

GENERAL INFORMATION

MODULE 1

Randolph Health

Mission

To provide quality healthcare and foster health and wellness in our communities.

Vision

The preferred provider for high-quality care, creating better health in our communities and recognized for excellence in all that we do.

Values

- *Patient First*
- *Respect*
- *Transparency*
- *Accountability*
- *Creativity*
- *Collaboration*



VALUES

- Behaviors and attitudes we should expect from everyone working in our health system
 - Patient First
 - Creativity
 - Respect
 - Accountability
 - Transparency
 - Collaboration

EVIDENCE-BASED PRACTICE

- Evidence-Based Practice is providing the best individualized patient care based on the most current research.
- Steps include identifying a condition, letting research guide our treatments, and changing internal processes to improve outcomes.

PATIENT HARM REPORTING

- Any adverse events, close calls or near misses that did or could cause harm, should be reported.
- This includes hazardous or unsafe conditions that increase the chance of an adverse event occurring.
- All reports are routed to the Director of Patient Safety using the Fixit Ticket Report System, within 24 hours.
- Always include the persons involved, time, place, all pertinent facts about what happened, and what actions were taken.
- Please contact your director if you need assistance with this.

1. Evidence Based Practice is providing the best individualized patient care based on the most current research.
 - a. True
 - b. False

2. If there is an incident causing patient harm, the Director of Patient Safety should be called within 24 hours.
 - a. True
 - b. False

GENERAL INFORMATION





VOLUNTEER SAFETY

MODULE 2

Back Safety

- Back pain is due to the way we eat, sleep, sit, walk, lift and play sports.
- Keep it healthy by using the right moves and the power position.



Causes of Back Pain

- Slouching, twisting and bending (poor posture).
- Wrong lifting techniques.
- Driving or riding.
- Slip, fall, twist (trauma).
- Lack of exercise/fitness.
- Poor nutrition.



Prevention: Bending

- Correct posture, changing positions frequently.
- Bending with the knees and hips and keeping the back in the neutral position.
- Bend down on one knee, if necessary.
- Get as close to the object as possible.



PREVENTION: LIFTING

- Get a firm footing, keeping your feet shoulder width apart.
- Lift using your hips and legs, not your back.
- Keep the load close to your body.
- Tighten your stomach muscles to support your back when you lift.
- Feet apart, knees bent, back in neutral position and chest forward.

Prevention: Pushing

- Pulling larger objects can be as hard on your back as lifting. Push whenever possible.
- Push with both arms, keeping elbows bent. Tighten stomach muscles as you push.
- Stay close to the load, without leaning forward. Keep a straight back.



Keys to Improving Your Back Health/Safety on the Job



- Change positions frequently.
- Use the equipment provided to you properly.
- Know your limits and stay within them.
- Get help when needed.
- Exercise regularly.

Falls



Reduce Your Risk of a Fall

Sources of hazards:



- Wet floors
- Frayed or loose carpets
- Electrical cords
- Cluttered areas
- Rushing down the halls
- Improper shoes

Hazardous Materials & Chemicals



Hazardous Materials

- The Hazardous Chemical Information Act, known as the “**Right to Know**” **law**, requires employers to tell their employees about the effects of exposure to hazardous chemicals in the workplace.
- Depending upon which department you work in, the type of hazards you are exposed to will vary.



What to do if you have a chemical spill

Notify house supervisor/maintenance. They will decide if this can be handled “In House” using our mobile SPIL KART from the lab or if we need assistance from the Asheboro Fire Department.



What is a Safety Data Sheet (SDS)?

- A **Safety Data Sheet** (SDS), is an electronic document that provides information on the properties of hazardous chemicals and how they affect health and **safety** in the workplace.
- SDS sheet are located on RHINO

When do you need to find a Safety Data Sheet?

- When there is an exposure to a product to some part of your body.
 - Eyes
 - Mouth
 - Skin
 - Lungs
- When there is a product spill that needs to be cleaned up.

Eyewash Stations



Eyewash Stations

Eyewash stations are located in:

- Laboratory
- Maintenance
- Boiler Room
- Food Services
- Pharmacy
- Emergency Department ABG room
- MPS3
- Cancer Center
- SPU
- ABG room on 4th floor



Reporting Job Injuries



Reporting Job Injuries

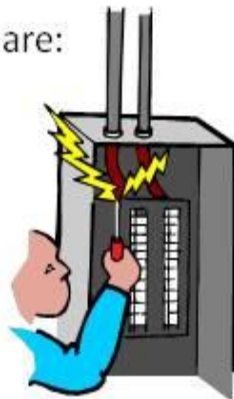
- Document with your Supervisor/Director **by the end of that shift -same day the injury happened.**
- Call or email the Employee Health Nurse **within 1 working day.**
- Turn the completed "Occupational/Injury Report" form in to the Employee Health Nurse by your **next shift.**
- This form is found on RHINO under Employee Health, within each department or outside the EH office, and turn them in to EH immediately



Primary Hazards of Electricity

The **five primary hazards** of electricity are:

- Shocks
- Burns
- Arc-blast
- Explosions
- Fires



Causes of Electrical Accidents

- Frayed cords.
- Unsafe use of electrical equipment.
- Unsafe work practices.



Any electrical apparatus brought into the hospital **MUST** be approved by the Maintenance Department (x5218) before use.

Radiation Safety



The Radiation Symbol

- All radioactive materials and radiation generating devices must be labeled with this universal symbol
- Only personnel properly trained by Radiation Safety Staff should handle devices of materials labeled with this symbol



RULES TO FOLLOW

- Be aware of radiation **symbols** on doors and equipment
- Announce yourself and the purpose for entering the room/lab
- **Ask** diagnostic imaging personnel about areas to avoid
- Do not handle anything labeled with the radiation symbol unless directed by radiation safety personnel
- Call (919-814-2250) or notify ncradiation.net if you have any questions about possible exposures or safety hazards with radiation
- Leave all rooms closed and locked when unoccupied

MRI SAFETY WARNINGS AND ZONES

- All MRI departments are required by The Joint Commission and ACR to have clearly marked safety zones for patient and personnel safety.
- **Only** patients and **personnel** that have been either **trained**, screened or are escorted; are allowed into **zones III and IV**.



MRI accidents are on the rise!

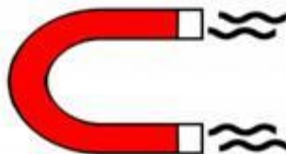
Some examples of reported accidents

Someone brought an unsafe MRI wheelchair in to the room where it was snatched up by the MRI unit. Note a person cannot pull the chair off the magnet



COMMON CAUSES OF MRI ACCIDENTS

One of the main causes of accidents is the failure to realize that the magnet is **ALWAYS** on. **Even if the hospital loses power!**



Personal Safety & Security



Personal & General Safety

- **Be alert** and continuously aware of your surroundings and the people around you.
- **Appear confident.** You are less likely to become the victim of an attacker.
- **Wear your name badge** at all times.
- **Limit wearing articles that could be used as weapons:** earrings, bracelets, ties, and/or stethoscopes.
- **Always be aware of the visitors in the hospital.** If you see someone loitering for no apparent reason, politely approach the person and ask them who they are, where they are going and make a mental note of their description. Please call Security to let them know about the incident.

Security Personnel



- The security officers are on duty 24 hours a day, patrolling the premises and the parking decks.
- It is important to keep them informed of any unusual activities or persons you notice around the hospital.
- They can be contacted by calling their wireless number (3110) or calling the operator and having them paged.

Violence in the Healthcare Setting



Crisis Intervention

This is a time when a staff member may be involved with patient/visitor whose behavior may be getting to the point of being disruptive and/or violent.

It is important to be able to **recognize early warning signs** that a person's behavior is beginning to get out of control.

STAMP

STAMP is a tool that helps you **recognize that a person may become violent**

- S – staring and eye contact.
- T – tone and volume of voice.
- A – anxiety or agitation.
- M – mumbling.
- P – pacing.

Tips for Dealing with Impending Violence

- Understand the mindset of the potentially violent person.
 - The person posing danger is in crisis due to some "triggering" event and is operating outside the bounds of acceptable behavior in both word and action.
 - Be aware of the INDIVIDUALITY OF EMOTION. Not all people will act the same to every situation.
 - Be aware that the person is acting on **perceptions that are REAL TO THEM.**
 - The person has a compelling need to communicate his grievance to someone now! DO NOT PUT IT OFF!

Recommendations for Volunteers

- Evaluate each situation for potential violence when you enter a room or begin to relate to a patient or visitor.
- Be vigilant throughout the encounter.
- Don't isolate yourself with a potentially violent person.
- Always keep an open path for exiting-don't let the potentially violent person stand between you and the door.

RECOMMENDATIONS FOR VOLUNTEERS, CONT.

- Remove yourself from the situation.
- Call security for help or **4444 for emergencies**.
- Present a calm, caring attitude.
- Don't match the threats.
- Don't give orders.
- Acknowledge the person's feelings (for example, "**I know you are frustrated**").
- Avoid any behavior that may be interpreted as aggressive (**for example, moving rapidly, getting too close, touching or speaking loudly**).

TAKE THE MORAL “HIGH ROAD”

- Establish an atmosphere of cooperation.
- Do not display anger, fear or anxiety.
- Talk in **a calm voice, lower and slower than the angered person.**
YOU set the example.
- Understand that angry outbursts on the part of that person can have a positive affect. It allows him to vent negative feelings and thereafter begin to defuse.
- Be absolutely truthful in any discussion with the person. To lose credibility at this stage can be catastrophic.

FIVE DON'TS

- Don't ignore the agitated person or avoid him.
- Don't threaten or demand obedience.
- Don't argue or become defensive or judgmental.
- Don't laugh, move suddenly, make threatening gestures, or invade his personal space.
- Don't try to handle a dangerous situation alone.

REMEMBER:

- **Their perceptions are their reality.** Do not argue with their perceptions.
- **Do not play down the importance** of the person's concerns however seemingly insignificant they are to you.
- If you talk at all, **ask questions that call for long, narrative answers.** This does two things:
 - You assure the aggrieved party that you want to hear ALL he has to say
 - Assists in the defusing process.
- **A person in crisis will only respond favorably to someone who is:**
 - **Willing to listen**
 - **Understanding**
 - **Worthy of Respect**
 - **Non-threatening**

WEAR IT WELL



- Evaluate the way you wear equipment.
- For example, consider that a stethoscope or ID badge without a breakaway necklace can be used to choke you.
- Carry your stethoscope in a pocket and use an ID badge necklace that has a breakaway feature.
- If you wear a necktie, opt for a clip-on style.
- If your hair is long, wear it in a way that's not easy to pull.
- Don't wear dangling jewelry.

DEALING WITH THE AFTERMATH

Report:

Reporting violent incidents provides information that may improve the prevention program and it is essential to get the victim the assistance they need. Please fill out a Fix It Ticket for any violent occurrence

VOLUNTEER SAFETY ?'S

- 1. When lifting you should:**
 - a. Keep the load close to your body**
 - b. Lift, turn and twist**
 - c. Bend over and pull**

- 2. If you are injured during your volunteer shift, the incident should be documented the same day to the Director or supervisor of your work area.**
 - a. True**
 - b. False.**

- 3. What are the signs that indicate a person may become violent?**
 - a. Staring & eye contact**
 - b. Tone & volume of voice**
 - c. Anxiety or agitation**
 - d. Mumbling**
 - e. Pacing**
 - f. All of the above**

- 4. Any electrical apparatus brought into the hospital must be approved by the Maintenance Department before it is used?**
 - a. True**
 - b. False**

- 5. MRI accidents are on the rise; therefore, understanding MRI safety is critical. The critical safety points include:**
 - a. Knowledge that the magnet is ALWAYS on**
 - b. Stop before entering MRI area and ask yourself do I have any metal on or in me**
 - c. Do not enter MRI zones 3 or 4 unless you are screened or escorted**
 - d. Understand that small items such as coins, pens, or scissors can become dangers objects**
 - e. All of the above.**



PATIENT SAFETY

MODULE 3

NATIONAL PATIENT SAFETY GOALS

- The National Patient Safety Goals for Hospital, Laboratory and Home Health Programs have been developed primarily to improve patient safety.



Preventing Patient Falls



PREVENTING PATIENT FALLS

Identification of Patients at High Risk for Falls

- Yellow Wristband
- Non Skid Footwear
- Fall Precaution sign on Door Frame
- Sign over Head of Bed



If a patient has been identified as being high risk for falls and is seen getting out of bed or walking without assistance, they should be assisted safely to a chair or bed and the nursing assistant or nurse caring for the patient should be notified immediately.

PATIENT ABUSE AND NEGLECT



IDENTIFYING AND ASSESSING VICTIMS

The Joint Commission requires that accredited facilities do the following:

- Educate staff about signs & symptoms of abuse and neglect.
- Identify victims of abuse or refer to appropriate outside agencies.
- Maintain a list of agencies for referral.
- Report abuse and neglect according to state and local law.

ABUSE SIGNS AND SYMPTOMS:

- Evidence of alcohol or drug abuse.
- Vague physical or psychological complaints
- **Extent or type of injury inconsistent with the patient's examination**
- Any injury during pregnancy
- Problems during pregnancy, specifically, preterm abortion, bleeding, intrauterine growth retardation, hyperemesis
- Sites of injury – face, neck, throat, abdomen, genitals, or bilateral extremity injuries
- Eating disorders
- Report of self-mutilation

ADDITIONAL ABUSE SIGNS AND SYMPTOMS:

- Repeated use of emergency department services
- Multiple injuries in various stages of healing
- Emotional abuse or marital discord observed by the staff
- Complaints of marital rape or sexual assault
- Suicide attempt or idea
- Self-induced abortions or multiple therapeutic abortions or miscarriages
- Single car crashes; victim may also be the passenger
- Lacerations and burns
- Spouse or partner reluctant to leave the victim alone with medical staff during treatment
- Patient reports of abuse

IN THE HOSPITAL



- Patients have a right to a safe environment in the hospital.

Any type of abuse of a patient by a healthcare provider is a breach of medical ethics and a violation of Randolph Health's policy on Professional Behavior and Standards. Certain violations of this policy (such as assault or sexual abuse) are also crimes that can result in imprisonment.

- In order to protect our patients, criminal background checks are a part of the hiring process for Randolph Health employees.

HUMAN TRAFFICKING

- Signs of human trafficking
 - Poor mental health or abnormal behavior
 - Fearful, anxious, nervous, avoids eye contact, refuses to change gown or cooperate with physical exam.
 - Poor physical health
 - Appears malnourished, signs of physical and/or sexual abuse, physical restraint, confinement or torture.
 - Other
 - Not in control of ID, not allowed to speak for themselves, unable to clarify address or where he/she is staying.
 - Tattoo(s), brand(s) or other marking(s)

REFER



- ALL hospital staff and physicians are required to report all alleged cases of suspected child, disabled adult, or elderly abuse to the Department of Social Services Adult/Child Protective Services.
- If assistance is needed with the referral, contact the Case Management Department

THANK YOU FOR
ALL YOU DO TO
KEEP OUR PATIENTS
AND EACH OTHER
SAFE.

PATIENT SAFETY QUESTIONS

1. The main purpose of the National Patient Safety Goals is to improve patient safety?
 - a. True
 - b. False

2. *Identification of patients at high risk for falls are:*
 - a. *Yellow wristband*
 - b.. *Yellow Non-skid footwear*
 - c. *Fall precaution sign on door frame*
 - d. *Sign over head of bed*
 - e. *All of the above*



FIRE SAFETY

MODULE 4



WHEN FIRE ALARMS SOUND....

- **All corridor traffic must stop!!**
- Close all doors
- Keep visitors/families in your area until **“All Clear”** sounds
- Do NOT allow anyone to use elevator



HOW WE RESPOND TO FIRES:

RACE

R-Rescue – remove patients, visitors and personnel in immediate danger to safety. Close the door to room where fire is located as you leave. If patients have been removed from the room, close door and place a pillow or trash can on the floor outside the door

A-Alarm— call out “**Fire Alarm – (Location)**” to co-workers, pull Alarm Box nearest to you, and call extension 4444 to report “Fire Alarm-Rm#” (exact location, along with your name). Off-site facilities should call 911 and refer to your fire plan.

C-Confine – close doors and windows in area where fire is located.

E-Extinguish – Extinguish fire, if possible, with a fire extinguisher, or **evacuate** if necessary

HOW TO USE A FIRE EXTINGUISHER:

PASS

- **P** - Pull the pin.
- **A** - Aim the nozzle at the base of the fire.
- **S** - Squeeze the handle.
- **S** - Sweeping motion.

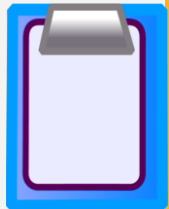


FIRE DRILL CRITIQUE FORM

After the emergency is over:

- The switchboard operator will give the “Facility Alert: Fire Alarm All Clear” signal 3 times over the intercom.
- Each department must complete the Fire Drill Critique Form found on Rhino Home Page under “Important Links”... this is a **Joint Commission Requirement**

Completed forms are sent to Maintenance



FIRE SAFETY QUESTIONS

1. The four steps of the RACE fire response plan are **R**escue, **A**larm, **C**onfine, and **E**xtinguish.
 - a. True
 - b. False

2. The two steps involved in reporting a fire are to pull the nearest fire alarm and call extension 4444 (report the area, event and your name).
 - a. True
 - b. False

3. When the fire alarms sounds all corridor traffic must stop. This includes staff, volunteers, patients visitors/families
 - a. True
 - b. False



PATIENT RIGHTS

MODULE 5

ADVANCE DIRECTIVES

- There are two (2) types of Advance Directives:
 - An Advance Directive Regarding A Natural Death, commonly called “Living Will”, and,
 - Health Care Power of Attorney.
- The following are NOT Advance Directives:
 - DNR: Do Not Resuscitate form
 - MOST: Medical Order for Scope of Treatment form from and signed by an MD, PA or NP, and patient or patient representative
 - Durable Power of Attorney
 - Last Will and Testament

ADVANCED DIRECTIVES REVIEW

- The Spiritual Care staff is responsible for reviewing advance directives with interested patients from 9:00 – 4:00 weekdays.
- If a patient desires Advance Directives information, a referral is ordered.
- Chaplains respond to referrals within 24 hours of request.

EMTALA

- EMTALA is the Emergency Medical Treatment and Active Labor Act.
- Any person requesting assistance for a potential emergency medical condition will receive a screening performed by a qualified provider to determine whether an emergency exists.
- Persons with emergency medical conditions will be treated and their condition stabilized without regard of ability to pay for services.

WHEN AN ADVANCE DIRECTIVE IS EFFECTIVE

- Advance Directives (AD) come into force when the person who has executed the AD loses their decision making capacity.
- As long as the person has cognitive ability they are their own medical decision maker even though they may have an AD in place.



NOTARIZATION & SIGNATURE

To be effective, the patient's signature must be witnessed by two adults and notarized. The two witnesses must be:

- Over 18 years of age.
- Not related by blood or marriage to the patient.
- Will not inherit from the patient.
- Not a physician attending the patient.
- Not an employee of an attending physician.
- Not an employee of the hospital.
- Not an employee of a nursing home or group home where the patient resides.
- Not involved in a claim against the patient.
- It is OK to use hospital volunteers or family members of other patients.

MEDICAL ORDER FOR SCOPE OF TREATMENT (MOST)

- The MOST form is available on each unit. It is bright PINK. It covers a patient's Code status and outlines how to treat a seriously ill patient that is declining.
- This is a medical order that can be completed by a Nurse Practitioner or a Physician's Assistant under the physician's supervision.

WHO MAY NEED THE MOST FORM COMPLETED?

- Those with incurable/irreversible illness or those with advanced, chronic, degenerative disease.
- Patients likely to die within the year.
- The frail and elderly.



1. Who at Randolph Health is responsible for reviewing Advance Directives?
 - a. Any Randolph Health employee
 - b. Spiritual Care staff
 - c. Security personnel only
2. The MOST form requires the signature of –
 - a. MD, PA or NP
 - b. Patient or patient's legal representative.
 - c. All of the above.
3. 4. EMTALA applies to any person who walks in the emergency department and requests medical evaluation regardless if they can pay for services.
 - a. True
 - b. False

PATIENT RIGHTS





CULTURAL DIVERSITY

MODULE 6

CULTURAL DIVERSITY VALUES

- Accepting and appreciating differences among people.
- Understanding our fellow volunteers and coworkers.
- Working together as a team.
- Acknowledging the strengths and weaknesses of each person.

COMMUNICATION


- Depending on the culture, a person might favor or be offended by
 - Eye contact
 - Gestures
 - Certain tones and volume of your voice
 - Standing too close or too far away
- Watch and listen to the other person for clues and tailor your responses if possible.
- If you accidentally offend someone, apologize.
- It's impossible to know social customs of every culture but...

Everyone should be treated with fairness and respect!

1. Cultural diversity means:
 - a. To accept and appreciate different people
 - b. Understand our coworkers and work as a team
 - c. Acknowledge the strengths and weaknesses of each person
 - d. All of the above
2. Which of the following communication approaches does NOT differ across different cultures?
 - a. Loud tone of voice
 - b. Maintain eye contact
 - c. Treating others with fairness and respect
 - d. Gesturing

CULTURAL DIVERSITY





SEXUAL HARASSMENT

MODULE 7

WHAT IS SEXUAL HARASSMENT?

- Sexual advances
- Requests for sexual favors
- Other sexual conduct
- Unwelcome actions that can:
 - affect job status
 - interfere with work performance
 - create a hostile work environment

TYPE 1: QUID PRO QUO

- Conduct of harasser is unwelcome
- Harassment does not depend on gender
- Harasser does not need to be victim's direct supervisor
- Can be anyone who has a position of power
- Harasser does not need to follow through; it is simply threat alone
- A single sexual advance may be considered "Quid Pro Quo" harassment

TYPE 2: HOSTILE WORK ENVIRONMENT

- Conduct of harasser is sexual in nature and unwelcome
- Harassment does not depend on gender
- Harasser can be anyone – supervisors, co-workers or non-employees
- Victim can be anyone affected, not just harassed person
- Victim does not need to prove any specific job-related losses

TYPE 2: HOSTILE WORK ENVIRONMENT (EXAMPLES)

- Inviting co-worker out repeatedly after they have said “no”
- Leering at a co-worker in a sexual manner
- Telling or emailing lewd, sexual or explicit jokes or stories
- Talking about a co-worker’s body or clothing in a sexual way
- Unwelcome physical contact
- Hanging or emailing lewd, sexual or explicit pictures
- Talking about a co-worker in a sexist or sexually offensive way

VOLUNTEER RESPONSIBILITY

- Review the sexual harassment policy
- Know what sexual harassment means
- Do not harass co-workers
- Complete the sexual harassment education module annually

VICTIM RESPONSIBILITY

- Confront the harasser directly
- Tell the harasser their conduct is unwelcome and must stop
- File a complaint
- If harassment does not stop, report to their supervisor, director, or Human Resources

NO Retaliation

Employers are prohibited from firing, demoting or causing difficulties for anyone who complains of harassment or who supports the complaints.

1. Sexual Harassment occurs when the conduct of the harasser is sexual in nature and unwelcome.
 - a. True
 - b. False
2. If you feel you have been harassed, it is your responsibility to confront the harasser, tell them their conduct is unwelcome and must stop, and file a complaint.
 - a. True
 - b. False

SEXUAL HARASSMENT





INFECTION PREVENTION

MODULE 8

BREAKING THE CHAIN

- Elements of the Chain of Infection are:
 - Infectious Agent (organisms)
 - Source (reservoir)
 - Portal of Exit
 - Mode of Transmission
 - Portal of Entry
 - Susceptible Host
- The weakest link, and the easiest to break, is the Mode of Transmission.

HAND HYGIENE: MOST EFFECTIVE MEANS OF PREVENTION!

Perform hand hygiene:

- Clean hands before putting on gloves.
- When hands are visibly dirty, contaminated with proteinaceous material, or visibly soiled with blood or other body fluids, wash hands with soap and water.
- If hands are not visibly soiled, use an alcohol-based hand rub for routinely cleaning hands in all other clinical situations described below. Alternatively, wash hands with soap and water.
- Clean hands before having direct contact with patients.
- Clean hands before putting on sterile gloves when inserting a central intravascular catheter.
- Clean hands before inserting indwelling urinary catheters, peripheral vascular catheters or other invasive devices that do not require a surgical procedure.
- Clean hands after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings.
- Clean hands if moving from a contaminated-body site to a clean-body site during patient care.
- Clean hands after contact with inanimate objects (medical equipment and supplies) in the patient environment.
- Clean hands after removing gloves.
- Clean hands before eating and after using a restroom using soap and water.

www.cdc.gov/handhygiene/providers/index.html

HAND HYGIENE

Proper Hand-washing technique:

- Turn on the water (warm water)
- Wet your hands
- Dispense soap into your hands (no bar soap for healthcare workers).
- Work up lather and use friction to clean surface of hands (between fingers, back and front of hands, thumbs, and under fingernails) for at least 20 seconds
- Rinse well, keeping hands directed down
- Dry hands thoroughly starting with fingertips, progressing to wrists
- Use paper towel to turn off faucet

Remember!

- Only use hospital-approved and provided alcohol-based hand sanitizer or soap and water
- **NO** artificial nails or nail enhancements
- **NO** lotions from home
- Nails must be less than 1/4" long
 - No artificial nails, wraps, gels are allowed
 - Reduce jewelry to just a wedding band



HAND HYGIENE

Alcohol Based Hand Hygiene

- Alcohol based hand gels may be substituted for hand-washing with soap and water when hands are **not** visibly soiled or contaminated with blood or body fluids.
- When using alcohol-based hand sanitizer:
 - Put product on hands and rub hands together
 - Cover all surfaces until hands feel dry
 - This should take around 20 seconds



REMEMBER: You must use soap and water when caring for a patient with *C. difficile*



PATIENT PRECAUTIONS

- Standard Precautions are used for ALL patients to prevent infection.
- Transmission-Based Precautions are used to prevent the spread of other infectious or drug resistant organisms, and include:
 - Contact Precautions,
 - Droplet Precautions, and
 - Airborne Precautions.

PRECAUTION ROOMS

- Volunteers should never enter rooms marked as precaution rooms.

1. Infection control focuses on breaking the chain of infection by focusing on which link?
 - a. Infectious agent
 - b. Source
 - c. Mode of transmission
 - d. Susceptible host
2. Which precaution applies to ALL patients?
 - a. Contact precautions
 - b. Airborne precautions
 - c. Standard precaution
 - d. Droplet precautions
 - e. Give medicine
3. Volunteers should NOT enter precaution rooms.
 - a. True
 - b. False

INFECTION PREVENTION



HIPAA AND CORPORATE COMPLIANCE

What is Compliance?

- A commitment to an ethical way of conducting business
- A system for doing the right thing



MODULE 9

Purposes of the Compliance Program

- To protect patients and improve the quality of their care
- To demonstrate the organization's commitment to promote good corporate conduct
- To assist in identifying and preventing criminal & unethical conduct
- To encourage employees to report potential problems
- To allow prompt, thorough investigation of alleged misconduct
- To initiate timely & appropriate corrective action
- To reduce the organization's exposure to civil damages & penalties, criminal sanctions, and program exclusion
- To create a centralized source of information on health care regulations

Non Retaliation

ANYONE

who honestly and in good faith,
reports suspected wrongdoing, will be
protected from retaliation.

Patient FIRST – Safety & Quality Care

We will passionately provide excellent service with every interaction.

Service excellence means:



- Clear & professional communication
- Confidentiality
- Sincere concern for our patients' health & well being
- To go the extra mile to provide services to our patients, their families, and our colleagues

STAFF INTERACTIONS

Your role, whether volunteer, independent contractor, or vendor, is to serve the needs of our patients and their family members. Maintaining a positive relationship with colleagues is crucial in achieving that goal.



Your interactions should demonstrate:

1. Collaboration
2. Creativity
3. Transparency
4. Accountability
5. Respect

Confidentiality & Record Keeping

We will make every effort to abide by Federal and State laws, regulations and guidelines by:

- Recording information accurately
- Recording information timely
- Securing all records properly
- Handling records consistently



What is a Conflict of Interest?

- A conflict of interest arises when a secondary objective (i.e., influence to choose one alternative over another) could affect the performance of your organizational role.
- Potential for financial gain is one of many possible incentives that can lead to bias in a *subjective activity*, often *subtle and unrecognized* by you.



When does an ethical issue occur?

An ethical issue occurs when a choice becomes self-serving, rather than serving the best interest of others, and the choice results in a moral compromise.*

*Source - *Orthopaedic Nursing*, April 2008, Volume 27 Number 2, page 135-139, "Ethics: Conflicts of Interest: Nurses at Risk?"



Gifts & Gratuities

Employees or their families must not gain personally from any transaction made on behalf of The Organization. This includes, but is not limited to:

- Kickbacks
- Rebates
- Money
- Food
- Entertainment
- Tickets or travel
- Any gift that exceeds \$10 per incident /\$100 accumulated annually.



Gifts from patients or customers are prohibited; individuals wishing to contribute should be referred to the Randolph Health Community Foundation.

What are my responsibilities?

- Be aware and guard against potential conflicts.
- Disclose potential conflicts using OW-ADM-003A – Conflict of Interest and Gift Disclosure Survey, promptly when a potential conflict occurs.
- Disclose using OW-ADM-003A – Conflict of Interest and Gift Disclosure Survey, annually upon request.

HIPAA demands that we use Protected Health Information **ONLY** for

- **Treating** patients
- Obtaining **payment** for treatment provided
- Improving healthcare **operations**





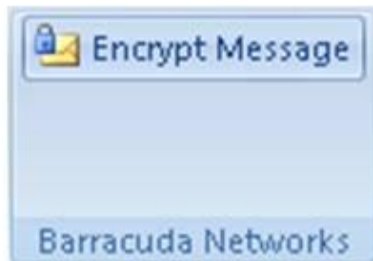
What is Protected Health Information?

In some cases, the simple fact of sharing that a patient is receiving care or is in a specific location of the Organization could be considered a privacy violation. Our small community also makes us especially vulnerable because we personally know many patients. Sensitive information includes, but is not limited to:

- Sexually transmitted diseases
- Mental Health
- Substance Abuse
- Financial information

Tips for HIPAA Compliance

1. **Never share your password with anyone.** This includes system passwords, PINS, and door access codes & cards.
2. Use minimum PHI necessary to complete your job responsibilities.
3. When you are authorized to send an **email** containing PHI **outside** the Organization, be sure to **ENCRYPT** the message and confirm an accurate email address!



Tips for Social Media Use

Context	Concept
Content Credibility	<ul style="list-style-type: none">•Share only information from credible sources•Refute any inaccurate information you encounter
Legal Concerns	<ul style="list-style-type: none">•Remember that any content you author may be discoverable•Comply with federal and state privacy laws•Respect copyright laws
Licensing Concerns	<ul style="list-style-type: none">•Know professional licensure requirements for your state
Networking Practices	<ul style="list-style-type: none">•Do not contact patients with requests to join your networks•Direct patients who want to join your personal network to a more secure means of communication or to your professional site

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4103576/>

Tips for Social Media Use (continued)

Context	Concept
Patient care	<ul style="list-style-type: none">• Avoid providing specific medical advice to nonpatients.• Make appropriate disclosures & disclaimers regarding the accuracy, timeliness, and privacy of electronic communications.
Patient privacy	<ul style="list-style-type: none">• Avoid writing about specific patients.• Make sure you are in compliance with state and federal privacy laws.• Obtain patient consent when required.• Protect patient information through “de-identification”.• Use a respectful tone when discussing patients.

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4103576/>

Tips for Social Media Use (continued)

Context	Concept
Personal privacy	<ul style="list-style-type: none">•Use the most secure privacy settings available.•Keep personal and professional profiles separate.
Professional ethics	<ul style="list-style-type: none">•Disclose any in-kind or financial compensation received.•Do not make false or misleading claims.
Self-identification	<ul style="list-style-type: none">•Identify yourself on professional sites.•Make sure that your credentials are correctly stated.•Specify whether or not you are representing an employer.

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4103576/>

Where can I report a compliance/privacy issue or ask a question?

- Contact the Corporate Compliance/Privacy Officer via email or by calling 336.633.7771
- Call the Compliance Help Line at **336.633.7724**





CORPORATE COMPLIANCE & HIPPA QUESTIONS

1. For what reason(s) should I access protected health information?
 - a. Treating a patient
 - b. Obtaining payment for treatment
 - c. Improving health care operations
 - d. All of the above

2. What is PHI (protected health information)?
 - a. Demographic: name, address, phone/fax, email, next of kin, date of birth, photograph
 - b. Financial: employer, social security number, medical record number, insurance
 - c. Clinical: patient chart patient bill, reason for visit, test results, surgery performed, diagnosis
 - d. All of the above.

3. A Conflict of Interest
 - a. Arises when a secondary objective (i.e., influence to choose one alternative over another) could affect the performance of your organizational role
 - b. Often includes a potential for financial gain
 - c. Can be subtle and unrecognized by the affected individual
 - d. All of the above

- 
- 
4. Ethical issues occur when a choice becomes self-serving and the choice results in a moral compromise.
 - a. True
 - b. False

 5. What is compliance?
 - a. A system for doing the right thing
 - b. A commitment to an ethical way of conducting business
 - c. Both A and B
 - d. None of the above

 6. Tips for HIPAA Compliance, NEVER share your password with anyone!
 - a. True
 - b. False

7. If I become aware of potential fraud or abuse, I am bound by federal and state laws and the Organization's policies to report my concern(s).
 - a. True
 - b. False

8. Social Media Tip: Never post any information about any patient on social media.
 - a. True
 - b. False.

9. All staff are bound by federal law to report violations/non-compliance.
 - a. True
 - b. False



INDIVIDUALIZED CARE

MODULE 10

X. INDIVIDUALIZED CARE



STAGES OF LIFE

- “Age-Specific” care includes a general description of the social, psychological and physical changes that occur as a person ages.
- This information will help employees care for patients at different levels of development.



INFANT (BIRTH 0 – 2 YEAR) AND TODDLERS (2 – 4 YEARS) BIRTH TO 4 YEARS

Age-specific Care for Infants and Toddlers



- Keep them with parents if at all possible. Have parents help with care. Have them demonstrate procedures back to you.
- Answer parent's questions and discuss their concerns. Teach them feeding, safety and hygiene.
- Let the child touch equipment, or watch you first do the procedure on a stuffed animal or doll.
- Keep the child's safety and comfort in mind.
- Educate parents about the need for immunizations, checkups and screenings as indicated.
- Develop trust through touch and comfort.
- Avoid loud voices and rapid movements as it may frighten the child.

CHILD (5 YEARS TO 12 YEARS)



Age Specific Care for Children

- Explain the procedure before you perform it. Be sure to use a child's terms. Let child help if possible.
- Make sure the child knows the procedure is not punishment.
- Stress with parents the importance of regular checkups, immunizations and screenings.
- Let the child ask questions and talk.
- Make sure the parents have an opportunity to ask questions or express concerns they may have.
- Incorporate play into care.
- Words and phrases are taken literally (instead of saying "I'm going to stick you", say "I'm going to make a little pinch in your arm so you can get some medicine").
- Explain procedures in advance. Discuss equipment. Pictures and visual aids help. Let them help if possible. Give positive reinforcement for cooperation. Respect privacy need.
- Have fear of changes in appearance and loss of control.
- When talking with them avoid distractions and treat them as an adult.

AGE-SPECIFIC CARE FOR OLDER CHILD



- Explain procedures in advance. Discuss equipment. Pictures and visual aids help. Let them help if possible. Give positive reinforcement for cooperation. Respect privacy need.
- Remind parents about immunizations, checkups and screenings.
- Talk with the child about their hobbies, concerns, friends and other items of interest. Allow time for questions.
- Teach the family about health and safety (not smoking, no alcohol, and other drugs).
- May experience mood swings.
- Have fear of changes in appearance and loss of control.
- When talking with them avoid distractions and treat them as an adult.

TEENS (13 YEARS TO 17 YEARS)



Age-specific Care for Teens

- Encourage hospitalized teens to keep in touch with friends and family.
- Emphasize the importance of checkups, screenings and immunizations.
- Provide as much privacy as possible. Discuss their concerns. Encourage them to be involved in their care and the decisions about their care. Know age for legal authorization.
- Encourage parents to stay involved in their child's life. Give information about normal changes.

ADULTS (18 YEARS TO 60 YEARS)



Age-specific Care for the Adult

- Assess the patient related to stress. Encourage them to talk about feelings, concerns and about how the illness may affect their life.
- Involve close family, as indicated by patient in making decisions and when educating. Educate about healthy lifestyle and injury prevention. Encourage the patient to take part in group learning.
- Encourage checkups, immunizations and screenings.
- Educate about healthy lifestyle and safe medication use.
- Involve close family in decision making and education as appropriate.
- Educate about living will and health care power of attorney as appropriate.

SENIOR ADULTS 60 + YEARS

Age-specific Care for Older Adults



- Stress need for check-ups and screenings.
- Encourage social activity.
- Educate about fall prevention and safe medication use.
- Provide a safe, comfortable environment.
- Allow for rest.
- Give them a chance to reminisce.
- Speak clearly and avoid background noise during teaching. Use larger print materials and enough light. Repeat as needed. Avoid rushing.
- Talk about family and other support systems, involve them in decision making as appropriate.
- Educate when other family members are around and can hear the content as well as appropriate.

HEARING IMPAIRED PATIENTS



- Communication often occurs through:
 - Sign Language
 - Writing
 - Lip Reading
- Assess the best method for communication by asking your patient about their preference.
- Does your patient relies on American Sign Language (ASL)?
 - make sure that an interpreter is present by using the MARTTI video interpretation system.
- Be sure to keep account of assistive devices
- DO's
 - Use your regular volume voice and lip movement
 - Maintain eye contact
 - Introduce the “main topic” of what the conversation will be about.
 - Remove your face mask to speak
- DON'T's
 - Chew objects such as gum, pens/pencils
 - Cover your mouth with your hands
 - Stand in front of a window that may cause shadows across your face.
 - Assume a head nod means they understand & agree.

VISUALLY IMPAIRED PATIENT



- Communication often occurs through:
 - Verbal conversation
 - Braille
 - Using touch to explore the environment
- Assess the best method for communication by asking your patient about their preference
- Be sure to keep account of assistive devices
- DO's
 - Address the patient directly, NOT the family/visitors (unless asked to do so)
 - Be considerate and verbalize your movements in the room or adjustments to patient equipment
 - Announce your presence entering or leaving the room with a “Hello, Mr. Smith, I’m Sarah your nurse and I’m here for...”
 - Guide the patient with an elbow when walking
- DON'T's
 - Speak in a loud volume
 - Move around as you speak
 - Rely on your body language to communicate

ASSISTIVE ANIMALS

Every person with a disability has the right to be accompanied by a service animal trained to assist the person with his or her specific disability

- NC law **168-4.2.**
- Hospital Policy for Service Animals
- **(PCS-017)**



INDIVIDUALIZED CARE QUESTION

Understanding “age specific” changes that occur as a person ages will help staff to better care for patients at different levels.

- a. True
- b. False



VOLUNTEER- SPECIFIC

MODULE 11

DRESSING APPROPRIATELY

- For safety reasons, Randolph Health volunteers should wear closed-toe shoes.
- “Appropriate dress” means no jeans or shorts.
- Volunteers should wear their Randolph Health lanyard with name badge whenever “on duty”.
- Do not wear colognes or fragranced lotions.

CONFIDENTIALITY

- Volunteers are held to the same high standards of confidentiality as other members of the Randolph Health medical and administrative staff.
- We are all bound by a legal and ethical obligation to protect the privacy of patients.

SAFETY

- You should get assistance from a staff member when trying to lift a patient from a wheelchair.
- Volunteers should not enter a patient room if any of the following precautions are posted:
 - Contact
 - Droplet
 - Airborne
- The best way to control the transmission of bacteria and germs is to have proper hand hygiene!

OUR VOLUNTEERS ARE A FRONT LINE REPRESENTATIVE OF RANDOLPH HEALTH.

- Volunteers should be professional; leave any biases at home. We treat all patients with respect and dignity
- Be aware of your body language and expressions
- Do not use off-color humor and jokes that anyone could construe as offensive
- If you have a complaint, please direct your feedback to a supervisor and do not spread negativity to others
- If you have suggestions for streamlining processes, please bring that to your supervisor's attention

COVID-19 SAFETY FOR OUR VOLUNTEERS

- Always wear a hospital issued surgical mask
- Eye protection is required at all times by utilizing a face shield goggles or eye glass slide protectors
- Wearing gloves, clean your work area upon arrival with Sani-Cloth's (dry time 2 minutes)
- Do not volunteer when you are sick

COVERAGE WHEN ABSENT

- Volunteer should make every effort to find a substitute when they are unable to work their volunteer shift

INJURIES WHILE VOLUNTEERING

- If any injury occurs while volunteering it should be reported to your placement supervisor and to the Director of Volunteer Services with 24 hours.
- An incident form should be completed even if you think you are not injured.

1. Blue jeans or shorts are not proper attire for volunteering. For safety reasons, volunteers should wear close-toe shoes.
 - a. True
 - b. False
2. All volunteers are held to a high standard of confidentiality. We all have a legal and ethical obligation to protect the privacy of our patients.
 - a. True
 - b. False
3. Volunteers should not lift patients from a wheelchair. Get assistance from a staff member if patient lifting is required.
 - a. True
 - b. False
4. Volunteers should not enter a patient room with the following precaution notice posted: Contact, Droplet or Airborne
 - a. True
 - b. False
5. Hand hygiene is the best way to control the transmission of bacteria and germs in the hospital.
 - a. True
 - b. False

VOLUNTEER SPECIFIC



6. All volunteers must wear required protection to protect yourself and others from the spread of Covid-19.
 - a. True
 - b. False.
7. Volunteers should be professional and leave any biases at home.
 - a. True
 - b. False
8. Volunteers should make every effort to procure a substitute if unable to work their scheduled shift.
 - a. True
 - b. False

VOLUNTEER SPECIFIC

