.mc.rochester.edu/thompson-health/emergency-management/>




**Disaster Preparedness**

**In the Event of a Disaster:**

If on duty, follow your department plan/directions from your leadership.



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.

Have a personal emergency preparedness plan.

## Quiz: 2019 Disaster Preparedness

### 1. (Multiple Choice)



**Quiz: Disaster Preparedness**

When a disaster response is required, staff should:

Choice
A. Follow their department-specific disaster response plan.
B. Respond to the area they feel needs the most help.
C. Report to the hospital lobby.
D. Continue to use the telephone and elevators for routine business needs.



# 2019 Electrical Safety



**Electrical Safety**
20181115


## 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.
- Report any loose plug caps in wall receptacles.
- Defective plug caps (hot to the touch) must be taken out of service. Call **URMC/SMH** Facilities at x3-4567 or **Highland** Maintenance at x1-7378 immediately for repair.
- **HH-Specific Electrical Safety:** adapters must be approved by Clinical Engineering.
- **JMH:** Immediately take the equipment out of service and notify Maintenance at 4009.
- **TH-Specific Electrical Safety:** Adapters must be approved by Facilities Services.
- In the event of a major power outage an independent power source will be activated.


Click the images to view a table of the location of receptacles on emergency and nonemergency power.

URMC/SMH	
Receptacles on emergency power (generators) ONLY PATIENT CARE RELATED EQUIPMENT SHOULD BE PLUGGED INTO THESE RECEPTACLES	<b>Red</b> (Critical Life Support Equipment) Location in ICU, ORs, Emergency departments, or other patient care areas.  <b>White</b> (General Patient Care Equipment - Beds, Call Systems, etc.) Located in all patient care areas.  <b>Orange</b> (Individual Patient Care Equipment) Life Support equipment located in ICUs, ORs, MRI, X-ray areas.
Receptacles NOT on emergency power (normal house power)	<b>Gray</b> (General Use, such as vacuum cleaners, floor polishers, desk lamps, etc) located throughout the hospital.

Highland/Jones/Thompson	
Receptacles on emergency power (generators) ONLY PATIENT CARE RELATED EQUIPMENT SHOULD BE PLUGGED INTO THESE RECEPTACLES	<b>Red</b>  Joint Red outlets are located on the wall behind the head of the patient bed.  Receptacles NOT on emergency power (normal house power)
	Receptacles: Ivory, Brown, White, Gray, and Orange No Rings


**QUIZ**

## URMC SMH


**Electrical Safety**
20181115


## Plugs and Receptacles

URMC/SMH	
Receptacles on emergency power (generators) ONLY PATIENT CARE RELATED EQUIPMENT SHOULD BE PLUGGED INTO THESE RECEPTACLES	<b>Red</b> (Critical Life Support Equipment) Location in ICU, ORs, Emergency departments, or other patient care areas.  <b>White</b> (General Patient Care Equipment - Beds, Call Systems, etc.) Located in all patient care areas  <b>Orange</b> (Individual Patient Care Equipment) Life Support equipment located in ICUs, ORs, MRI, X-ray areas
Receptacles NOT on emergency power (normal house power)	<b>Gray</b> (General Use, such as vacuum cleaners, floor polishers, desk lamps, etc) located throughout the hospital

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


**QUIZ**





### Cords and Grounds

- 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.
- Use properly grounded electrical devices.
- Never roll a bed, cart, etc. over an electrical cord; keep all objects off electrical cords.
- Do not position cords in traffic areas. This could lead to someone tripping and/or damaging a cord.
- Do not use extension cords or "cheaters" (used to connect 3-pronged plugs to 2-pronged).
  - **Exception:** The exception to using extension cords is during a Code Team at URM/SMH or power loss (emergency power) at Thompson Health.
- Do not plug additional plug strips into an existing plug strip.
- Surge protectors/power strips must be UL 1363 listed unless they are used for clinical purposes, in which case they must be UL 1363A listed.



## URMC



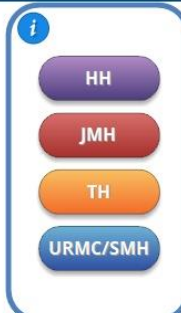
### Nonpatient Care Electrical Equipment

Click the button for your location.

#### URMC/SMH

University of Rochester Medical Center 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 URM/SMH are permitted in the Hospital, except on 5-1200, the Rehabilitation Unit, where special guidelines must be met.





### Shock Avoidance

#### Avoid getting shocked!

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



### Electrical Distribution System


The adequacy and integrity of the electrical power distribution system and all emergency power supplies are monitored by the:

- Maintenance Department at Highland
- Facilities Operations Maintenance Department at URM/SMH
- Facility Service Department at Jones Memorial Hospital
- Facilities Services Department at Thompson Health

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



## URMC

**Electrical Safety**

### Reporting Malfunctioning Equipment

Click the button for your location.

**URMC/SMH**

To report malfunctioning patient care equipment:

Clinical Engineering

- x5-5501

To report malfunctioning nonpatient care equipment:

Facilities Customer Service Operations

- x3-4567

*i*

HH

JMH

TH

URMC/SMH

?

QUIZ

### Quiz: 2019 Electrical Safety


#### 1. (Multiple Choice)

**Quiz: Electrical Safety**

In the event of a major power outage:

Choice
A. Staff should leave the facility immediately.
B. An independent power source will be activated.
C. Staff should call the Information Desk.
D. All patient care equipment should be plugged into gray and brown outlets.

## 2019 Emergency Page Codes

**Emergency Page Codes**20181120

### Common Codes

Click the button for your location.

**URMC/SMH**

An announcement includes a code and location type for an emergency.

**Fire Alert** - Investigation of fire/smoke

**Fire Alert Confirmed** - Confirmed fire, flood, etc.

**Assistance Needed STAT** - Patient and/or visitor is out of control and all available staff, to include DPS, is needed to immediately respond

**Critical Security Incident** - Incident involving hostages and/or weapons

**Adult Code Team** - Cardiac or respiratory arrest


**Pediatric Code Team** - Pediatric cardiac or respiratory arrest


**MERT** - Medical assistance in public areas

**AMBER Alert (age, location)** - Abduction of infant, child, adolescent


**Command Center Activated** - External/internal disaster

**Utility Alert** - Utility failure

  
**HH**  
**JMH**  
**TH**  
**URMC/SMH**

  
QUIZ

## URMC

**Emergency Page Codes**

### Calling in an Emergency Page Code

Click the button for your location.

**URMC/SMH**

**Inpatient Medical Emergency & STAT Pages**


Call the UR Communications Center at x5-7828 or x5-STAT.


The pages are executed using five overhead tones and followed by an announcement in the form of "Pediatric Code Team, call for specific location." Call means "go-to" location.

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

**Noninpatient or Non-Life-Threatening Medical Emergencies, Facilities and Personal Safety Emergencies**


Can be placed by contacting the UR Department of Public Safety (UR DPS) Communication Center at x13.

  
**HH**  
**JMH**  
**TH**  
**URMC/SMH**

  
QUIZ


## Quiz: 2019 Emergency Page Codes

### 1. (Multiple Choice)

 Quiz: Emergency Page Codes
What is the applicable code for abduction of a child?

Choice
A. Adult Code Team
B. Command Center Activated
C. AMBER Alert
D. Critical Security Incident

# 2019 Fire Safety


**Fire Safety**


20181119

### Preventing Fires

Fire prevention should be paramount in everyone's mind!

1. Our number-one life safety finding is improper storage of materials in corridors and stairwells.
2. The number-two finding is life safety equipment blocked because of storage.
3. Be on the alert for conditions that may lead to rapid fire spread or hinder safe evacuation, including obstructed corridors; openings in walls and ceilings; propped open or blocked fire doors; and blocked extinguishers, pull stations or gas shut-off valves.
4. Be aware of excessive use of extension cords, faulty electrical devices, or frayed electrical cords. These can easily start a fire. Note that extension cords may only be used in an area of construction, or on decorations for a time period not longer than 90 days.



QUIZ

**Fire Safety**

### Interim Life Safety Measures

Life safety features, like fire alarm systems, 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 failure of a device/system, 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. For instance, a fire watch would be established and employees would physically patrol the area for signs of smoke or fire.



QUIZ



### Patient Fires

For patient fires, extinguish with a bed covering such as a bedspread, blanket, or sheet.

1. Protect yourself by wrapping your hands inside the material.
2. Lean tight against the bed to prevent flashback.
3. Quickly drape the extinguishing material completely over the patient.

Remember 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 fire or other emergency. **JMH:** Refer to the online Emergency Management Plan going to the Golden J, through Policy and Procedures.



### Pages or Alarm Sounds

#### **If there is a fire...**

You will hear the fire alarm with the fire alert or confirmed location.

#### **If you are in the area of the fire...**

Follow RACE (Rescue, Alarm, Contain, Extinguish/Evacuate).

#### **If you are at another location outside the immediate fire area...**

- Close all doors and clear corridors; avoid telephone use unless for an emergency
- Do not use elevators, especially if they're in the vicinity of the fire alert
- Stay where you are, unless job responsibilities require a specific response
- When the "All Clear" page sounds, resume normal activities







## Fire Safety

### RACE



**Rescue** anyone in immediate danger and 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:** Alert 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 the problem and the location.



**Confine** 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, without endangering yourself or others. A clear exit path should be maintained to prevent being trapped by rapidly spreading fire.



## Fire Safety

### P.A.S.S.

#### Pull



Pull the pin

#### Aim



Aim the hose or horn at the base of the fire

#### Squeeze



Squeeze the handle

#### Sweep



Sweep at the base of the fire







### Extinguisher Types

Click on each extinguisher to learn more.



## Ext 1



### Extinguisher Types

Click on each extinguisher to learn more.



#### Dry Chemical:

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



## Ext 2

**Fire Safety**

### Extinguisher Types

Click on each extinguisher to learn more.



**Carbon Dioxide:**

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

**QUIZ**

## Ext 3

**Fire Safety**

### Extinguisher Types

Click on each extinguisher to learn more.



**Pressurized Water:**

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

**QUIZ**

## Ext 4

**Fire Safety**

### Extinguisher Types

Click on each extinguisher to learn more.



**Water Mist:**

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

**QUIZ**

## Ext 5

**Fire Safety**

### Extinguisher Types

Click on each extinguisher to learn more.



**Wet Chemical:**

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

**QUIZ**

## Ext 6

**Fire Safety**

### Extinguisher Types

Click on each extinguisher to learn more.



At Highland, a **CleanGuard** extinguisher is also used:

- Ideal for ORs laboratories, pharmacies, and critical areas
- Rated for Class A, B, and C fires
- Extinguisher agent leaves no residue and requires no cleanup after discharge

**QUIZ**

**Fire Safety**

### When to Evacuate

If fire conditions appear to be worsening, evacuation should be assessed.

Guidelines for determining evacuation are as follows:

1. Fire has spread to the structure such as walls or ceiling
2. Several items of furnishings are involved in the fire
3. Smoke appears to be spreading unchecked from the room of origin
4. Orders are received from a person listed as qualified to call an evacuation

If the room(s) is evacuated, obtain chalk/marker from the nearest fire extinguisher cabinet and chalk/mark the lower hinged side of the door with a slash.



**QUIZ**

## Quiz: 2019 Fire Safety

### 1. (Multiple Choice)

 **Quiz: Fire Safety**

What is the number-one Life Safety deficiency finding?

Choice
A. Blocked safety equipment
B. Improper storage of materials in corridors, stairwells
C. Propped open/blocked fire safety doors
D. Excessive use of extension cords

### 2. (Multiple Choice)

 **Quiz: Fire Safety**

When failure, maintenance, renovations or construction cause the hospital to be unable to maintain life safety building features that are normally in place, what must be implemented?

Choice
A. Evacuation
B. Interim Life Safety Measures
C. Fire Watch
D. Additional fire extinguishers


**3. (Multiple Choice)**

**Quiz: Fire Safety**

A Patient Care Tech is evacuating a patient from their room and needs to get a piece of chalk/marker to mark the door. Where would he or she find the chalk/marker?

Choice
A. Nurses' station
B. Pyxis
C. The nearest fire extinguisher cabinet
D. Taped above the door

**4. (Multiple Choice)**

**Quiz: Fire Safety**

A nurse on a patient care unit notices smoke coming out of a patient's room. She takes action to move the patient to a safe area designated by her department's emergency procedures. What should she do next?

Choice
A. Try to find the source of the fire and extinguish it, if it is safe to do so, until the fire department arrives
B. Open the windows to air out the smoke
C. Alert everyone there is evidence of a fire by using the pull station
D. Read the Emergency Preparedness Manual to find out next steps

## 2019 Firearms Weapons

**Firearms/Weapons**20180914


### Firearms/Weapons

Firearms and other dangerous weapons are not permitted at any UR Medicine or University premise, except for a select number of Sworn UR DPS Peace Officers who are authorized to carry a firearm in the course of their duties at the URM/SMH or as required by law.

In addition, law enforcement agencies and armored courier personnel may be required by law to carry firearms while engaging 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 the UR Department of Public Safety (URDPS)/HH Security/Thompson Health Security for further direction.

Jones Memorial policy dictates that all firearms, knives, or other lethal weapons are strictly prohibited on Hospital premises. Hospital premises is defined as ALL property and/or land owned or managed by Jones Memorial Hospital.





**Firearms/Weapons**

### Discovering a Firearm or Weapon


Staff discovering a firearm or weapon not in the possession of a UR DPS Peace Officer or law enforcement agency personnel should not touch the weapon but should immediately notify UR DPS/HH Security/Thompson Health Security for appropriate action.

**JMH:** Any employee who has knowledge of anyone, other than a law enforcement officer, who is in possession of any firearm, knife, or other weapon while on hospital premises, should immediately notify the Hospital Administrator or the assigned designee and the police if necessary.



## Quiz: 2019 Firearms Weapons

### 1. (Multiple Choice)


**Quiz: Firearms/Weapons**

A staff member notices what seems to be a gun underneath the jacket of a man who does not appear to be a UR DPS or law enforcement agency officer. What should the staff member do?

Choice
A. Tell the person we need to secure the weapon until they leave the premises
B. Call UR Department of Public Safety, HH Security, Thompson Health Security or JMH Administrator (or designee) immediately, with a description of the man and where he is or where you think he is headed
C. Call a Code Blue 100 and fill out an incident report
D. Ask the person to return the weapon to their car and explain our policy



# 2019 Hazard Communication

**Hazard Communication**20181115

### Global Harmonization Standard


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

The purpose is 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 via 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.

Click each button above to review contact information by location.




HH


JMH

TH

URMC/SMH

  
QUIZ

## URMC

**Hazard Communication**20181115

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HH


JMH

TH

URMC/SMH

URMC/SMH questions may be directed to the Occupational Safety Unit of Environmental Health and Safety (EHS) at 275-3241 or can be looked up on the EHS website: [www.safety.rochester.edu](http://www.safety.rochester.edu).



  
QUIZ

## Hazardous Chemicals

Hazardous chemicals are any chemicals classified as Health Hazard, Physical Hazard, or Hazard Not Otherwise Classified.



### Health Hazard

- 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



### Physical Hazard

- Explosives
- Flammable gases, liquids, solids and aerosols
- Oxidized 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

### Not Otherwise Classified

A recognized hazard that does not meet the specific criteria of the other categories.

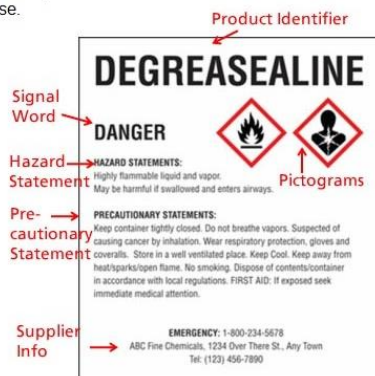


QUIZ

## Labeling

Labels are required on all chemical containers except those under the continuous control of the user and for immediate use.

- Labels must be legible and maintained. Do not deface or remove manufacturers' labels
- The 2012 update to the Hazard Communication Standard requires six label elements



QUIZ

### Pictograms

 <p>Carcinogen Mutagenicity Reproductive Toxicity Respiratory Sensitizer Target Organ Toxicity Aspiration Toxicity</p>	 <p>Flammables Pyrophorics Self-Heating Emits Flammable Gas Self-Reactives Organic Peroxides</p>
 <p>Irritant (skin and eye) Skin Sensitizer Acute Toxicity Narcotic Effects Respiratory Tract Irritant Hazardous to Ozone Layer</p>	 <p>Skin Corrosion/Burns Eye Damage Corrosive to Metals</p>
 <p>Explosives Self-Reactives Organic Peroxides</p>	 <p>Gases Under Pressure</p>
 <p>Oxidizers</p>	 <p>Acute Toxicity (fatal or toxic)</p>
 <p>Aquatic Toxicity</p>	

Pictograms facilitate communication globally by reducing language barriers. You need to recognize and understand these nine hazard communication standard pictograms.



### Safety Data Sheets

#### 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 maintain an inventory of chemicals used within their area. This inventory 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 [online](#) for URM/SMH employees and Thompson Health associates. For HH, SDS sheets are available in each department or in the Support Services Office (call x1-7378).

**JMH:** Safety Data Sheets are available online on all JMH computers by accessing the SDS folder icon. Hard copies are available through Facility Services and/or some departments may also have copies in a unit-specific folder as well.





### Safety Data Sheet Sections

Safety Data Sheets (formerly known as MSDSs, Material Safety Data Sheets) are now required to conform to a standard format.

Every SDS will have the same 16 sections, in the same order, and with the same titles. This should assist users in becoming familiar with where to look for the information they are seeking.

- |   |                                     |
|---|-------------------------------------|
| 1. Identification                         | 9. Physical and Chemical Properties |
| 2. Hazard(s) Identification               | 10. Stability and Reactivity        |
| 3. Composition/Information on Ingredients | 11. Toxicological Information       |
| 4. First-Aid Measures                     | 12. Ecological Information          |
| 5. Fire-Fighting Measures                 | 13. Disposal Considerations         |
| 6. Accidental Release Measures            | 14. Transport Information           |
| 7. Handling and Storage                   | 15. Regulatory Information          |
| 8. Exposure Controls/Personal Protection  | 16. Other Information               |

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



## URMC



### Spills

Click the button for your location.

#### URMC/SMH

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 PPE must be utilized.

#### Large Spills:

**Large chemical spills, or if sufficiently trained personnel are not available:** Immediately leave the area and call the Department of Public Safety at x13. 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.



HH

JMH

TH

URMC/SMH



**OSHA Formaldehyde Standard (1910.1048)**

- Formaldehyde and Formalin solutions are used in some patient care areas to fix tissue samples.
- Formaldehyde is prepared in aqueous solutions ranging in concentrations up to 37 percent.
- The purpose of the OSHA Formaldehyde Standard (CFR 1910.1048) is to ensure employees are not exposed to dangerous concentrations of formaldehyde and to make employees aware of the potential hazards of the chemical.
- Specimen bottles containing formaldehyde must have hazard warnings on the label.
- Safety Data Sheets must be readily available.
- UR has additional information on the hazards of formaldehyde as well as a written compliance program on the EH&S website at:

<http://www.safety.rochester.edu/ih/formaldehyde/formaldehyde.html>


- JMH staff can also refer to Lab Pathology Policy and Procedure: Formaldehyde Level Testing and Exposure, and Handling of Substances Containing Formaldehyde, which is in the Pathology Section.

**Formaldehyde Health Effects**

- A high concentration of formaldehyde (37 percent) can cause severe skin burns and eye damage.
- Lower concentrations (10 percent) are highly irritating to the eye, nose and throat, and can cause respiratory irritation.
- Chronic exposures to formaldehyde-containing materials can result in allergic sensitivity, nasal or nasopharyngeal cancer.







**Hazard Communication**

### How to Protect Yourself

- Read the labels and Safety Data Sheets for formaldehyde.
- Always wear proper personal protective equipment (PPE) to prevent exposure (for handling small specimen containers wear nitrile gloves).
- All patient care locations where formaldehyde is used/stored must be properly ventilated (6 air changes per hour).
- Store only minimum quantities of specimen containers in patient care treatment/examination rooms (maximum of 3-day supply).
- When using a specimen container, remove the lid only when a specimen needs to be placed into the container; immediately replace the lid.
- If you follow the proper precautions, exposure should be minimal in a patient care location (low volumes, short exposure time).


**QUIZ**

## Quiz: 2019 Hazard Communication

### 1. (Multiple Choice)


**Quiz: Hazard Communication**

Departments/Supervisors are responsible for:

Choice
A. Conducting Hazard Assessments
B. Maintaining a list of chemicals used in their departments
C. Chemical-specific employee training
D. All of the above


**2. (Multiple Choice)**

 **Quiz: Hazard Communication**


Safety Data Sheets:

Choice
A. Are available only to supervisors
B. Provide a summary of health, safety and environmental information in a standard (16 section) format
C. Are required to be attached to chemical containers
D. Are not related to Material Safety Data Sheets

3. (Multiple Choice)

**Quiz: Hazard Communication**

The pictogram may indicate which one of the following hazards?



Hint

Choice
A. Explosive
B. Skin corrosion/burns
C. Acute toxicity
D. Carcinogenicity




**4. (Multiple Choice)**

**Quiz: Hazard Communication**

The quantity of formaldehyde-containing specimen containers that can be stored in patient care treatment/examination rooms is:

Choice
A. A five-day or more supply if the containers are tightly capped
B. None
C. A maximum of a three-day supply
D. A five-day or more supply if the room is properly ventilated (6 air changes per hour)

## 2019 MRI Safety

**MRI Safety**

20181126

### MRI



**What is Magnetic Resonance Imaging (MRI)?**

MRI is a diagnostic imaging test that uses a very large and strong magnet to produce images of the human body.

It is important to remember that MRI scanners are ALWAYS on, even when there is no patient being imaged.

**Safety Screening Process**

It is very important that all patients, visitors and non-MRI personnel/staff are properly screened prior to entering Zone III. This is to ensure that all metallic objects such as jewelry, cell phones, hearing aids, stethoscope, scissors, etc., have been removed to prevent items from becoming projectiles and to identify/prevent disruption of any metallic surgical implants.



**MRI Safety**

### MRI Zones I-IV




The MRI department/sites are divided into 4 zones to ensure public, staff and patient safety.


**Zone I** – Includes all areas freely accessible to the general public, such as a main hallway.

**Zone II** – Area where patients are safety screened, change into metal-free clothing and secure their belongings.

**Zone III** – The MRI control area. Access is strictly limited to MRI personnel, appropriately screened non-MRI personnel, and patients who have been screened and changed.

**Zone IV** – The MRI MAGNET room. Access is strictly limited to MRI personnel, appropriately trained and screened non-MRI personnel, and patients undergoing their scans.





## Emergency Situations in MRI

- In the event of an emergency it is important to always listen for direction from the MRI Technologist.
- In the event of a patient emergency, all priorities should be focused on stabilizing and evacuating the patient to the designated MRI resuscitation area.
- Zone IV (the scan room) will be protected by MRI staff.
- Door closure to Zone IV (the scan room) will occur to ensure no unauthorized emergency personnel enter the magnet room.
- Each MRI area is supplied with an MRI Conditional fire extinguisher.



Resuscitation Room



MRI Conditional Extinguisher



## Quiz: 2019 MRI Safety

### 1. (True/False)


True or False? The MRI magnet is on 24/7.

Choice

True

False

**2. (Multiple Choice)**

**Quiz: MRI Safety**

Which of the following zone(s) is strictly limited to MRI personnel and screened patients?

Choice
A. Zones I-IV
B. Zone II
C. Zones I and IV
D. Zones III and IV


**3. (Multiple Choice)**

**Quiz: MRI Safety**

Which of the following objects are safe to enter an MRI scan room?

Choice
A. Pocket knife, scissors
B. Cell phone/pager, watch
C. Stethoscope, ID badge
D. None of the above

## 2019 Obtaining Public Safety Security

**Obtaining Public Safety/Security**20181120

### Incidents

Incidents involving personal safety of students, volunteers, patients, employees and visitors, or major disruption of services, regardless of the facility you are in, should be immediately reported.


Other reportable incidents include but are not limited to:

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


**UR** Department of Public Safety and **HH** Security can be contacted 24 hours a day, 7 days a week.

**JMH**: Dependent on the type of incident, staff should contact their Department Manager, Administrator or designee, and/or Administrative Coordinator on duty; the authorities will be notified per the Emergency Management Plan by dialing 9-911, or 911 in practices not connected directly to the JMH phone system. In clinical areas staff can also activate the panic button, which goes directly to the police department.

**TH**: Utility emergencies may also be reported directly to Thompson Facilities Services at ext. 6770 from within the hospital or if no answer, contact the operator at 396-6000. Thompson Health Security can be contacted 24 hours a day, 7 days a week.

QUIZ

## URMC

**Obtaining Public Safety/Security**

### Calling for Help


Click the button for your location.

**URMC/SMH**

**Emergencies:** x13 from inside UR or any Blue Light Emergency Phone (BLEP). From an off-site location, call 911 for emergency assistance.

**Nonemergencies:** x5-3333 (from inside UR); 275-3333 (outside UR)

May use any Blue Light Emergency Phone (BLEP) located on or near pathways, parking lots, and each level of the MC ramp garage.




HH

JMH

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URMC/SMH

QUIZ


## Quiz: 2019 Obtaining Public Safety Security

### 1. (Multiple Choice)

 <b>Quiz: Obtaining Public Safety/Security</b>
Which item below is considered a reportable safety incident?

Choice
A. Suspicious persons
B. Patient disappearance
C. Utility emergency
D. All of the above



# 2019 Radiation Safety


**Radiation Safety**20181126

### URMC/SMH Areas

URMC/SMH Areas:

- Radiation Oncology
- Nuclear Medicine
- Nuclear Cardiology
- Operating Rooms
- SSC for Same-day Surgical Center (for radioactive implant patients and radio-iodine patients)
- Research laboratories marked with the radiation symbol





**Radiation Safety**

### Area Information

Other areas also use radioactive materials.

- Radioactive materials are used in some treatment and diagnostic testing.
- Some areas have a storage room specially built to house radioactive supplies.
- Cans, boxes, rooms containing radioactivity are always well marked.
- Shipments containing radioactive substances for these departments during regular business hours are delivered to:
  - **URMC/SMH** — Radiation Safety loading dock, Nuclear Medicine Radiopharmacy.
  - **HH** — Previously listed departments directly from Shipping & Receiving.
  - **JMH** — The agent delivering the radioactive material presents to the ER secretary who notifies the Medical Imaging staff of the delivery. Medical Imaging personnel escort the delivery agent to and from the Nuclear Medicine Hot Lab where the radioactive material is stored. After hours, the Nursing Administrative Coordinator is responsible for escorting the delivery agent to and from the Nuclear Medicine Hot Lab.
  - **TH** — Radioactive materials are delivered directly to the Nuclear Medicine Hot Lab.





### Patient Rooms

- Some patients receive large doses of radiation for treatment.
- Their rooms are posted with the radiation symbol.
- Do not enter these rooms unless you have had special training or are accompanied by a trained person.
- The sign will state when the danger has passed (for example, "Radioactive until 6:00 PM").



### Risks From Minor Exposure

There are no expected health risks from minor exposure.


Walking past a radioactive patient's room, or being near a department that uses x-rays, is safe.

If you have any questions or concerns about the health effects of working near radiation, contact:

- Radiation Safety at **URMC/SMH** and speak with a staff health physicist.
- The Radiation Safety Officer at **HH**.
- The Radiation Safety Officer at **JMH** or the Medical Imaging Clinical Supervisor at 4051.
- The Radiation Safety Officer or Asst. Radiation Safety Officer at **TH** at 6737.





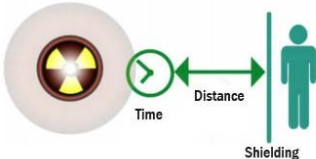

**Radiation Safety**

### Minimize Your Exposure


**Time**  
 The dose of radiation received is directly proportional to time. The person who stands in the area for 30 minutes is getting more radiation than the person who is there for 5 minutes.

**Distance**  
 The dose of radiation received is inversely proportional to the square of the distance from the source. The person who stands close to the source is getting more radiation than the person who is 10 feet away. If a person doubles his or her distance from the radiation source, their radiation exposure is reduced by a factor of 4.

**Shielding**  
 A standard radiation personal protective apron is effective against some radioactive materials, but not all! For example, a 0.5 mm lead equivalent apron will stop 95 percent of the radiation from an x-ray but only 5 percent of the radiation from the radioactive iodine (I131) given to some patients, because of the iodine's much higher energy radiation. Review safety guidelines before using radioactive materials.




The diagram illustrates the three principles of radiation safety. On the left is a radiation source (a yellow circle with a black border and a red center). To its right is a green circle with a white 'X' inside, labeled 'Time'. Further right is a green circle with a white 'X' inside, labeled 'Distance'. To the right of that is a green circle with a white 'X' inside, labeled 'Shielding'. A green arrow points from the source to the 'Time' circle, and another green arrow points from the 'Distance' circle to the 'Shielding' circle. A green arrow also points from the 'Time' circle to the 'Distance' circle.



## Quiz: 2019 Radiation Safety

### 1. (Multiple Choice)


**Quiz: Radiation Safety**

Considerations that can minimize employee exposure to radiation include:

Choice
A. Carrying radiation canisters next to your body
B. Maximizing your distance from the radiation, decreasing the amount of time you are by the radiation source, and using shielding
C. Standing in front of x-ray tubes
D. Disposing of radioactive sources in clear or red bags

# 2019 Waste Management


**Waste Management**
20181115

## Improper Handling/Disposing of Waste


Improper handling or disposal of certain types of waste could be illegal and create unsafe conditions.

**Improper sharps disposal is a major concern;** 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.







**QUIZ**


**Waste Management**

## Waste Disposal Methods

Click on each document image to view waste disposal methods by waste type:

- General Refuse
- Nonregulated
- Biohazardous or Infectious Waste
- Recyclable Waste
- Confidential Documents
- Pathological Waste
- Pharmaceutical Waste
- Mercury Waste
- Hazardous Chemical Waste
- Radioactive Waste
- Chemotherapeutic Waste
- Creutzfeldt-Jakob Disease

**PDF versions** of each table are available on the **Resources** tab in the upper right-hand corner.



**QUIZ**

image1


 <b>Waste Management</b>		
Waste Type	Examples	Disposal Method
General Refuse	Nonrecyclable paper, food wrappings, paper towels, etc.	URMC: Clear or dark bag HH, JMH, TH: Clear plastic bag
Nonregulated medical waste (generated during treatment/ diagnosis of patients but not classified as biohazardous by NYS DOH)	Gloves, IV bags, tubing, etc., that are <b>not saturated to the point of dripping</b> with blood or body fluids.	Clear or dark bag
Biohazardous or Infectious Waste (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 saturated to the point of dripping with blood/body fluids (other than feces and most urine)	Must be put into red bags.
	Human pathological waste (recognizable body parts, organs) Laboratory waste known to be in contact with infectious agents Chest drainage canisters	JMH: Saturated dressings, wet or dry, to be placed in a red bag. Double-bag linens in blue plastic laundry bags.
	Animal waste (bedding, carcasses) known to be contaminated. Suction canisters (keep upright in red bag)	JMH: Liquids in suction canisters to have solidifier added before placing in a red bag.
	Clinical lab <i>unbroken</i> blood tubes, or any other biohazardous glass from patient treatment areas. Broken glass is put in sharps container if it fits.	Special cardboard box designed for these items.

image2


 <b>Waste Management</b>		
Waste Type	Examples	Disposal Method
Recyclable Waste	Office paper, newspapers, magazines, catalogs, books, paperboard boxes (flattened)	Blue bin/blue recycling tote (where available) JMH: Place in cardboard box, collected by Facility Services.
	Cardboard (clean, flattened)	Consolidated in designated areas and brought down to compactor at waste dock. JMH: Collected by Facility Services.
	Clean and empty plastic #1, 1-7, aluminum and tin cans, glass bottles/containers, milk/juice cartons	Bin with green label/green tote (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 URMC/SMH: Parking Office Service counter, Photo Illustration, Engineering Stores. JMH: Designated Battery Boxes. Collected by Facility Services.
Confidential Documents	Patient Records; all HIPPA-related documents and information	Department shredder or: URMC – locked small gray metal container. SMD – locked green tote with slotted top for Environmental Services pickup. HH and TH – locked gray container JMH – Locked gray container, collected by Facility Services.
Pathological Waste	Body parts/organs/tissues removed through surgical procedures	Special handling – See your Dept. Head for details (most goes to on-site Crematory) JMH: Refer to Pathology Policy – Retainment, Release, and Disposal of Anatomical Pathology Specimens
Pharmaceutical Waste	IV bags with RX drugs still left in them Syringes/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 hazardous RX waste. If a syringe/needle has RX waste left, use a special 2-gallon wall bracket or tabletop black sharps shelter. These are either in the med rooms or soiled utility rooms on the units. For URMC 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 sharps. <b>NOTE:</b> Some Rx waste could be reactive or called "incompatible." This RX waste must be sent back to the Pharmacy. In URMC this is placed in a special purple plastic bag that will be placed on the Pharmacy cart for return. JMH: Utilizes Pharmaceutical Waste program through Steri Cycle

image3

UR MEDICINE Waste Management		
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>JMH:</b> Staff refer to Maintenance Services Policy R-4, Standard Operating Procedure for Managing Universal Waste Streams-Recycling Mercury
<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>JMH:</b> pack appropriately and take to the designated storage room; complete an Inventory Sheet.
<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> . I-18, Tc-99m, In-111m and Tl-201 wastes may be stored for decay within department with approval of Radiation Safety Officer. <b>JMH:</b> Radioactive waste is stored in the appropriate container for decay in the Hot Lab located in the Nuclear Med locked room. For questions, contact the Radiation Safety Officer at 5255 or Director of Radiology at 4051.
<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: URM and HH:</b> Yellow Chemo sharps container with CJD stickers placed over Chemo labels. <b>Nonsharps: URM:</b> Orange bags with CJD sticker placed on the bag. <b>HH:</b> Red bag labeled "CJD" placed into an autoclave bag marked "CJD."

URMC

UR MEDICINE
Waste Management

### Questions/Schedule Pickup

For questions or to schedule pickup, click the button for your location:

Important Numbers	URMC/SMH
General waste questions, schedule pickups or service	Environmental Services x5-6255
Biohazardous Waste	Technical questions, to voice concerns, call Environmental Health & Safety x5-8405
Chemotherapeutic Waste Information	Technical questions, to voice concerns, call Environmental Health & Safety x5-8405 or x5-9809
Hazardous Chemical Waste (including mercury)	Hazardous Waste Management x5-2056
Radioactive Waste	Radiation Safety x5-3781
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

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URMC/SMH

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QUIZ

## Quiz: 2019 Waste Management


### 1. (Multiple Choice)

 **Quiz: Waste Management**

Yellow bags and yellow sharps containers are used for:

Choice
A. All blood and body fluids
B. All biohazard waste
C. Waste from patients being treated with chemotherapeutic drugs
D. Both B & C


### 2. (Multiple Choice)

 **Quiz: Waste Management**

A nurse has just given her patient two different IV Meds. She should dispose of the sharps by:

Choice
A. Placing them in red bags in dirty utility rooms
B. Leaving them on the patient's tray to be taken away and disposed
C. Immediately placing them in an approved hard plastic sharps container without recapping the needles
D. Labeling and separating the two sharps for pickup by the appropriate persons

# 2019 Workplace Violence/De-escalating Potential Violence



**Workplace Violence/De-escalating Potential Violence**20181119


## Signs of Potential Violence

Our organization strives for a safe and violence-free environment. Acts or threats of violence are serious and will not be tolerated.

The 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



**Workplace Violence/De-escalating Potential Violence**



## Responding to Potential Violence

Contacts in the event of immediate threats:

- UR Department of Public Safety (UR DPS): x13.
- Highland Hospital Security: x1-6666.
- Thompson Health: 911 and Security at x4500.
- Jones Memorial Hospital: 9-911 or 911 in off-site practices that do not have a direct-line phone system to the hospital; in Nursing clinical areas, push the panic button if needed.
- Off-site locations: 911.

If a threat is not immediate, notify your supervisor/manager and your security department to help develop an action plan.

**JMH:** Call Critical Security Incident - Code Gray if no is weapon involved, Critical Security Incident - Code Silver if a weapon is involved. In either situation, the "Panic Button" in the clinical areas is activated to alert local law enforcement. Once the panic button is activated, the transmission alerts law enforcement of the location where the alarm was activated. When law enforcement arrives, they are in charge. Once the occurrence is resolved, facility services are notified to reset the button.





### After 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 reporting to your security department and complete a staff/visitor incident/occurrence report. The report will be promptly investigated and if possible, kept confidential.

Any act or threat of violence initiated by an employee will be grounds for termination per policy.



### De-escalating a Situation


To help calm a potentially violent person remember **L.E.A.R.N.**:

1. **Listen** - Give your full attention to the person, maintain a safe distance, and give yourself the ability to exit if necessary.
2. **Empathize** - Don't be defensive; speak in a calm voice and be aware of your body language.
3. **Apologize** - Ask for specific examples of what the person is upset about, and then redefine the problem to ensure your full understanding.
4. **Respond** - Offer reasonable choices to de-escalate the situation.
5. **Notify** - Inform your supervisor



## Quiz: 2019 Workplace Violence/De-escalating Potential Violence

### 1. (Multiple Choice)

**Quiz: Workplace Violence/De-escalating Potential Violence**

A visitor has become agitated and is in a hallway, yelling about the care of his family member. What should you do?

Choice
A. Empathize with the person
B. Inform your supervisor
C. Give the person your full attention
D. All of the above



## INFECTION PREVENTION Section

### 2019 Bloodborne Pathogens

**Bloodborne Pathogens**20181121


#### OSHA Bloodborne Pathogens Standard

The Occupational Safety and Health Administration (OSHA) of the federal government requires all hospitals to have policies to protect employees from infection with 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", located on the Environmental Health and Safety [website](#). All employees are required to comply with these policies; those at risk should have received OSHA training. **Thompson Health:** click [here](#) for your policies.





If you have not received OSHA Bloodborne Pathogens training, contact your supervisor or department head.




**Bloodborne Pathogens**

#### Preventing Exposures


Click on each image below to learn how to prevent exposures.



Every needlestick or other exposure to blood or body fluids involves potential risk of infection with HIV, Hepatitis C, or Hepatitis B!







## text 1

**Bloodborne Pathogens**

### Preventing Exposures


Click on **each image below** to learn how to 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

Every needlestick or other exposure to blood or body fluids involves potential risk of infection with HIV, Hepatitis C, or Hepatitis B!







## text 2

**Bloodborne Pathogens**

### Preventing Exposures


Click on **each image below** to learn how to prevent exposures.




Practice safe work practices; for example, use the "safe zone" in the Operating Room. Always know how to operate a safety device **before** you use it!

Follow Universal (Standard) Precautions: treat the blood and body fluids of **ALL** persons as if they contain bloodborne pathogens.

Every needlestick or other exposure to blood or body fluids involves potential risk of infection with HIV, Hepatitis C, or Hepatitis B!







### text 3

**Bloodborne Pathogens**

### Preventing Exposures


Click on each image below to learn how to prevent exposures.




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 three-quarters full. To request a more frequent pickup schedule, at **URMC/SMH** call Environmental Services at 275-6255 or at **HH** call Environmental Services at 341-7378.
- Never leave sharps on tables or procedure trays for someone else to pick up. Never discard sharps in the trash.
- **At JMH** a representative from Stericycle will change the sharp containers out routinely. If a change is needed between the representative's visits, each unit or department shall be responsible for changing containers, securing lids and placing in appropriate areas for pickup by Facility Services. Extra containers are available in Room 34. Full containers go to Facility Services to be shipped out for disposal via certified medical waste handler.
- **TH:** Stericycle does weekly pickups for sharps. If needed sooner contact Environmental Services at 396-6060, or contact the ES Supervisor.

Every needlestick or other exposure to blood or body fluids involves potential risk of infection with HIV, Hepatitis C, or Hepatitis B!





**QUIZ**

### text 4

**Bloodborne Pathogens**

### Preventing Exposures


Click on each image below to learn how to prevent exposures.




Wear Personal Protective Equipment.

- Gloves, gowns, goggles/face shields
- 25 percent of blood exposures are splashes. Prevent splashes of blood or body fluid to the mucous membranes by wearing splash protection

Every needlestick or other exposure to blood or body fluids involves potential risk of infection with HIV, Hepatitis C, or Hepatitis B!

**QUIZ**


**Bloodborne Pathogens**

### Wash, Call, Report


If you are exposed to blood or body fluids, follow the WASH, CALL, REPORT protocol. Click the button for your location.

*i*

HH
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URMC/SMH

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QUIZ

## URMC


**Bloodborne Pathogens**

### Wash, Call, Report

If you are exposed to blood or body fluids, follow the WASH, CALL, REPORT protocol. Click the button for your location.

URMC/SMH

**WASH** or irrigate the exposed area immediately.

**CALL ASAP:**

- The Blood Exposure Hotline at 275-1164

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

**REPORT** the incident online at:

[URMC/SMH](#)


*i*

HH
JM
TH
URMC/SMH

?
  
QUIZ


## Quiz: 2019 Bloodborne Pathogens

### 1. (Multiple Choice)

 <b>Quiz: Bloodborne Pathogens</b>
How can you reduce your risk of exposure to bloodborne pathogens?

Choice
A. Cover your eyes with splash protection
B. Follow WASH, CALL, REPORT precautions
C. Activate safety devices
D. A and C

## 2019 Hand Hygiene

**Hand Hygiene**20190107

### Why You Should Wash Your Hands

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.

Click a button on the right for your location.


i


HH

JMH

TH

URMC/SMH



**Hand Hygiene**


### Hand Hygiene Guidelines

The Joint Commission requires each organization to select and fully implement the World Health Organization (WHO) or the Centers for Disease Control (CDC) hand hygiene guidelines. **UR Medicine** has chosen to follow the WHO's hand hygiene guidelines, which are based on "My Five Moments of Hand Hygiene."

The recommended amount of time in the WHO guidelines for adequate hand hygiene is 20-30 seconds for alcohol rub (the amount of time it takes to sing "Happy Birthday" twice), and 40-60 seconds for soap and water. Remember that friction is most important.

During cold weather the integrity of our skin can become compromised with frequent hand hygiene. Therefore, the use of hospital-approved hand lotion is encouraged. Unapproved lotion is not allowed.

**Be sure the patient and/or their family see you perform hand hygiene!**



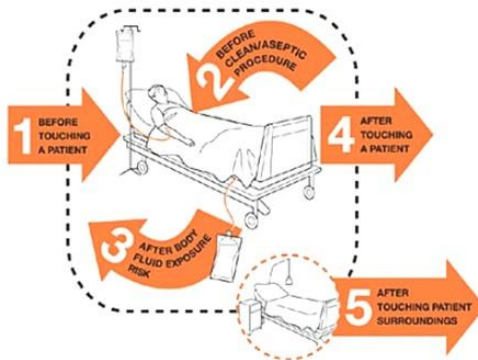
QUIZ



### My Five Moments of Hand Hygiene

One of the key components of the WHO hand hygiene guidelines is "My Five Moments of Hand Hygiene," which outlines when HCWs are to sanitize their hands. They are as follows:

1. Before touching a patient
2. Before clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings



### Patients' Hand Hygiene

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


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. It is important to remind patients to clean their hands before eating and after using the restroom or a bedpan.





## Quiz: 2019 Hand Hygiene


### 1. (Multiple Choice)

**Quiz: Hand Hygiene**

What is the recommended amount of time for adequate hand hygiene using alcohol rub according to the World Health Organization?

Choice
One minute
10 seconds
20-30 seconds
30-45 seconds

## 2019 Infection Prevention - Ebola Virus Disease


**Infection Prevention – Ebola Virus Disease**20180914

### Ebola Virus Disease

Ebola Virus Disease (EVD) is a relatively rare and often fatal infection caused by a filovirus which has historically caused isolated outbreaks of disease in sub-Saharan Africa. The largest outbreak of Ebola began in West Africa in March of 2014 and peaked in the fall of 2014.


Transmission occurs primarily through contact with the blood or body fluids of a symptomatic infected person. Exposure to Ebola can occur in healthcare settings, however the proper donning and doffing of personal protective equipment (PPE) for a suspected or confirmed EVD patient is critical. Since meticulous donning and doffing of PPE is imperative to protect healthcare providers, periodic training of staff who would care for an EVD patient is required. Routine screening of all patients for international travel is now part of the intake process in all areas of UR Medicine and must continue indefinitely. This consists of asking the patient if they have traveled internationally.

For additional up-to-date information on EVD, refer to the CDC (<http://www.cdc.gov/vhf/ebola/index.html>) or NYSDOH (<http://www.health.ny.gov/diseases/communicable/ebola/>) websites.



### Quiz: 2019 Infection Prevention - Ebola Virus Disease


#### 1. (Multiple Choice)

**Quiz: Infection Prevention – Ebola Virus Disease**

The most important measure for health care personnel to protect themselves from Ebola while caring for an Ebola-infected patient is which of the following?

Choice
A. Proper donning and doffing of personal protective equipment
B. Testing people who have traveled internationally for the Ebola virus
C. Requesting that patients cover their cough
D. Receiving Ebola vaccination

# 2019 Influenza - What You Should Know

**Influenza – What You Should Know**20180914

## Types of Flu

**Seasonal**

Influenza, or “flu,” is a respiratory infection caused by the influenza virus, which is 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**

Pandemic (global) flu, caused by a new strain of influenza A virus, creates an 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 large number of young and healthy individuals. Pregnancy was also a risk factor for more severe disease.





**Influenza – What You Should Know**

## How the Flu Spreads

Flu can be spread from person to person by:

- Droplets released into the air when a person with flu coughs or sneezes (usually within 6 feet of another person).
- Release of aerosols of tiny virus particles that can travel longer distances from the coughing person and are inhaled (for example, across a room or down a corridor).
- Touching surfaces like a doorknob or telephone that have been contaminated with respiratory secretions from a person with flu and then touching your eyes, nose or mouth .





## Influenza – What You Should Know

### How to Prevent Getting the Flu

- The best way to prevent the flu is to receive flu vaccine prior to the flu season.
- **Stay home if you are sick.** Symptoms include fever (temperature of 37.8C or 100F or greater), cough, sore throat, diarrhea, nausea/vomiting, body aches and headache.
- **Cover your cough.** Always cover your nose and mouth with a tissue when you cough or sneeze and dispose of the tissue or use your upper sleeve (not hands) to cover your cough.
- **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 6 feet of patients with symptoms.
  - Surgical masks are used for typical seasonal flu.
  - N-95 masks would be recommended during aerosol-generating procedures such as intubation or extubation, bronchoscopy or open suctioning during a pandemic.
- Health care workers who have not received the flu vaccine must wear a surgical mask whenever they come within 6 feet of a patient. This requirement goes into effect when the NYS Health Commissioner determines that flu is widespread.



### Quiz: 2019 Influenza - What You Should Know

#### 1. (Multiple Choice)




### Quiz: Influenza – What You Should Know

How is the flu spread?

#### Choice


- A. By droplets released into the air when a person (usually within 6 feet) with flu coughs or sneezes
- B. By getting a flu shot
- C. By touching surfaces, like a doorknob or telephone, that have been contaminated with respiratory secretions from a person with flu, and then touching your eyes, nose or mouth
- D. A and C

## 2. (Multiple Choice)

 <b>Quiz: Influenza – What You Should Know</b>
How can you help prevent the spread of flu?

Choice
A. Get a flu shot every five years
B. Cover your cough (nose and mouth) with a tissue and immediately dispose of it
C. Wash your hands frequently, especially before and after touching a patient
D. B and C


## 3. (Multiple Choice)

 <b>Quiz: Influenza – What You Should Know</b>
I should not be at work if I have which of the following symptoms?

Choice
A. Diarrhea
B. Nausea/vomiting
C. Fever of 37.8C (100F) or greater
D. Any of the above

## PATIENT INTERACTIONS Section



### 2019 Care of Patient Personal Belongings and Valuables


**Care of Patient Personal Belongings and Valuables**20180917

#### Belongings and Valuables

Patients should be informed that UR Medicine will not assume responsibility for any personal belongings or valuables 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.



**Care of Patient Personal Belongings and Valuables**


#### Belongings and Valuables

Patients should be encouraged to leave at home or send home upon admission valuables such as jewelry, watches, clothing, money, credit cards, medications, electronic devices, cell phones, computers, etc.

Items that remain with the patient are the responsibility of the patient.

If it is not possible for the valuables to be left or sent home, the valuables are inventoried and deposited in the Cashier's Office for safekeeping. At JMH, the valuables are put in the safe in the Admission's area.

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.







## Care of Patient Personal Belongings and Valuables

### Belongings and Valuables

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. 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.

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.

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.



## Care of Patient Personal Belongings and Valuables

### Deceased Patients

Deceased patient belongings and valuables should be given to the family.



#### URMC/SMH

At URM/SMH, if any personal belongings remain, they will be inventoried by unit staff and sent to the Cashier's Office for safekeeping and final disposition.



#### HH

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, or jewelry remain, they will be inventoried and sent to the Cashier's Office.



#### JMH


Jones Memorial staff will inventory valuables left behind and send to the Admissions Office for safekeeping. Clothing will be bagged and labeled and kept on the patient care unit. The family will be notified of any valuables or belongings left behind. In order for the family to pick up the items, they must present an ID.





## Quiz: 2019 Care of Patient Personal Belongings and Valuables

### 1. (Multiple Choice)

**Quiz: Care of Patient Personal Belongings and Valuables**

Upon admission, staff encouraged the patient to send all valuables home, but the patient elected to keep his wedding band with him. While still in our care, the patient passed away. Staff should give the wedding band to the family. However, if the family is not present:

Choice
A. The wedding band should be safely stored in the medications room or in the nurse manager's office until the family arrives
B. The wedding band should be inventoried and placed in a gray valuables bag and secured to the body of the deceased
C. UR Department of Public Safety should be called to remove and take custody of the wedding band
D. The wedding band should be inventoried and sent to the Cashier's Office or at JMH, to the Admissions Office.

## 2019 Fall Prevention

**Fall Prevention**

20181121

### The Facts


#### Preventing falls and fall-related injuries in health care facilities

- Falls resulting in injury are a prevalent patient safety problem.
- Elderly and frail patients with fall risk factors are not the only ones who are vulnerable to falling. Any patient of any age or physical ability can be at risk for a fall due to physiological changes due to a medical condition, medications, surgery, procedures, or diagnostic testing that can leave them weakened or confused.
- Every year in the United States, hundreds of thousands of patients fall in hospitals, with 30-50 percent resulting in injury. Injured patients require additional treatment and sometimes prolonged hospital stays.



Click the image at left to view a *Sentinel Event Alert* from The Joint Commission on preventing falls and fall-related injuries in health care facilities.





**Fall Prevention**

### Fall Risk Screening

A multidisciplinary fall and fall injury screening will be completed and documented on admission.

- A provider will make an initial assessment based on reason for admission, medical comorbidities and History & Physical findings and will write related orders.
- Admitted adult inpatients will have both a Fall Risk and Fall With Injury Risk Assessment completed and documented upon admission, by a Registered Nurse, utilizing an evidence-based fall risk screen.
- SMH, HH and TH use the Morse Risk Assessment Tool. JMH uses the Johns Hopkins Fall Assessment tool, administered by a Registered Nurse.





### Frequency of Nursing Assessment

Admitted adult patients are assessed for both fall risk and injury risk and an individualized plan of care is established based on patient-specific risk factors. This assessment and plan are to be completed and documented on the appropriate flow sheet/location in the EMR/patient record by a registered professional nurse.

- Within 24 hours of admission
- Daily (**TH and JMH**: every shift)
- Promptly after a patient fall
- Upon transfer from one unit to a new unit
- Significant changes in patient status that may put the patient at higher risk of falling, for example:
  - Postoperative onset of confusion, delirium, change in mental status/ability to follow instructions
  - Sudden change in mobility

#### Plan of Care

- Includes interventions to minimize preventable falls and injuries
- Reviewed each shift and updated based upon shift assessment and patient's status
- Communicated with each nursing handoff, including any recent revision
- At **JMH** the fall risk is also noted on the patient's white information board on Med/Surg



### Patient Care Orders and Interventions

Specific patient care orders/interventions should be based on the assessment findings and become part of an interdisciplinary safety plan for the patient. Orders/interventions include, but are not limited to the following:



- Review medications for side effects/interactions and consider medication or dose changes.
- Implement strategies to prevent and treat early signs of acute onset delirium.
- Refer to Physical Therapy or Occupational Therapy, if indicated, to assist mobility, strength training, gait training or assistive devices.
- Refer to appropriate specialist/department to assist with managing hearing or visual deficits.
- Discuss with interdisciplinary team a fall safety plan including safety equipment that can be used to prevent injury; for example, hip protectors, helmets and enclosure beds (URMC/SMH only), floor mats (not used at TH), encouraging use of nonskid slippers and footwear, low beds, bed and chair alarms as appropriate.
- Assess effectiveness of interventions/orders during interdisciplinary rounds.
- Include the patient and family in discussion about the fall prevention plan and importance of safety interventions.



### Patient Care Orders and Interventions (cont.)

- A nursing progress note should be written for a significant fall with injury. Obtaining a description of what the patient was doing at the time of the fall, how they felt, is critical in identifying additional modifiable risk factors.
- The significant shift event section of the doc flowsheet should also be completed.
- For patients who sustain a fall, the provider is notified and the patient's plan of care is reviewed and updated as appropriate. Provider should consider appropriate diagnostic workup as indicated.
- A member of the health care team should notify family as appropriate.
- **HH, TH and JMH:** In addition at HH and JMH on the unit in which the fall occurred, a nursing team Fall Huddle is called after each occurrence to evaluate the circumstances and actions to incorporate to avoid any future occurrence.



### Fall Risk Communication and Visual Cues

Communication of Fall Risk:

- Handoff Report
- Unit Safety Briefings
- Admission and ongoing communication with patient and family
- Consider documentation on white board in patient room to document patient ambulation needs
- Visual cues
- **Jones Memorial** staff write the Fall Risk Level on the information white board located in the patient's room. The Johns Hopkins Fall Risk assessment tool is used.



### Fall Precautions and Education of Patient and Family

- Fall precautions represent an individualized, multidisciplinary fall and injury prevention plan of care that is developed based on identified patient-specific risk factors.
- All patients and families (as appropriate) are educated on fall and injury prevention interventions, which are part of the patient's safety plan. The patient education is documented in the record.



### Helpful Links

- CDC  
<http://www.cdc.gov/homeandrecreationalafety/falls/index.html>
- VA National Center for Patient Safety  
<http://www.patientsafety.va.gov/professionals/onthejob/falls.asp>
- Some online and published resources from the Joint Commission include: The National Guideline Clearinghouse (enter "fall prevention" in the search field)  
<https://www.guideline.gov/>




## Quiz: 2019 Fall Prevention

### 1. (Multiple Choice)

 <b>Quiz: Fall Prevention</b>
Which of the following could be included in a fall safety plan?

Choice
A. Low bed
B. Well-fitting slippers with nonskid soles
C. Bed or chair alarm
D. All of the above

### 2. (True/False)

 <b>Quiz: Fall Prevention</b>
Reviewing the patient's medications for potential side effects/interactions and considering medication or dose changes are part of a fall intervention.

Choice
True
False

3. (True/False)




Quiz: Fall Prevention

Adult patients are assessed for both fall risk and injury risk and an individualized plan of care is established based on patient-specific risk factors.

Choice
True
False



## 2019 Lifting and Transfers


**Lifting and Transfers – Posture and Body Mechanics**20181115

### Good Posture


Why is good posture important?

It keeps bones and joints in the correct alignment, and muscles are properly used. It decreases abnormal wearing of joint surfaces and stress on the ligaments holding the joints of the spine together.


It prevents the spine from becoming fixed in abnormal positions, backache and muscular pain, and decreases the potential of back injuries during lifting or heavy exertion.




**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 back. Adjust chair height if needed. Rest elbows on armrests, relax shoulders, rest feet flat on floor or footrest. Alternating sitting and standing can reduce fatigue and improve posture.



**Lifting and Transfers – Posture and Body Mechanics**



### Poor Posture


What are the results of poor posture?

- Muscles are in weakened positions
- Increased potential for injury
- Pain, discomfort

Remember to take frequent breaks to change position and stretch, reversing any prolonged postures!

**Examples of poor posture and body mechanics:**





### General Lifting and Patient Handling Guidelines

\* When possible, manual lifting should be avoided. Utilize assistive equipment, if necessary.

General lifting guidelines include:

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 – avoid flexing forward at 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 strain on your back.
6. Ask for help before you need it.
7. \* Use assistive technology to save your back (for example, transfer belts, lifts, lateral transfer slide sheets, slide boards). If you provide direct patient care, assistive technology must be used for patients (or lifting tasks greater than 35 pounds) who are immobile or require assistance with transfers or repositioning.



### General Transfer Guidelines

General transfer guidelines include:

1. Determine the patient's needs by performing a mobility evaluation.
2. Prepare the patient; explain what you are doing, how they can help.
3. Set up equipment to be used.
4. If the patient or lifting task is greater than 35 pounds, use assistive technology, such as transfer belts (available through Hospital Stores at URM/SMH and on nursing units at HH, TH and JMH), lifts, air-assist lateral transfer technology, sit-to-stand devices, slide sheets 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, if able.
7. Perform the transfer utilizing the recommended number of staff to transfer safely. This number depends on the type of transfer and equipment utilized. Minimally 2 staff members should be present for transfers utilizing assistive technology.



## Quiz: 2019 Lifting and Transfers


### 1. (Multiple Choice)

**Quiz: Lifting and Transfers – Posture and Body Mechanics**

Why is good posture important?

Choice
A. Prevents muscular pain
B. Decreases injury
C. Decreases stress on joints
D. All of the above


### 2. (Multiple Choice)

**Quiz: Lifting and Transfers – Posture and Body Mechanics**

A nurse needs to transfer a patient for transport to Imaging Sciences. The patient weighs over 270 pounds. What should the nurse do to prevent injury?



Choice
A. Wait until a stronger person can do the lift in her place
B. Keep her legs straight to lift
C. Use assistive technology
D. Use her large back muscles for lifting


## 2019 Management of Suspected Abuse and Neglect

**Management of Suspected Abuse & Neglect**20181116

### Reporting Suspected Child Abuse/Neglect



1. Immediately alert social workers (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.) **Jones Memorial** reports suspected abuse or injury by other than accidental means to the Central Registry for Child Abuse at the toll-free, 24-hour number, 1-800-635-1522. The nurse on the unit completes NYS form DDS-2221A (Report of Child Abuse or Maltreatment). The form is submitted for review to the Director of Patient Care Services who forwards the form to the local Department of Health. If a physician feels the child's life or health is in imminent danger, the local Department of Social Services, Child Protective Services, and local law enforcement are contacted. The Southern Tier Child Advocacy Center is also notified and is available 24/7. Staff should refer to Administrative Policy C-01 for further details and numbers.
2. Only reasonable cause, not proof, is essential to file a report.
  - **URMC/SMH** - Available 24 hours a day, via Page Office
  - **HH** - Days, page Social Work Director at 220-8319; after hours, page Social Workers on call with medical team or Social Work Director at 220-8319
3. **URMC/SMH** - 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)
4. Social worker with medical team initiates formal referral to Child Protective Services (461-5690) and law enforcement
5. Objective facts and phone referral documented in patient record
6. Social worker coordinates safe discharge




**Management of Suspected Abuse & Neglect**

### Reporting Suspected Domestic Violence or Elder Abuse

1. Immediately alert social worker
  - **URMC/SMH**: Available 24 hours a day, via Page Office
  - **HH**: Unit social worker or on-call social worker via pager
  - **JMH**: Encourage the patient to call a local domestic violence program (ACCORD - 268-7605) or the toll free statewide Domestic Violence Hotline. If an elderly person's frailty prevents them from protecting themselves from hazardous situations, contact the local Department of Social Services - Protective Services for Adults (268-9316) or the Office for the Aging (268-9390).
2. Social worker assesses for patient and dependent safety
3. Initiates appropriate reporting activities
4. Provides referral information to patient




**Management of Suspected Abuse & Neglect**

### In the Event of Sexual Assault

**URMC/SMH**


1. Follow protocol for documentation and evidence gathering processes (URMC-SMH 9.7).
2. Alert social worker (available 24 hours a day, via Page Office).
3. For victims under the age of 18, refer to URM-SMH Policy 9.11.1 - Suspected Child Abuse or Maltreatment.

**HH**

1. Follow protocol for documentation and evidence gathering processes.
2. Ensure the patient is never alone.
3. Contact social worker assigned to the area or via the nursing supervisor for the on-call social worker.

**JMH**

1. For adults, follow the protocol noted in Administrative Policy D-10.
2. For children, follow the Administrative Policy C-01 for any person under 18 years of age. After information is gathered for suspected abuse, the Southern Tier Child Advocacy Center is notified.


**QUIZ**

## Quiz: 2019 Management of Suspected Abuse and Neglect

### 1. (Multiple Choice)


**Quiz: Management of Suspected Abuse & Neglect**

In the case of suspected child abuse/maltreatment, which of the following is true:

Choice
A. Social Work is notified after patient discharge
B. Physicians, nurses, dentists, social workers and other health care providers are mandated by NYS Social Services to make a report to the NYS Child Central Registry
C. A pediatric consultation must be requested after patient discharge
D. Reporters must have clear evidence of maltreatment, neglect or abuse to make a report



# 2019 Providing Better Care for People with IDD

**Providing Better Care for People With IDD**20180917


## Intellectual and Developmental Disabilities

**Developmental Disabilities (DDs)** are 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.



**Providing Better Care for People With IDD**

## How Having IDD Impacts the Person

**How are people with IDD impacted by their disability?**



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

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

- Mobility
- Learning
- Communication
- Adaptive skills
- Self-direction and personal decision making

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.



### Communicating With Someone With IDD

When communicating with someone 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 disabilities.

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





## Quiz: 2019 Providing Better Care for People with IDD

### 1. (True/False)

**Quiz: Providing Better Care for People With IDD**

Providing care for people with IDD consists of the same elements as providing care for people without disabilities.

Choice
True
False


### 2. (Multiple Choice)

**Quiz: Providing Better Care for People With IDD**

Adrian is a 5-year-old boy with autism. He comes to the lab with his mother to have a blood draw. He has been waiting in the clinic room for 15 minutes. He is displaying fear of needles and becoming more anxious as time passes. The phlebotomist should:

Choice
A. Use restraints
B. Tell Adrian's mother to calm him down
C. Find out how Adrian communicates and help him understand what to expect
D. Request that his physician order medication to help him calm down

## 2019 Stroke Recognition

**Stroke Recognition**

20180917

### Comprehensive Stroke Center



**URMC/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 awarded the Gold Seal for stroke care.

**Jones Memorial** is a Joint Commission Certified Comprehensive Stroke Center.

**Thompson Health** is also a New York State designated Stroke Center.

At each institution, stroke is an emergency and all potential treatments must be provided quickly.





**Stroke Recognition**

### Recognizing a Stroke

A stroke can be recognized by the sudden onset of:

- 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.



### FAST

The American Heart Association/American Stroke Association recommends remembering "FAST" to help recognize 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.



### If Someone is Experiencing a Stroke

If you witness someone experiencing a suspected stroke, you should call for help **immediately**.

**HH:** If inside the hospital:

- For a patient, inform an RN on the floor who will call a Rapid Response
- For anyone else, call the Page Office for a MERT Response

**JMH:** If a patient has signs or symptoms of stroke, call 2222 or self-page by dialing 721, Code Stroke and location of the patient, at least twice.

**TH:** If inside the hospital, STAT page through the switchboard operator x6666

- For a patient, page Stroke Alert
- For anyone else, page a MERT Response

**URMC/SMH:** If inside the hospital, STAT page through the Page Office


- For a patient, page Stroke Alert
- For anyone else, page a MERT Response

If outside any hospital: Call 911.



## Quiz: 2019 Stroke Recognition

### 1. (Multiple Choice)


**Quiz: Stroke Recognition**

When using the acronym "FAST" to recognize a stroke, the letters F-A-S-T stand for:

Choice
A. Forgetful, Agitated, Sleepy, Tremor
B. Face, Arm, Speech, Time
C. Fall, Arm, Speech, Tongue
D. Face, Arm, Sick, Talk

## UR Section

### 2019 Code of eConduct

**Code of eConduct**20181127

#### Purpose

To promote safe patient care through minimizing the distractions of eDevices (for example, smartphones, cell phones, laptops, etc.) in the workplace while allowing for optimal use of electronic support in the care and treatment of patients and families.


(See additional info under Policy)  
<http://urmc-smh.policystat.com/?t=l-bRxFcOYcrGjI2WSGnmeN&next=/policy/3006455/latest/>

JMH staff can find this information in Administrative Policy I-05, Information System Usage, Communication, and Devices.

TH associates can find this information in the [HR Policy](#) regarding electronic devices.







**Code of eConduct**


#### eDevice Standard

Minimal Standard Practice for Use of eDevices

- All devices including, but not limited to, smart phones and cell phones, other than hospital-issued pager/urgent on-call communication devices, should be in "silent" mode whenever in any areas of the hospital including but not limited to a patient room or discussing patient information with the patient/family.
- Employees will refrain from using computers and eDevices in any work area to conduct personal business. Use of computers and eDevices for necessary personal use is allowable in break room/break areas out of view of patients and families.
- Use of personal and business eDevices in work areas for collection and transmission of protected health information will be done through approved, secure networks in accordance with HIPAA policies. Protected health information (PHI) transmitted through or to secured business eDevices will not be stored on personal eDevices.







**Code of eConduct**


### Optimal Practice

- Rounding: Departments should create guidelines that provide clear delineation of roles for employees when rounding, including use of eDevices.
- The most senior rounding clinician (Round Leader) is in the primary role of communicating with the patient and teaching others during rounding. As such, the leader should refrain from computer and/or eDevice use while in patient rooms, with the exception of using eDevices during the course of teaching or explaining to the patient and family their diagnosis and plan of care.
- Employees using eDevices for work-related purposes when interacting with patients and families should introduce the function and use of eDevices for medical management upon admission and when first introducing themselves to the patient and family.
- Employees should have a separate eDevice or device with the technology that allows for the separation of work-related and personal communication. Work-issued phones, computer and "smart" devices, etc., should not be used for personal use in work areas.



## Quiz: 2019 Code of eConduct

### 1. (Multiple Choice)


**Quiz: Code of eConduct**

It is appropriate to use an eDevice in a patient room or patient care area for which of the following:

Choice
A. To return a text from a family member
B. To teach the patient and family about their diagnosis or plan of care
C. To send an e-mail to your travel agent about your reservations
D. To look at Facebook after receiving a notification



## 2019 Code of Organizational and Business Ethics

**Organizational and Business Ethics**



**Organizational and Business Ethics Principles – URM/SMH**

Hover over each title below to review URM/SMH's Organizational and Business Ethics Principles, then **click the Quiz button** to take the quiz or **click Home** to return to the main screen.

Principle 1 — Respect for Patients	Principle 7 — Conflicts of Interest
Principle 2 — Relief of Suffering	Principle 8 — Preventive Healthcare
Principle 3 — Communication With Patients	Principle 9 — Education and Ethics
Principle 4 — Confidentiality of Patient Information	Principle 10 — Research Ethics
Principle 5 — Patient Access to Healthcare	Principle 11 — Cost Containment and Allocation of Resources
Principle 6 — Interdisciplinary Relations	Principle 12 — Marketing Practices



### Untitled Layer 1 (Slide Layer)

**Organizational and Business Ethics**


**Organizational and Business Ethics Principles – URM/SMH**

Hover over each title below to review URM/SMH's Organizational and Business Ethics Principles, then **click the Quiz button** to take the quiz or **click Home** to return to the main screen.

**12 Principles**


The mission statement and 12 principles of the Code of Organizational and Business Ethics are displayed in the admissions offices of URM/Strong Memorial Hospital.

**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 healthcare 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.





## Untitled Layer 2 (Slide Layer)

**Organizational and Business Ethics**

**Organizational and Business Ethics Principles – URM/SMH**

Hover over each title below to review URM/SMH's Organizational and Business Ethics Principles, then **click the Quiz button** to take the quiz or **click Home** to return to the main screen.

**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 4 — Confidentiality of Patient Information**

**Principle 5 — Patient Access to Healthcare**

**Principle 6 — Interdisciplinary Relations**



**Principal 10 — Research Ethics**

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

**Principle 12 — Marketing Practices**




## Untitled Layer 3 (Slide Layer)

**Organizational and Business Ethics**

**Organizational and Business Ethics Principles – URM/SMH**

Hover over each title below to review URM/SMH's Organizational and Business Ethics Principles, then **click the Quiz button** to take the quiz or **click Home** to return to the main screen.

**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 6 — Interdisciplinary Relations**

**Principle 12 — Marketing Practices**



## Untitled Layer 4 (Slide Layer)

**Organizational and Business Ethics**

**Organizational and Business Ethics Principles – URM/SMH**

Hover over each title below to review URM/SMH's Organizational and Business Ethics Principles, then click the **Quiz** button to take the quiz or click **Home** to return to the main screen.

**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.



**Information**

**Principle 5 — Patient Access to Healthcare** **Principle 11 — Cost Containment and Allocation of Resources**

**Principle 6 — Interdisciplinary Relations** **Principle 12 — Marketing Practices**




## Untitled Layer 5 (Slide Layer)

**Organizational and Business Ethics**

**Organizational and Business Ethics Principles – URM/SMH**


Hover over each title below to review URM/SMH's Organizational and Business Ethics Principles, then click the **Quiz** button to take the quiz or click **Home** to return to the main screen.

**Principle 5 — Patient Access to Healthcare**



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** **Principle 12 — Marketing Practices**




## Untitled Layer 6 (Slide Layer)

**Organizational and Business Ethics**

**Organizational and Business Ethics Principles – URM/SMH**

Hover over each title below to review URM/SMH's Organizational and Business Ethics Principles, then **click the Quiz button** to take the quiz or **click Home** to return to the main screen.


**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 5 — Patient Access to Healthcare****Allocation of Resources**

**Principle 6 — Interdisciplinary Relations****Principle 12 — Marketing Practices**



## Untitled Layer 7 (Slide Layer)

**Organizational and Business Ethics**

**Organizational and Business Ethics Principles – URM/SMH**

Hover over each title below to review URM/SMH's Organizational and Business Ethics Principles, then **click the Quiz button** to take the quiz or **click Home** to return to the main screen.

**Principle 7 — Conflicts of Interest**


All clinical decisions including tests, treatments, 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, payers or networks that may influence the patient's care and treatment plan.






## Untitled Layer 8 (Slide Layer)

**Organizational and Business Ethics**

**Organizational and Business Ethics Principles – URM/SMH**

Hover over each title below to review URM/SMH's Organizational and Business Ethics Principles, then **click the Quiz button** to take the quiz or **click Home** to return to the main screen.

**Principle 8 — Preventive Healthcare**

Disease prevention is an essential part of our mission. Through public education, community prevention 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 concern to produce and preserve a healthy environment.

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



**Principle 5 — Patient Access to Healthcare**

**Principle 6 — Interdisciplinary Relations**

**Principle 12 — Marketing Practices**




## Untitled Layer 9 (Slide Layer)

**Organizational and Business Ethics**

**Organizational and Business Ethics Principles – URM/SMH**

Hover over each title below to review URM/SMH's Organizational and Business Ethics Principles, then **click the Quiz button** to take the quiz or **click Home** to return to the main screen.

**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.

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



**Principle 5 — Patient Access to Healthcare**

**Principle 6 — Interdisciplinary Relations**

**Principle 12 — Marketing Practices**



## Untitled Layer 10 (Slide Layer)

**Organizational and Business Ethics**

**Organizational and Business Ethics Principles – URM/SMH**

Hover over each title below to review URM/SMH's Organizational and Business Ethics Principles, then **click the Quiz button** to take the quiz or **click Home** to return to the main screen.

**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.



Information

**Principle 5 — Patient Access to Healthcare**      **Principle 11 — Cost Containment and Allocation of Resources**

**Principle 6 — Interdisciplinary Relations**      **Principle 12 — Marketing Practices**




## Untitled Layer 11 (Slide Layer)

**Organizational and Business Ethics**

**Organizational and Business Ethics Principles – URM/SMH**

Hover over each title below to review URM/SMH's Organizational and Business Ethics Principles, then **click the Quiz button** to take the quiz or **click Home** to return to the main screen.


**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.



## Untitled Layer 12 (Slide Layer)


**Organizational and Business Ethics**


**Organizational and Business Ethics Principles – URM/SMH**

Hover over each title below to review URM/SMH's Organizational and Business Ethics Principles, then click the **Quiz** button to take the quiz or click **Home** to return to the main screen.

**Principle 12 — Marketing Practices**


Marketing practices for medical services carry a unique responsibility that requires 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.

**Principle 5 — Patient Access to Healthcare**  
**Principle 6 — Interdisciplinary Relations**

**Principle 11 — Cost Containment and Allocation of Resources**  
**Principle 12 — Marketing Practices**



## Quiz: 2019 Code of Organizational and Business Ethics

### 1. (Multiple Choice)



**Quiz: Organization and Business Ethics**

Choose the correct response below, then click **Submit**.

**According to the Code of Organizational and Business Ethics:**

Choice
A. We will provide timely sharing of information about outcomes of care, both expected and unexpected, to patients and their families when the patient consents
B. We limit our care based on age or ability to pay
C. Ethics consultation is not available to patients, their families, our staff, and faculty
D. Disciplines work distinctly separate for the welfare of patients

## 2019 Diversity and Inclusion

**Diversity and Inclusion**




20181116


### Our Philosophy


We believe that everyone is unique and brings different talents and abilities to our workforce. This diversity is essential to providing excellent service to our customers, the organization, and the community.

To thrive in our diverse workforce we must seek to understand our differences.

By examining our own attitudes, values, and behaviors (as well as those of others), we can ensure that we fulfill our highest potential as a team and as individuals.






**Diversity and Inclusion**

### Meeting Needs of Others


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
- Race
- Ethnicity
- Gender
- Physical or mental abilities
- Culture
- Sexual orientation
- Learning abilities
- Gender identity or expression



Stereotypical views of others limit our ability to understand those different from us.

As every human being is unique we need to create an environment where all employees feel they can contribute to their fullest potential.





### Teamwork

Teamwork is essential in a diverse work force. Qualified and diverse team members learn to respect each other's differences and understand how those differences contribute to the overall mission of our organization.

When each member of a team feels respected, morale improves and the productivity of the organization and the quality of service are 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.



### Inclusion

Inclusion means creating an organizational environment and culture where every employee feels valued and is able to function at his, her or their 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.



## Quiz: 2019 Diversity and Inclusion

### 1. (Multiple Choice)

 Quiz: Diversity and Inclusion
Diversity means:


Choice
A. Remaining closed-minded when it comes to respecting the uniqueness of others
B. Everyone is unique and has different talents
C. Only a cultural dimension
D. Creating an environment where some employees may feel uncomfortable

### 2. (Multiple Choice)

 Quiz: Diversity and Inclusion
Inclusion is defined as:

Choice
A. Making sure that some staff are included in training
B. Creating an environment where everyone feels they contribute to their fullest potential
C. Another way to define diversity
D. Creating an environment where only a select few are comfortable

## 2019 Interactions Between UR Medicine and Industry




### Interactions Between UR Medicine and Industry


20190109


#### Interactions With Industry

UR Medicine has numerous interactions with various industries and their representatives.

These interactions are mostly positive and benefit UR Medicine and its patients, promoting in various ways all of our missions.



QUIZ



### Interactions Between UR Medicine and Industry

#### Conflict of Interest

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 UR Medicine and its patients.


**Gifts and Comp** - Gifts and compensation, including meals, from industry or its representatives should not be accepted. **TH** - For more detail on Thompson's Gift Policy, see LR 05.027.


**Samples/Grants** - 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. **TH** - Does not accept medication samples.

**Site Access** - Site access by sales and marketing reps can only occur by appointment in both patient care and nonpatient care areas.


Please refer to your location's policy for more information on:

- Scholarships and educational funds for students and trainees
- Support for educational and other professional activities
- Disclosure of relationships with industry






**JMH**  
**TH**

QUIZ

## Quiz: 2019 Interactions Between UR Medicine and Industry

### 1. (Multiple Choice)

**Quiz: Interactions Between UR Medicine and Industry**

You are approached by a sales representative who wants the hospital to start using a new product they are promoting. The sales rep invites you to dinner after work at a nice restaurant to tell you about the product. He will be giving the presentation and you can bring along a group of your colleagues to attend. What is the correct response to this request?

Choice
A. You should prepare a poster and display it in your work area so all colleagues have an equal opportunity to attend.
B. You should inform the rep that you cannot accept the free dinner because this is not allowed according to the UR Medicine vendor policy.
C. You should attend the dinner to know more about the product before making a decision about whether we should stock it.
D. You should attend the dinner after making a formal request to stock the product.

# 2019 Policy Against Discrimination and Harassment

**Policy Against Discrimination and Harassment**20181210

## Policy Against Discrimination and Harassment

The University of Rochester and UR Medicine prohibit and will not engage in discrimination and harassment on the basis of age, color, disability, domestic violence status, ethnicity, gender identity or expression, marital status, military/veteran status, national origin, race, religion/creed, sex, sexual orientation, or any other status protected by law.

### Defining Discrimination

**Discrimination** involves an adverse action or decision or harassing treatment of a person or class of persons because of a legally protected status (for example, age, gender, race, etc.) or because of perceived or actual affiliation/association with other individuals in a protected class. Unfair or inappropriate behavior, not based on a protected class and which does not meet the definition of discrimination under University Policy 106, Highland Policy 130, Jones HR Policy S-04, or Thompson Health policy 2.01 and 2.03, must be addressed through Human Resources, your supervisor, or the Intercessor.





**Policy Against Discrimination and Harassment**

## Defining Harassment

Harassment is a form of discrimination which involves:

1. Unwelcome verbal, written, or electronic conduct
2. That which is intended to cause or which could reasonably be expected to cause an individual or group to feel intimidated, demeaned, abused, or fearful, or to have concern for their personal safety
3. A protected class.

Harassment also must be sufficiently severe or pervasive and objectively and subjectively unreasonable with the environment.






**Policy Against Discrimination and Harassment**

### Reporting Discrimination or Harassment

If you feel you are being discriminated against or harassed, as a result of being in a protected class, 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
- University - Utilize Complaint Form found in Policy 106
- Highland - Follow Complaint Procedures in Policy 130
- Jones - Follow HR policy S-4
- Thompson Health - Follow policy 2.01 and 2.03
- Contact any of the resources available by clicking your location button(s)


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URMC/SMH

Taking adverse action against a person because that person complained about or participated in a complaint about discrimination or harassment is considered retaliation and prohibited by law and policy.

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QUIZ

## URMC


**Policy Against Discrimination and Harassment**

### Reporting Discrimination or Harassment

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

URMC/SMH	
Intercessor's Office (Employees who specialize in conflict and informal resolution of harassment and discrimination concerns)	275-9125 (staff and students)
Human Resources	EO Compliance 275-7814 or Dept. Chair or Dean's office
Security	Emergency x13 Nonemergency 275-3333
Office of Counsel	273-2167

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URMC/SMH


Taking adverse action against a person because that person complained about or participated in a complaint about discrimination or harassment is considered retaliation and prohibited by law and policy.

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QUIZ



## Quiz: 2019 Policy Against Discrimination and Harassment


### 1. (Multiple Choice)

**Quiz: Policy Against Discrimination and Harassment**

If you feel you are being discriminated against or harassed as a result of being in a protected class, or are aware of such conduct occurring to another:

Choice
A. Tell the individual causing the harassment the behavior is not welcome and not acceptable
B. Speak with your supervisor/manager
C. Speak with Human Resources
D. All of the above



# 2019 Professional Conduct Event Education


**Professional Conduct Event Education**20180917

### Leaders Address Unprofessional Conduct

Leaders Address Unprofessional Conduct by:

- Regularly evaluating the culture of safety and quality and 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.




**Professional Conduct Event Education**


### Unprofessional Conduct Examples


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

- Insulting or verbal attacks
- Frequent outbursts or anger
- Throwing instruments or charts
- Criticizing a team member in front of patients



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.




**Professional Conduct Event Education**

### Reporting Unprofessional Conduct

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.

Faculty and staff should report unprofessional conduct as soon as possible through appropriate channels.

**Click each button** to learn how:


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URMC/SMH


**QUIZ**

## URMC/SMH


**Professional Conduct Event Education**

### Reporting Unprofessional Conduct

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.

Faculty and staff should report unprofessional conduct as soon as possible through appropriate channels.

**Click each button** to learn how:

**URMC/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 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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**QUIZ**

## Quiz: 2019 Professional Conduct Event Education


### 1. Multiple Choice)

 **Quiz: Professional Conduct Event Education**

What should a faculty or staff member do if unprofessional conduct is witnessed?

Choice
A. If several people witnessed the event, let the most senior person report it
B. Immediately report the unprofessional conduct through appropriate channels
C. Talk to the person who is involved in the event; find a resolution together
D. Report the event only if it occurs again


# 2019 Professional Misconduct and the Impaired Professional


**Professional Misconduct Reporting & the Impaired Professional**20180917

### Examples of Professional Misconduct

1. Fraudulently obtaining a license or practicing the profession while the license is suspended/inactive
2. Practicing while impaired by alcohol, drugs, or mental disability
3. Refusing to provide professional service to a person because of the person's race, creed, color, national origin, or for any other reason that would be considered discriminatory under state or federal law including discrimination based on gender, gender identity or gender expression. This includes harassing, abusing, or intimidating a patient, either physically or verbally
4. Directly or indirectly offering, giving, soliciting, receiving or agreeing to receive, any fee or other consideration to or from a third party for the referral of a patient
5. Willfully making or filing a false report, failing to file a report required by law, willfully obstructing such filing, or inducing another person to do so
6. 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
7. Performing professional services that 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

HH	Highland Policy 1.4, Code of Conduct
JMH	Reported to the QA Risk Manager at 4020 and/or the Corporate Compliance Officer dependent on the circumstance at 4018.
TH	Thompson Health 2.09, Code of Conduct

**QUIZ**


**Professional Misconduct Reporting & the Impaired Professional**

### Impaired Professional


Anyone witnessing behavior of an individual suggesting that the individual may have been practicing while impaired is **legally obligated** to notify the appropriate manager/supervisor and/or Director of Nursing and 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



HH	HR Policy 128, Substance Abuse
JMH	HR Policy D-6, Drug and Alcohol Testing and HR Policy D-4, Discipline
TH	Thompson Health Policy 5.02, Alcohol/Drug-Free Workplace

**QUIZ**

 <b>Professional Misconduct Reporting &amp; the Impaired Professional</b>	
<b>Reporting Misconduct Concerns</b>	
HH	<p>Contact the Quality Management Department through departmental channels.</p> <p>If concern involves a department leader, staff should contact Quality Management at 341-8399.</p> <p>For weekends or evening/night shifts the Nursing Supervisor and/or Administrator-On-Call should be notified.</p>
JMH	<p>Contact the Unit Director or Administrative Coordinator who will contact the Risk Manager and Department VP. The Risk Manager will notify the Medical Director if indicated and the HR Director.</p>
TH	<p>Contact the Quality Management Department through departmental channels.</p> <p>If concern involves a department leader, staff should directly contact the Quality Management Department at 396-6000.</p> <p>For weekends or evening/night shifts the Nursing Supervisor and/or Administrator-On-Call should be notified.</p>
URMC/SMH	<p>Contact the Office of Counsel to the Medical Center through departmental channels.</p> <p>If concern involves a supervisor or departmental leader, staff should directly contact the Office of Counsel to the Medical Center at 275-9019.</p>



## Quiz: 2019 Professional Misconduct and the Impaired Professional


### 1. (Multiple Choice)

 <b>Quiz: Professional Misconduct Reporting &amp; the Impaired Professional</b>
What is considered professional misconduct?

Choice
A. Delegating responsibility only to professionally qualified staff
B. Refusing to accept a fee from a third party for referral of a patient
C. Using appropriate infection control techniques
D. Practicing while impaired by alcohol or drugs



## 2019 Smoke-Free Campus Inside and Out

**Smoke-Free Campus, Inside and Out**20181127

### Sale of Smoking Materials

The sale of smoking materials is prohibited at all UR Medicine properties.

### Smoking Perimeters

Smoking (including use of tobacco products and e-cigarettes) by faculty, staff, volunteers, students, patients and visitors is prohibited within the established perimeters for each organization which includes:

- Parking lots/areas
- Personal vehicles within the perimeter areas
- Surrounding neighborhood

Click the buttons for additional location information.


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URMC/SMH



No Smoking

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QUIZ

### URMC/SMH

**Smoke-Free Campus, Inside and Out**20181127

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- Surrounding neighborhood

Click the buttons for additional location information.


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JMH

TH

URMC/SMH




No Smoking

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QUIZ

URMC/Strong Memorial Hospital

At this time, URMC/SMH provides designated smoking outposts within the perimeter.

See the [map](#).


**Smoke-Free Campus, Inside and Out**

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### Maintaining a Smoke-Free Environment

**Maintaining**  
 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**  
 To help outpatients, visitors, and staff to be more comfortable while complying with the policy at UR Medicine:

- 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.

**Noncompliance**  
 If you see a person smoking within the perimeter or outside smoking outposts at UPMC/SMH property:


- 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 (at TH smoking replacement materials are free at the reception desk).

**Faculty, staff and students should be aware they are subject to corrective action if they do not comply with the smoke-free policy.**


**QUIZ**

## Quiz: 2019 Smoke-Free Campus Inside and Out

### 1. (Multiple Choice)


**Quiz: Smoke-Free Campus, Inside and Out**

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Who is responsible for ensuring compliance with the Smoke-Free Policy?(choose best answer)

Choice
A. All faculty and staff
B. Nursing
C. Public Safety/Security
D. Parking

**2. (Multiple Choice)**

**Quiz: Smoke-Free Campus, Inside and Out**

What should you do if a person fails to comply with a request to stop smoking within the perimeter?

Choice
A. State the policy.
B. Ask the person to take the remainder of their smoking material with them when they are done so others do not think it is okay to smoke at that location.
C. Inform them nicotine replacement products are available at various locations to help them be more comfortable while complying with the policy.
D. All of the above

## UR Section

### 2019 Minimum Standards for Programs for Minors SMH

#### Covered (Slide Layer)

**Minimum Standards for Programs for Minors (URMC/SMH)** 20181025

#### Covered/Uncovered Programs

Programs that accept transfer of responsibility for supervision and control of minors and children from parents or guardians to the University.

**Click each button below** for examples of covered and not covered programs.

Covered

Not Covered

- Activities, workshops, laboratories and events that serve children, whether for academic, athletic, recreational or other purposes, such as early childhood centers and day or overnight camps.
- Programs that are held either on University premises (all properties owned, leased or controlled by the University), or off University premises if the University is a sponsor or participant.
- Programs conducted by University employees\* using their University title with the University's knowledge.
- Programs or services that are conducted or provided by an outside entity while on University premises.
- Programs that are conducted or provided on behalf of, or for the University.

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

 **QUIZ**

## Not Covered (Slide Layer)

**Minimum Standards for Programs for Minors (URMC/SMH)** 20181025

### Covered/Uncovered Programs

Programs that accept transfer of responsibility for supervision and control of minors and children from parents or guardians to the University.

**Click each button below** for examples of covered and not covered programs.

Covered

Not Covered

- 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.

QUIZ

**Minimum Standards for Programs for Minors (URMC/SMH)**

### Registration Process and Procedures

Program Registration:

- 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 (The Program Sponsor).
- Shall include a description of the program and the Program Administrator's signature and must include approval by the appropriate divisional leader.
- Shall include contact information for the Program Sponsor.
- Shall direct the staff member to read and review the Minimum Standards for Programs for Minors.

Participant Registration:


- All minors must be registered and have provided necessary information required by the policy *before* the activity or event begins.
- All minors must be on a list of registered participants that includes his or her name, gender, age, phone number, parent or legal guardian, and emergency contact information.
- All adult employees who will have contact with minors should first read the Programs for Minors policy document at <http://www.rochester.edu/counsel/documents/MinorsPrograms.pdf>. Questions can be directed to the HR Business Partner or the Risk Management department.

QUIZ


**Minimum Standards for Programs for Minors (URMC/SMH)**

### 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**) which includes a sex offender registry check.





## Quiz: 2019 Minimum Standards for Programs for Minors

### 1. (Multiple Choice)


**Quiz: Minimum Standards for Programs for Minors (SMH)**

Which of the following are not considered covered programs for minors?

Choice
A. Activities, workshops, laboratories and events that serve children, whether for academic, athletic, recreational or other purposes
B. Programs that are held on or off University premises (all properties owned, leased or controlled by the University)
C. Programs held off University premises if the University is a sponsor or participant
D. University events such as fairs, festivals or other events that are open to people of all age groups in which children may participate



**2. (True/False)**



**Quiz: Minimum Standards for Programs for Minors (SMH)**

True or False? 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).

Choice
True
False

**3. (True/False)**




**Quiz: Minimum Standards for Programs for Minors (SMH)**

True or False? Any program that accepts the transfer of responsibility for supervision and control of minors and children from a parent or guardian must be registered with the Risk Management Department within the Office of Counsel.

Choice
True
False

# 2019 Staff Handling of Unknown Substances

**Staff Handling of Unknown Substances**20181030

## Overview


Nationally, there is an increase in the number of exposures to unknown substances laced with other agents.

These agents, if inhaled, ingested, or through simple contact, can lead to severe health risks, even resulting in death.

Examples include cocaine or heroin laced with fentanyl.

Additionally, carfentanyl is a synthetic opioid 10,000 times more potent than morphine. Even a small amount the size of a few grains of salt can be lethal.

Signs and symptoms of an accidental exposure could include: dizziness, difficulty breathing, slurred speech, nausea, vomiting and loss of coordination.




These substances can commonly look like everyday items like candy and legal medications.

Staff should treat an unknown substance as potentially dangerous.


URMC/SMH is committed to keeping staff, visitors and patients safe.


If you encounter an unknown substance, you should follow the outlined instructions and consult the following policies:

- 2.06 Obtaining Department of Public Safety Assistance Policy
- 10.16 Suspected Illegally Obtained Drugs and Unknown Substances Confiscated from Patients



2 milligrams of powder next to a penny.




**Staff Handling of Unknown Substances**

## Unexpected Encounters with an Unknown Substance


If you unexpectedly encounter an unknown substance, please follow these steps:

1. Do not handle any unknown substance or item
2. Isolate the item and don't allow anyone else to touch it
3. Call Public Safety (x13) and alert them to the location and description of the substance/item. (Off-site call 911). After the site is secure, Public Safety will arrange for cleanup.
4. If there is an immediate need to remove the substance/item (i.e., potential harm to others):
  - a. Staff must wear an N95 mask for personal safety
  - b. Don double gloves (Nitrile)
  - c. Place substance/item in a biohazard bag
  - d. Public Safety will take responsibility at that point



## Quiz: 2019 Staff Handling of Unknown Substances

### 1. (Multiple Choice)

**Quiz: Staff Handling of Unknown Substances**

**Question:** If you encounter an unknown substance in a small bag located in a public area (near an elevator, in a lobby), what are the most important steps to take?

Choice
A. Isolate the substance, pick it up and take it to Public Safety
B. Initiate a fire alert
C. Do not handle the substance, isolate the item, allow no one else to touch it, and call Public Safety or 911 (if off-site)

## 2019 The ICARE Commitment


**The ICARE Commitment**20190114

### The ICARE Commitment

The University of Rochester Medical Center is working to be the best: in clinical care, research, education, community partnerships, and in creating a great and inclusive work environment for all. One of the most powerful ways we can do that is by living the **ICARE** values:

**Inclusion, Integrity, Compassion, Accountability, Respect and Excellence**



**The ICARE Commitment**

### The ICARE Values



Every employee must make a personal commitment to the values we share (Inclusion, Integrity, Compassion, Accountability, Respect and Excellence), ensuring our words and actions are consistent with these values.

You are expected to embrace the ICARE values and make them central to your work life each and every day.

**How do I learn more about our ICARE values?**

Resources are available to you on the PFCC/ICARE intranet website.

[PFCC/ICARE Intranet Website](#)





### Why Are ICARE Values Important?

These values provide us a better place to learn, heal and grow. They guide us in how we treat each other—and ourselves. They show our commitment to patients, families, colleagues and students. They encourage us to appreciate each other's differences and help build stronger teams. And they provide some of the very best ways we can become "Ever Better."

#### **Inclusion:**

I will embrace diversity, be an ally for others, and acknowledge that everyone has their own story.

#### **Integrity:**

I will be honest, ethical, and act in a fair and trustworthy manner.

#### **Compassion:**

I will act with kindness, show empathy, and be responsive to individual needs.



### Why Are ICARE Values Important? (cont'd)

#### **Accountability:**

I will lead by example, take responsibility for my actions, and support the efforts of my team.

#### **Respect:**

I will be open and accepting of others perspectives, and treat each person with dignity and cultural sensitivity.

#### **Excellence:**

I will advance personal and team goals, seek innovative approaches, and be Ever Better – Meliora.



### The ICARE Commitment – Expected Behaviors

The Global ICARE behaviors are:

**Inclusion:**

- Be welcoming — invite everyone to be involved
- Address my own biases and behaviors — take responsibility for my actions
- Ask — don't make assumptions about others

**Integrity:**

- Be mindful of my actions — in my conversation topic, tone, volume and body language
- Uphold professional and ethical standards — adhere to all regulations that apply to me
- Take pride in my work — both in quality and rigor

**Compassion:**

- Communicate with kindness — use preferred names, smile, make eye contact, actively listen
- Be mindful and sensitive to others' feelings — act with empathy
- Value all team members and their roles — introduce new members



### The ICARE Commitment – Expected Behaviors (cont'd)

The Global ICARE behaviors are:

**Accountability:**

- Introduce myself — greet others, say my name and explain my role
- Answer questions clearly — ask about and address concerns, explain next steps, involve and update
- Take ownership of problems — work collaboratively with others to resolve

**Respect:**

- Treat all individuals fairly and equitably — regardless of personal identity
- Be courteous and friendly — to all colleagues, learners, patients, families and visitors
- Speak positively — about colleagues, learners, departments, and the institution

**Excellence:**

- Accomplish tasks and fulfill responsibilities — always work to the best of my abilities and expertise
- Take initiative to help — offer assistance and support and ask if there is anything else I can do
- Recognize my colleagues — thank them for their efforts both publicly and privately





## The ICARE Commitment – Service Recovery Using the LEARN Protocol

What is LEARN? A simple, consistent approach to handling concerns and complaints.

Goal: To turn potentially negative situations into positive ones and make things right for our customers

The *order matters* when using LEARN!

- Listen to the customer
- Empathize with how the customer is feeling
- Apologize for the poor experience
- Respond to the problem
- Notify the appropriate person(s)



### Quiz: 2019 The ICARE Commitment

#### 1. (Multiple Choice)

ICARE is about how we treat

Choice

- A. Colleagues
- B. Patients, families, students
- C. Ourselves
- D. All of the above

**2. (Multiple Choice)**

**Quiz: The ICARE Commitment**

When using the LEARN Service Recovery approach to address concerns and complaints, what are the 3 steps most critical to complete first before you respond to the issue?

Choice
A. Learn, Educate, Acknowledge
B. Apologize, Respond, Notify
C. Empathize, Apologize, Respond
D. Listen, Empathize, Apologize