

Student Information Packet

Aultman Alliance Community Hospital
Student Programs: Experience & Observation

Revision Date: June 2014

HEALTH CARING EXPECTATIONS & STANDARDS

MISSION, VISION, VALUES

All ACH Colleagues are expected to adhere to the core mission, vision, and values of the Hospital and its related entities and to uphold our health caring standards, attitudes, and Planetree philosophies and practices.

MISSION. To provide our patients and guests with a safe, comforting, and healing environment.

VISION. To become the premier community hospital in the state of Ohio. We strive to personify the notion that we are “The best people providing the best service.”

VALUES. We put the needs of our patients, customers, and the community first and we also pledge the following:

- (1) We will always provide compassion and caring to our patients, visitors, guests, Colleagues, volunteers, and everyone who passes through our doors.
- (2) We will constantly encourage individual creativity, innovation, and teamwork so that we never cease to improve our programs and services.
- (3) We will incorporate integrity, openness, and fairness in all we do.

HEALTH CARING STANDARDS

The AACH Administration insists that all Colleagues adhere to the following criterion:

- 1 Integrity – Colleagues must always demonstrate ethical behavior, which includes upholding high moral standards whenever and wherever they are representing AACH, developing open, honest communications, and accepting responsibility for individual actions (and when applicable, that of co-workers and/or subordinates).
- 2 Quality – AACH’s quality standards can never be compromised. In fact, quality expectations are to be exceeded. Medical, business, professional, and support staff members alike must take pride in everything they do by maintaining the highest possible quality benchmarks.
- 3 Learning – The pursuit of knowledge should be active and continuous. We must constantly challenge ourselves intellectually and never stop broadening our individual and collective awareness.
- 4 Caring – AACH must always offer personal caring and treat patients individually and according to the dictates of their individual circumstances, instead of merely treating illnesses or symptoms.

HEALTH CARING ATTITUDES

- 5 Greet patients (customers), visitors, and Colleagues immediately with a warm smile, calling them by name if possible. Always exude friendliness and compassion.
 1. Use kind words and gestures to help patients and all others feel special and appreciated and to help relieve anxiety.
 2. Always lend a helping hand to anyone in any type of need and if you cannot, find someone who can.
 3. Always be true to your word and go out of your way to help keep patients (customers) and visitors happy and comfortable but avoid “promising” patients anything that is unrealistic or simply not possible. Be honest but considerate.
 4. Thank our patients (customers) for choosing us to meet their health care needs.
 5. Practice good manners and use proper etiquette at all times (and in all situations) whether dealing with people one-to-one, via telephone, or E-Mail.
 6. Speak clearly and avoid using medical jargon with patients and visitors.
 7. Respect the privacy of our patients. (See HIPAA manual for details on maintaining the confidentiality of patient information.)
 8. Keep patients (customers) informed and comfortable while they are waiting for procedures or information.
 9. When someone complains to you, take the HEAT:

- ❑ “Do it Right the First Time”
- ❑ To participate in process improvement projects
- ❑ To sustain the change!

SEXUAL HARASSMENT POLICY

Sexual Harassment and Other Discriminatory Harassment. AACH is committed to a work environment in which all students, colleagues, volunteers or guests are treated with dignity and respect. AACH supports the right of all colleagues, students and volunteers to work in an environment free of sexual harassment and other discriminatory and unlawful harassment. Sexual harassment and harassment on the basis of race, color, religion, age, gender, disability or handicap, national origin, or veteran status, is strictly forbidden and will not be tolerated.

This harassment policy applies to all persons and prohibits harassment, discrimination, and retaliation whether engaged in by a , a supervisor, a manager, or someone not directly connected with AACH (e.g., vendor, consultant, patient).

Sexual Harassment. While it is not easy to define precisely what harassment is, sexual harassment involves unwelcome conduct of a sexual nature in which:

- (a) Submission to such conduct is clearly stated or implied as being a term or condition of an individual’s employment;
- (b) Submission to, or rejection of, such conduct by an individual is used as the basis for any employment decision affecting that individual; or
- (c) The existence of such conduct is sufficiently severe or pervasive to create an abusive or hostile working environment. Examples include offensive sexual flirtations; advances or propositions; continued or repeated verbal abuse of a sexual nature; graphic or degrading verbal comments about an individual or an individual’s appearance; the display of sexually suggestive objects or pictures; or any other sexually offensive or abusive physical contact or gestures.

Such conduct, regardless of who commits it, is prohibited. Anyone found to have engaged in sexual harassment will be subject to disciplinary action up to and including termination.

Other Discriminatory Harassment. Other discriminatory harassment includes intimidation, ridicule, or insults that:

- (d) Unreasonably interferes with an individual’s work performance;
- (e) Creates an abusive or hostile work environment; or
- (f) Otherwise adversely affects an individual’s employment opportunities.

This type of discriminatory harassment applies to such conduct, which is based on an individual’s race, color, religion, age, gender, disability or handicap, national origin, veteran status, or other legally-protected characteristic. It includes actions such as repeated verbal abuse; the circulation of written material that demeans or exhibits hostility or dislike toward an individual or any of the aforementioned groups of persons; or inappropriate jokes or slurs. As with sexual harassment, such conduct likewise is prohibited and will subject the person engaging in it to disciplinary action up to and including termination.

Retaliation. All colleagues, students, etc shall be protected from retaliation for making a complaint or for assisting in an investigation concerning allegations of unlawful harassment. Retaliation includes disciplining, reassigning, lowering a performance appraisal or threatening or intimidating a person because he or she complained about harassment or participated in an investigation concerning unlawful harassment. This type of retaliation is strictly prohibited and individuals engaging in retaliatory behavior will be subject to disciplinary action.

TOBACCO FREE POLICY

All Aultman Alliance Community Hospital property (buildings, parking lots, sidewalks, vehicles, lands, and off-site locations) are tobacco-free environments in accordance with the requirements of the hospital's governing agencies and Ohio state laws. The responsibility to enforce the tobacco-free environment is shared by hospital colleagues and physicians. Failure to comply with the guidelines will result in corrective action up to and including discharge.

AACH promotes the health and safety of our patients, guests, customers, physicians, visitors, colleagues, volunteers, students, and any others as applicable, by providing a tobacco-free environment on all hospital premises; including all buildings, lands and vehicles owned and/or operated by the AACH, its affiliates, entities, and any tenants on those properties.

GUIDELINES

- (1) Tobacco products, chewing, smoking, or the sale of any/all tobacco products are prohibited in hospital-owned vehicles and in or near all areas of the hospital's buildings, lands, or properties.
- (2) Signs are posted at all entrances to the hospital's buildings and at all of its satellite locations, identifying the facilities as tobacco-free environments.
- (3) The hospital will not hire individuals who use tobacco products. Effective as of January 1, 2007 applicants will be required to sign a tobacco free pledge.
- (4) The hospital encourages all current Colleagues, physicians, and volunteers who use tobacco products to participate in hospital-sponsored programs designed to eliminate the use of tobacco products.
- (5) If a Colleague, hired prior to 2007, feels he or she must smoke, they are only permitted to do so at their designated meal time, or during their designated break time.
- (6) Colleagues, who wish to smoke, will be required to cross State Street, Union Avenue, Arch Avenue, or College Street to do so. Colleagues who smoke in their own vehicles must dispose of cigarette butts in their vehicle ashtrays. If a Colleague is found to have disposed of cigarette butts on hospital property, he or she will be subject to immediate discharge.

CELL PHONE POLICY

POLICY

Cell phones are not to be used in patient care areas for patient safety and privacy reasons.

Cell phones may be used by patients, visitors, students, and colleagues in non-patient care areas such as the Main Lobby, hospital Café, Roof Top Garden, and comfort areas. Cell phones may also be used by colleagues in non-patient care areas such as designated break areas and outside the building during approved break times.

PURPOSE

To restrict and control the use of cellular telephones/camera cellular telephones in our facility for our patient safety and privacy.

Patients/Visitors/Students/Colleagues

- For privacy reasons, the use of the camera function of cell phones is prohibited at all times on work premises and/or during work time.
- Cell phones are not to be used while on duty for personal usage, except during approved break times and in approved break areas.
- Texting is prohibited while driving Alliance Community Hospital vehicles or while you are driving on hospital business.

ABBREVIATED COMPUTER AND NETWORK ACCESS SECURITY POLICY AND PROCEDURE

POLICY: Aultman Alliance Community Hospital uses computer information systems to meet our clinical, financial, and informational needs. We deem the data and information processed in these systems as proprietary and confidential.

Users must understand the confidential nature of the information, understand their responsibility for keeping the information secure, and know the ramifications of any violations of security. The organization grants access to only the necessary components of the computer system required for the individual to complete his or her job.

A *security code* (i.e., password, access code) is a unique sequence of letters and/or numbers used to access the computer systems. Security codes should be at least 8 characters in length, using a combination of letters and numbers. Security codes should not be obvious words or numbers, such as birth dates, phone numbers, children's names, etc. The security code will expire every three months and you will be asked to select a new one. You can only re-use a password after twelve months have passed. The security code becomes part of the audit trail and attaches the user to every keystroke entered under the security code. *The user must not intentionally or unintentionally share their security codes with any other person.* The user has responsibility for every entry (i.e., transaction) made under the security code. *Attempting to gain unauthorized access to information contained in the computer systems by any method, including the use of another person's security code, violates the security agreement and the unauthorized person subjects themselves to disciplinary action up to and including termination and criminal prosecution.*

The *computer systems* include all electronic devices used to store, transmit, and/or manipulate data about customers, employees, users, providers, strategic plans, etc. The system includes the Hospital Information System (HIS), all software used on the network, laptop computers, archived media, and back-up media.

Computer Security Agreement:

Aultman Alliance Community Hospital uses computer information systems to meet our clinical, financial, and informational needs. We deem the data and information contained and processed in these systems as proprietary and confidential. We must restrict access to our computer systems and their data to the minimum necessary for completion of your job. The use of security codes controls access to the computer systems and also provides an audit trail of the access. No other person other than the owner may use this individually unique security code.

By signing off on this policy, you acknowledge that you have received and have read a copy of the Abbreviated Computer and Network Access Security Policy and Procedure. You will find the complete policy in the Administration Policy and Procedure manual and/or on the Hospital Intranet.

1. Your security code, which will allow you to access your authorized functions and may serve as an electronic signature, is **HIGHLY CONFIDENTIAL**.
2. If you divulge your security code to another individual, you have violated this agreement and become subject to disciplinary action, up to and including discharge and/or criminal prosecution.
3. To prevent unauthorized access to confidential information, you are responsible to sign-off (exit to Good-bye) the computer system when you leave the terminal or personal computer unattended.

Internet and Electronic Mail Code of Conduct

I will abide by the following rules, codes, and guidelines when accessing the Internet and electronic as seen necessary for my role as a student at Aultman Alliance Community Hospital.

I will use:

1. Licensed software installed by Information Technology (IT) department
2. The internet and/or e-mail in an effective, productive, ethical, and lawful manner and avoid:
 - a. Excessive inbound messages or files
 - b. Interfering with the work of others
 - c. Violating another's privacy
 - d. Excessive use of business chat rooms and/or list servers
 - e. Advancing my own personal or individual views
 - f. Using e-mail or the Internet for my own personal gain
3. My own password
4. Up to date antiviral software when downloading files

5. Electronic mail and the internet for business purposes only
6. E-mail as official company mail and not access mail intended for other recipients, unless the recipient grants access.

I understand Aultman Alliance Community Hospital specifically prohibits the following practices:

1. Transmission of messages under an assumed name
2. Non-business chat sessions
3. Downloading of pornographic and/or obscene material
4. Accessing pornographic and/or offensive material
5. Transmission of copyrighted or Intellectual property unless duly authorized
6. Transmission of chain letters
7. Sending fraudulent, harassing, and/or obscene messages or graphics
8. Solicitation of non-company business

To maintain a properly functioning and secure system, I will

1. Check e-mail daily (when applicable)
2. Delete unwanted messages immediately
3. Download needed messages to a disk (contact IT for help)
4. Never assume my mail is secure and I will take other precautions to protect sensitive material (contact IT for help)
5. Keep central system files to a minimum
6. Routinely scan my PC for viruses
7. Report any virus activity or security incidents to the IT department immediately

I understand

1. All messages created, sent, or retrieved over the Internet remain the property of AACH
2. Violation of the Code of Conduct can result in revocation of my access, disciplinary action, and/or criminal prosecution
3. My obligation to notify the IT Department immediately if I discover a violation of the Code of Conduct by employees, volunteers, or physicians
4. AACH has a right to access, monitor, and disclose all message and files on the computer network system(s) or individual PC's for violations of application laws
5. The content and maintenance of my PC and disk storage area is my responsibility (contact IT for guidance)

IMPORTANT NOTICE TO PHYSICIANS AND HEALTHCARE FACILITIES

Under the Ohio Medical Practices Act, there are a number of Ohio laws that effect medical records. These laws pertain to all privileged patient medical record information, in both paper and computerized form. Violation of these laws can result in the loss or suspension of the Physicians medical license, if it can be demonstrated that the private nature of the Physician-Patient privilege has been violated. This Physician liability can be extended to any person who gains access or is authorized to privileged information that the physician is bound to hold confidential. If a security code is issued to the physician, and then distributed to colleagues, office managers, staff etc., the **PHYSICIAN** becomes liable for any breach of the Physician-Patient Confidentiality statutes and laws. Aultman Alliance Community Hospital **DOES NOT** condone the sharing and dispensing of security codes for any purpose whatsoever. Any person requiring access to the Aultman Alliance Community Hospital computer system can obtain the appropriate access by completing an application for Computer Access and Security Codes. Applications can be obtained from the Department of Information Technology.

PATIENT RIGHTS & RESPONSIBILITIES

While you are a patient at Aultman Alliance Community Hospital, you and/or your surrogate have the right to exercise your rights without coercion, discrimination or retaliation.

AS A PATIENT YOU (OR YOUR REPRESENTATIVE) HAVE THE RIGHT TO:

Have access to treatment that is medically indicated and available here, or at another facility if we do not offer the service, regardless of race, religion, sex, sexual orientation, ethnicity, age, handicap, or nature of source of payment

- a. Participate in the development and implementation of your plan of care;

- b. Make informed decisions regarding your care. This includes being informed of your health status, being involved in care planning and treatment, and being able to request or refuse treatment. This must not be construed as a mechanism to demand provision of treatment or services deemed medically unnecessary or inappropriate;
- c. Formulate advance directives and to have hospital staff and practitioners, who provide care in the hospital, comply with these directives as required by law;
- d. Have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital;
- e. Personal privacy; f. Receive care in a safe setting; g. Be free from all forms of abuse or harassment;
- h. Confidentiality of your clinical records;
- i. Access information contained in your clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits;

- j. Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff;
- k. Be fully informed of and consent to or refuse to participate in any unusual, experimental, or research project without compromising your access to service;
- l. Know the professional status of any person providing your care/services;
- m. Know the reasons for any proposed change in the Professional Staff responsible for your care;
- n. Know the reasons for your transfer within or outside the hospital;
- o. Know the relationship(s) of the hospital to other persons or organizations participating in your care;
- p. Access to the cost, itemized when possible, of services rendered within a reasonable period of time;
- q. Be informed of the source of the hospital's reimbursement for your services, and of any limitations which may be placed upon your care;
- r. Be informed of the right to have pain treated as effectively as possible;
- s. Have any visitors of your choosing, including but not limited to a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend. Likewise, you may refuse to consent to any person visiting you, or may withdraw consent to a person visiting you at any time. You may designate a "Support Person" to exercise your visitation rights if you are unable to do so yourself. The hospital will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability, nor will it permit anyone else, including your Support Person, to do so. All visitors will enjoy full and equal visitation privileges consistent with your preferences.

The hospital may apply reasonable clinical restrictions and other limitations on visitation based upon, but not limited solely to any of the following:

- A court order limiting or restricting contact;
- A visitor's behavior presenting a direct risk or threat to you, hospital staff, or others;
- Visitor behavior that is disruptive to the functioning of the patient care area;
- Your risk of infection by the visitor;
- The visitor's risk of infection by you;
- Your need for privacy or rest;
- The need of privacy or rest by your roommate;
- Any special restrictions that might apply in a special care unit; and
- When visitation might otherwise interfere with your care or that of another patient.

- t. The patient's family has the right of informed consent for donation of organs and tissues.

Your responsibilities as a patient are to:

- a. Provide complete and accurate information about your past, present, and developing health conditions
- b. Discuss pain relief with your doctors and nurses and ask for pain relief when pain begins or if your pain has not been relieved
- c. Follow the treatment plan recommended by your physician and be accountable for your actions if you refuse treatment or do not follow instructions

- d. Be considerate of the property and rights of other patients and hospital colleagues, treating them with courtesy and respect, and be responsible for your own belongings
- e. Assure prompt fulfillment of financial obligations related to your health care

To let us know about a concern, complaint or grievance, call:
330-596-7154
(7154 from a patient phone)

Aultman Alliance Community Hospital
Attn: Quality Services
200 East State Street, Alliance OH 44601

You may also contact one of the following to express your concern:

Medicare: 1-800-633-4227
Ohio KePRO: 1-800-589-7337
Ohio KePro Review Dept
Rock Run Center, Suite 100
5700 Lombardo Center Drive
Seven Hills, OH 44131
Fax: 1-216-447-7925

SUMMARY OF EMERGENCY CODES

Aultman Alliance Community Hospital has adopted the Ohio Emergency Codes presented by the Ohio Hospital Association. These codes are universal throughout the state and will allow hospital employees to know what to do at a different facility if called to assist during an emergency situation. Police, Fire, EMS, Red Cross and others dedicated to public safety are also adopting these codes. All codes are activated by **dialing 5555** and telling the operator the type of code and the location.

Code Red: Fire

Fire pull stations are located near the exits and stairwells. Please locate the one closest to your unit. Know RACE and PASS acronyms (back of ID badge)

Code Gray: Tornado/Severe Weather (refer to white Emergency Management Manual)

- Phase I: Is when a “Severe Thunderstorm Warning” and/or a “Tornado Watch” alert is received by the weather watch radio. Means “Get Ready!” Pull shades, close blinds and drapes, and remove all items from window sills.
- Phase II: Means “Get Ready!” A tornado warning has been issued within a 20 mile radius of hospital.
- Phase III: Means a tornado has been spotted within a 10 mile radius of hospital. Cover patients with blankets or sheets. Staff should then lie flat or crouch down covering their heads.
- Code Gray All Clear: Means the danger has passed. Put equipment back, open shades, and proceed with normal operations.

Code Orange: Hazardous Material Spill/Release

Contain the hazardous material and refer to the yellow Healthcare Hazards manual for further instructions.

Code Blue (Location): Cardiopulmonary or Respiratory Arrest (Medical Emergency Adult)

Code Pink (Location): Medical Emergency under age 16

Code Yellow: Disaster

Code Yellow is notification that an external or internal disaster has occurred. Each department or unit has a specific plan. Refer to the white Emergency Management Manual.

Phase I: Be aware something is going on in the area and review your role in manual. Top 11 positions on HICS chart report to Incident Command (First floor staff lounge).

Phase II: 0-20 victims coming in

Phase III: 21-40 victims coming in

Phase IV: Over 40 victims coming in

If you are called in from home:

- Bring your hospital ID badge
- Attach a white flag to side mirror of vehicle

- Enter through the designated entrance

Code Violet (Location): Violent/Combative Patient

Code Silver / AS (Location): Person with Weapon /Active Shooter

Isolate patients, visitors, and staff, if possible.

Code Brown (Location): Missing Adult Patient

Dial 5555 and all units on floor where patient was last seen. Post staff at all entrances/exits to floor. Protective Services will monitor the remainder of the hospital.

Code Green: Evacuation

Partial Evacuation: A partial evacuation is called when we are going to evacuate a certain area of the hospital for whatever reason. You would hear “Code Green 3 East” for example

Hospital Wide Evacuation: A hospital wide evacuation is called when we are going to evacuate the entire hospital. You would hear “Code Green Hospital Wide”.

Infant/Child Abduction (Code Adam)

Code Adam is the alert used to indicate an infant or child abduction. If this is paged overhead, colleagues must secure all halls, stairwells, exits leading to and from the facility. Any person carrying an object large enough to conceal a newborn infant should be stopped and the package should be inspected. If the person refuses the package inspection, do not allow them to leave the building, and notify Protective Services at 7135. Law enforcement officials have found that middle-aged females are those most likely to abduct an infant. Refer to the Code Adam policy in the Administration Policy and Procedure Manual.

Bomb Threat (Code Black)

Keep the caller on the line, signal to a fellow employee to notify the operator immediately at 5555. All threats should be taken seriously. Refer to the Bomb Threat Call Information sheet located on your unit for specific questions to ask the caller. Remember to record your responses! Hold the sheet in the air to signal a colleague to call Protective Services at 7135. If a suspicious item is found, DO NOT TOUCH. Notify Protective Services immediately.

Key Points to Remember:

1. Remain Calm!
2. Keep the caller on the line as long as possible.
3. Obtain and record as much information as you can including background noises, accents, etc.
4. The two most important pieces of information to obtain are: the location of the bomb and detonation time of the bomb.

PERSONAL, FIRE & ELECTRICAL SAFETY

Types of Fires

There are 4 classes of fires:

1. **Class A** - burning of ordinary combustibles like wood, paper, cloth, rubber, or certain plastics.
2. **Class B** - burning of gases and liquids.
3. **Class C** - burning of energized electrical equipment such as appliances, air conditioning and heating units, motors, and generators.

Class D - burning of certain metals (least likely to be exposed to in healthcare setting).

Types of Fire Extinguishers

Fire extinguishers are an important defense measure for putting out fires. They can save lives. Make sure you know where the fire extinguishers are located.

In healthcare facilities, fire extinguishers are designed to put out Class A, Class B, and Class C fires. ABC extinguishers can be used to fight all three types of fires and are marked with an ABC.

Be prepared before a fire...

- 1) Review evacuation routes
- 2) Keep work areas clear of clutter

- 3) Never block smoke doors or fire exits
- 4) Keep calm

If a fire starts, think and act quickly and safely: To activate the extinguisher:

R Rescue

A Activate the Alarm

C Contain

E Extinguish

P Pull the pin

A Aim the nozzle at the base of the fire

S Squeeze the handle together

S Sweep the extinguisher from side to side

Protective Services

Security officers provide a safe environment for all colleagues, patients, and visitors. Report any suspicious activities or persons to Protective Services immediately at extension 7135.

Personal Protection

- Avoid walking to your vehicle alone after hours. Contact Protective Services to be escorted or walk in a group.
- Do not stand in the parking lot talking.
- When you park your car make sure the doors are locked and windows are up.
- Be on your guard and aware of your surroundings.
- Report all suspicious activity promptly. Alert Protective Services if you see a person loitering or harassing others.

Electrical Safety

- To manage electrical safety:
- Report all shocks immediately—even tingles.
- Never work around electricity when you or your surroundings are wet.
- Don't use so called "octopus" adapters. Plugging too many cords into one outlet can overload the circuit.
- Examine all cords, plugs, and equipment routinely. Report any that are damaged; label, and remove them from service.
- Use grounded 3 prong plugs and 3 hole outlets. Never break off or bend the third prong on a grounded plug.
- All new equipment must be inspected by the Engineering Department before use.
- When unplugging, pull on plug, not cord.

ISOLATION & INFECTION CONTROL

Types of Isolation Precautions Used

1. Standard Precautions: Treat everyone's blood, body fluids, excretions, secretions, non-intact skin and mucous membranes, except tears and sweat, as infectious—at all times.
2. Transmission Based Precautions
 - Airborne—used for TB, Measles, Chicken Pox
 - Droplet—used for Bacterial Meningitis, Pertussis, Mumps
 - Contact—used for MRSA, VRE, C diff, Rotavirus
 - Environmental or Reverse—used for immunosuppressed patients

Blood Borne Pathogens

Types of blood borne pathogens include: The Hepatitis B (HBV) Virus, The Hepatitis C (HCV) Virus, and The Human Immunodeficiency (HIV) Virus.

By following Standard Precautions, we assume that everyone has potentially infectious blood and body fluids. Our Exposure Control Plan helps to educate staff to reduce the risk of transmission and is to be used when caring for all patients.

Transmission occurs when there is exposure to body fluids such as blood, semen and vaginal secretions, which may contain an infectious agent. Transmission usually occurs through:

- Needle stick Injuries
- Cuts, scrapes, and other breaks in the skin
- Splashes into the mouth, nose, or eyes
- Oral, vaginal, or anal sex
- Pregnant mother to baby
- Protect yourself
- Wear PPE
- Use safety devices
- Contact Infection Control or Nursing Supervisor immediately when an exposure occurs

Infection Control

Hand hygiene is fundamental in good infection control practice. Wear gloves to prevent contamination of your hands and be sure to wash hands and change gloves between patients and/or dirty to clean activities. Soap and water or a waterless alcohol-based product may be used. Alcohol sanitizers should not be used in presence of C diff or when visibly soiled

Every colleague/student must take the time to protect himself/herself first by using appropriate Personal Protective Equipment (PPE). This may include gloves, gown, mask, goggles, head, and foot coverings.

Biohazard waste should be disposed of in red bags. Sharps should be disposed of in red bio-hazardous sharps container and all other waste, including waste from isolation rooms may go in the trash. DO NOT place red bags in a regular trash bag! Place all red bags in the dirty utility room on each unit.

For splashes to mucous membranes (eye, nose, mouth), flush the affected area with tap water for at least one minute.

Additional Ways for your Protection: Break the Chain of Infection

- Follow up with annual PPD tests for Tuberculosis if you have direct patient contact.
- Maintain good health and notify Infection Control if you have a communicable illness
- Keep your nails trimmed and clean and do not wear artificial nails and overlays
- Leave your jewelry at home
- Practice good hand hygiene-wash hands with soap and water or use alcohol rub
- Know where the eyewash station is located in your department

Tuberculosis Control

The incidence of TB is on the rise all over the country for various reasons. One major reason is that healthcare workers may be exposed to patients with undiagnosed infectious TB.

Two key ways to protect yourself and others from possible TB:

1. Early Identification.

- Our TB Control Plan lists specific signs/symptoms to consider when trying to determine if a patient may have infectious TB. These signs/symptoms include-chronic cough, bloody sputum, fever/chills, night sweats, unintentional weight loss and/or anorexia, fatigue and/or belonging to a high risk group (medically underserved, elderly, foreign born, crowded living conditions, history of TB or positive PPD or contact with infectious TB). Often the patient's radiological films will show cavitation or fibrotic lesions. Be aware that patients admitted with Pneumonia or COPD or some other pulmonary illness may actually be suffering from TB, either alone or with another illness. Contact Infection Control for assistance.

2. Prompt Institution of Appropriate Control Measures.

- Isolate using Airborne Precautions (either a negative pressure room or a Portable Isolation Chamber and use a N95 mask, that you have been fitted or a PAPR you have been trained to use). Notify the physician. ***No physician's order is required to initiate isolation because these are CDC guidelines and facility policy.***
- Use Standard Precautions when caring for all patients at all times. Wear PPE appropriate for the possible level of exposure-e.g. wear gloves when contact with body fluids is possible, wear a gown if your clothing

may be contaminated with body fluids, wear a mask and eye protection if splattering/splashing may occur. Wash hands or use an alcohol rub before and after patient contact.

- All patients should be taught respiratory etiquette to cover their mouth and nose when coughing or sneezing with a tissue and to dispose of the used tissue in a waste receptacle. Teach patients proper hand hygiene, including the use of alcohol rubs and hand washing.

HAZARDOUS MATERIALS & SDS

Hazcom

OSHA's Hazard Communication Standards, often referred to as "Right To Know", are designed to educate and protect colleagues from exposure to hazardous chemicals at work.

Although we can work safely with hazardous materials, the best approach is to keep our exposure as low as possible. To do this, use the minimum amount needed, use good ventilation, wear proper personal protective equipment (PPE), and avoid contact with skin and eyes.

Chemicals can enter the body through four common ways:

- Ingestion (eating the material)
- Absorption (through the skin)
- Inhalation (breathing)
- Injection (punctures, cuts, open wounds)

Eating or ingesting chemicals most often happens when food and hazardous chemicals are used or stored in the same area.

Absorption usually requires a long contact time and can be decreased by preventing contact with skin and using protective clothing.

Inhaling chemicals is usually the most significant route of entry. Use only the amount of chemical or product necessary for the job. Keep containers closed except when transferring or using materials and employ good ventilation to decrease your risk of inhalation exposure.

For splashes to mucous membranes (eye, nose, mouth), flush the affected area with tap water for at least one minute.

Safety Data Sheet (SDS)

The SDS provides information about a chemical's hazards, how to handle the chemical, how to protect yourself when using the chemical, first aid instructions and the chemical's routes of entry. As a healthcare worker, you may need to use SDS(s) for your own safety when working with chemicals. Remember...**NEVER MIX CHEMICALS TOGETHER!**

Specific questions can be answered by calling Environmental Services at extension 7067 or 2068.

Labeling

All chemicals must be labeled. Labels show:

- chemical name of the product
- hazardous warnings
- hazardous ingredients
- name and address of the chemical manufacturer

Information can be found in the "Code Orange" section of the Emergency Management Manual

Chemical Spills

Information available in the Code Orange section of the Emergency Management Manual, is located in each department to assist with the cleanup of spills. The notebook has detailed directions on the steps needed to take care of all chemical spills. If a mercury or chemical spill occurs in your area, call Environmental Services at extension 7067 or 2068. You must also complete a variance report and an Employee Injury/Illness Form if a colleague is involved. A small spill is one that is less than one gallon. A large spill is more than one gallon. In the case of a large spill, you must evacuate the area, call 5555, tell operator Green Alert/Chemical Spill. The operator notifies the spill team.

Blood Spill Safety

Blood spills must be cleaned using a solution of 1:10 bleach to water or an appropriate spill kit. Spill kits are available in Housekeeping closets. If a large spill (greater than 1 square foot) occurs, a spill report must be filled out. Reports are located in the large spill kits or call Environmental Services at 7067 or 2068.

Needle Stick Safety

Aultman Alliance Community Hospital has a needleless access system and other safety devices designed to minimize exposure to blood or other potentially infectious material. Never recap needles. Use Red Biohazard sharps container. DO NOT overfill containers.

In the event of an exposure, the following steps should be taken:

1. For needle sticks, wash the affected area vigorously with soap and water.
2. Notify your supervisor immediately to notify Infection Control.
3. During off-shift call the Nursing Supervisor.
4. Complete a Colleague Injury Report.
5. Follow up lab testing and prophylactic medications or vaccines are available to colleagues through the Infection Control Nurse.

ETHICS

Ethics

An ethical dilemma can be defined as a situation in which there is more than one possible course of action, any of these courses of action could be carried out and there is disagreement about the right course. For example, an elderly patient in a nursing home has had a stroke and is unable to eat. He is not competent to decide whether to have a feeding tube inserted and has 2 children who disagree about the right choice.

For situations like this, AACH has an Ethics Committee. The 3 main purposes of the committee are:

1. Education of the staff and community about medical ethic issues like the one in the example.
2. Assisting administration in reviewing and writing policies pertaining to ethics.
3. Performing consultation, upon request, in situations where ethical dilemmas exist.

The Ethics Committee can only respond when its members' services are requested. AACH has an "open" policy in which any individual including patient, family, colleague, and medical staff can request a consultation. Requests are made by calling the PBX operator at any time of the day or night.

You can prevent the need for an ethics consult by encouraging clear, appropriate and timely communication between physicians, nurses, and other caregivers, patients and their families. Clear communication prevents buildup of frustration and misunderstandings.

PATIENT SAFETY AND ABUSE

Abuse is a serious public problem for many Americans. Abuse includes child abuse (physical and sexual abuse), domestic violence (physical or sexual abuse by spouse or intimate partner), and elder abuse (abuse or neglect of older persons). Abuse may occur to any person no matter how much money they make, where they live, what race they are or their age. All patients are assessed for risk or abuse but every colleague needs to be aware of signs and signals of abuse.

Some examples you may notice:

- When cleaning room, an elderly patient tells you that her daughter hits her for wetting the bed
- A patient is being threatened by their husband or wife when they think no one can hear them talking
- When walking by a room, you see a parent fiddling with a child's IV pump

What to do

- Be caring and then report what you heard or saw to the nurse. He/she can screen the patient for abuse and ask for Social Services help if needed.
- If you see someone being abused, call a code Violet. If you see signs of abuse, report this to the nurse and/or Protective Services. Try to protect the patient if it can be done in a safe manner.

It is the duty of all health care workers to identify, treat and protect minors, the elderly or incompetent patients who may be the victim of abuse, neglect or exploitation.

Help Stop Violence Before It Starts

Act to prevent it

- Treat everyone with respect. Common courtesy can help calm angry feelings.
- Trust your feelings about people and situations. Your feelings are vital warning signs.

Be alert for warning signs that a person may be losing control

- Holding a weapon.
- Acting drunk or under the influence of drugs.
- Pounding on objects.
- Making threats, insults, and unreasonable demands.
- Shouting, swearing, pacing, restless, or clenching their fists or jaw.

If someone is showing signs of losing control

- Alert Protective Services and other staff before trouble starts.
- Stay calm and alert. Keep your focus on the person.
- Keep a safe distance from the person. Don't turn your back on the person.
- Leave yourself an escape path.
- Listen to the person. Don't respond with defensive words or angry gestures.
- Offer the person choices. Give him/her a way out of the situation.
- Avoid touching the person. If control is lost and the situation is escalating, call a Code Violet.

IF YOU SHOULD SEE A WHITE ROSE...

A white rose magnet is placed on the door of a dying patient. It is used to gently remind staff to be respectful of the dying patient and the grieving family.

You can show respect towards the family by:

- Speaking quietly in the hallway outside the patient's room
- Avoid undue laughing, joke telling or loud voices outside the room
- Limiting scrubbing or vacuuming floors and postponing maintenance work in areas near the room
- Reminding others to be respectful in their actions
- Keeping the door closed
- Providing extra chairs, for the family if needed
- Asking Nutritional Services to provide a beverage cart
- Keeping the room tidy
- Giving personal care to the patient quickly and efficiently, but gently



IMPAIRED PRACTITIONER

It is the policy of Aultman Alliance Community Hospital to be sensitive to health conditions that may affect a practitioner's ability to provide safe, competent care to patients; to structure the clinical privileges of practitioners whose abilities are affected by a health condition in the least restrictive way possible, consistent with the primary concern for quality patient care and the efficient operations of the hospital. Concerns that a practitioner is suffering from impairment will be investigated and acted upon in accordance with the *Impaired Practitioner Policy* and state and federal law, including, but not limited to, the Americans with Disabilities Act, to the extent applicable.

The American Medical Association (AMA) defines physician impairment as "any physical, mental, or behavioral disorder that interferes with ability to engage safely in professional activities." The Aultman Alliance Community Hospital *Impaired Practitioner Policy* further defines impairment as "potentially unable to exercise the clinical privileges granted with reasonable skill and safety by reason of mental illness, physical illness, including but not limited to, physical deterioration that adversely affects cognition, motor or perceptive skills, or habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability."

In general, physicians become impaired because of three major problems:

1. **Substance abuse** – Alcohol abuse is the most common problem. Abuse of narcotics, sedatives, and other depressants as well as stimulants, including cocaine, may also occur, (least likely to seek help for).
2. **Psychological problems** – Excessive stress, depression, anxiety, and divorce are the most common issues.
3. **Physical illness** – Physical ailments, either temporary or long-term, can lead to incapacity.

The physician who is impaired often acts in an unusual manner and exhibits behaviors that can serve as warnings, if they are recognized and understood. These indicators may include:

Loss of enthusiasm, negative attitudes, changes in work habits, changes in prescribing habits, procedural errors, missed appointments or meetings, isolation or mistrust, changes in handwriting, wrong dates or dosage errors, antagonistic behavior, self-diagnosed health complaints, etc.

If you suspect that a physician-colleague has a problem, it is essential to realize that the problem will not go away on its own. Sometimes, a colleague, mentor, or friend's well-intended attempts to help may actually have the effect of enabling the impaired physician to persist with the very behaviors that are causing the problem. For example, trying to cover or make excuses for a colleague whom one suspects is having a problem.

Early intervention is critical. When left alone, problems caused by impairment tend to worsen – they can lead to damaged relationships, financial disaster, loss of employment, or suicide. Impaired physicians may be endangering the safety of patients and colleagues as well as themselves on a daily basis. On the other hand, the earlier an impaired person gets help, the greater the likelihood that help can be obtained confidentially, voluntarily, and without jeopardy to the physician's family, career, or permanent health.

Generally, impaired physicians do not seek help on their own. In fact, many deny that there is a problem. Because denial is so common in situations of impairment, it is even more critical that the concerned colleague take some action to see that help is made available to the physician who may need it. Failure to act often has the effect of enabling the problem to continue. Intervention by a concerned peer is the kindest and most helpful action that one can take on behalf of a colleague. It is not easy, but it is essential.

Because the problem of impairment is common among physicians, it is now increasingly acknowledged that they have a right to get help confidentially and to recover fully – including the right to retain or regain their privileges as physicians.

If any individual working at Aultman Alliance Community Hospital or one of its facilities has a reasonable suspicion that a practitioner appointed to the medical staff of Aultman Alliance Community Hospital is impaired, the following steps shall be taken:

1. A report, preferably written, shall be given to the Chief Executive Officer or his designee. The report shall include a factual description of the incident/s that led to the belief that the practitioner may be impaired. The individual making the report does not need to have proof of the impairment, but must state the facts leading to the concerns.
2. If, after discussing the incident/s with the individual who filed the report, the Chief Executive Officer or his designee believes there is sufficient information to warrant further investigation, the *Impaired Practitioner Policy* outlines the steps to be filed. A copy of this policy is available in Administration and Medical Affairs.

COMMUNITY CARE CENTER RESIDENT RIGHTS

RESIDENT'S RIGHTS – OHIO LAW

THE RIGHTS OF RESIDENTS OF A HOME SHALL INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- THE RIGHT TO A SAFE AND CLEAN LIVING ENVIRONMENT PURSUANT TO THE MEDICARE AND MEDICAID PROGRAMS AND APPLICABLE STATE LAWS AND REGULATIONS PRESCRIBED BY THE PUBLIC HEALTH COUNCIL;
- THE RIGHT TO BE FREE FROM PHYSICAL, VERBAL, MENTAL, SEXUAL, AND EMOTIONAL ABUSE AND TO BE

TREATED AT ALL TIMES WITH COURTESY, RESPECT, AND FULL RECOGNITION OF DIGNITY AND INDIVIDUALITY;

- UPON ADMISSION AND THEREAFTER, THE RIGHT TO ADEQUATE AND APPROPRIATE MEDICAL TREATMENT AND NURSING CARE AND TO OTHER ANCILLARY SERVICES THAT COMPRISE NECESSARY AND APPROPRIATE CARE CONSISTENT WITH THE PROGRAM FOR WHICH THE RESIDENT CONTRACTED. THIS CARE SHALL BE PROVIDED WITHOUT REGARD TO CONSIDERATIONS SUCH AS RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, OR SOURCE OF PAYMENT FOR CARE.

- THE RIGHT TO HAVE ALL REASONABLE REQUESTS AND INQUIRIES RESPONDED TO PROMPTLY;

- THE RIGHT TO HAVE CLOTHES AND BED LINENS CHANGED AS THE NEED ARISES, TO ENSURE THE RESIDENT'S COMFORT OR SANITATION;

- THE RIGHT TO OBTAIN FROM THE HOME, UPON REQUEST, THE NAME AND ANY SPECIALTY OF ANY PHYSICIAN OR OTHER PERSON RESPONSIBLE FOR THE RESIDENT'S CARE OR FOR THE COORDINATION OF CARE;

- THE RIGHT TO PARTICIPATE IN DECISIONS THAT AFFECT THE RESIDENT'S LIFE, INCLUDING THE RIGHT TO COMMUNICATE WITH THE PHYSICIAN AND EMPLOYEES OF THE HOME IN PLANNING THE RESIDENT'S TREATMENT OR CARE AND TO OBTAIN FROM THE ATTENDING PHYSICIAN COMPLETE AND CURRENT INFORMATION CONCERNING MEDICAL CONDITION, PROGNOSIS, AND TREATMENT PLAN, IN TERMS THE RESIDENT CAN BE EXPECTED TO UNDERSTAND; THE RIGHT OF ACCESS TO ALL INFORMATION IN THE RESIDENT'S MEDICAL RECORD; AND THE RIGHT TO GIVE OR WITHHOLD INFORMED CONSENT FOR TREATMENT AFTER THE CONSEQUENCES OF THAT CHOICE HAVE BEEN CAREFULLY EXPLAINED. WHEN THE ATTENDING PHYSICIAN FINDS THAT IT IS NOT MEDICALLY ADVISABLE TO GIVE THE INFORMATION TO THE RESIDENT, THE INFORMATION SHALL BE MADE AVAILABLE TO THE RESIDENT'S SPONSOR ON THE RESIDENT'S BEHALF, IF THE SPONSOR HAS A LEGAL INTEREST OR IS AUTHORIZED BY THE RESIDENT TO RECEIVE THE INFORMATION. THE HOME IS NOT LIABLE FOR A VIOLATION OF THIS DIVISION IF THE VIOLATION IS FOUND TO BE THE RESULT OF AN ACT OR OMISSION ON THE PART OF A PHYSICIAN SELECTED BY THE RESIDENT WHO IS NOT OTHERWISE AFFILIATED WITH THE HOME.

- **THE RIGHT TO WITHHOLD PAYMENT FOR PHYSICIAN VISITATION IF THE PHYSICIAN DID NOT VISIT THE RESIDENT.**

- THE RIGHT TO CONFIDENTIAL TREATMENT OF PERSONAL AND MEDICAL RECORDS, AND THE RIGHT TO APPROVE OR REFUSE THE RELEASE OF THESE RECORDS TO ANY INDIVIDUAL OUTSIDE THE HOME, EXCEPT IN CASE OF TRANSFER TO ANOTHER HOME, HOSPITAL, OR HEALTH CARE SYSTEM, AS REQUIRED BY LAW OR RULE, OR AS REQUIRED BY A THIRD-PARTY PAYMENT CONTRACT;

- THE RIGHT TO PRIVACY DURING MEDICAL EXAMINATION OR TREATMENT AND IN THE CARE OF PERSONAL OR BODILY NEEDS;

- THE RIGHT TO REFUSE, WITHOUT JEOPARDIZING ACCESS TO APPROPRIATE MEDICAL CARE, TO SERVE AS A MEDICAL RESEARCH SUBJECT;

- THE RIGHT TO BE FREE FROM PHYSICAL OR CHEMICAL RESTRAINTS OR PROLONGED ISOLATION EXCEPT TO THE MINIMUM EXTENT NECESSARY TO PROTECT THE RESIDENT FROM INJURY TO SELF, OTHERS, OR TO PROPERTY AND EXCEPT AS AUTHORIZED IN WRITING BY THE ATTENDING PHYSICIAN FOR A SPECIFIED AND LIMITED PERIOD OF TIME AND DOCUMENTED IN THE RESIDENT'S MEDICAL RECORD. PRIOR TO AUTHORIZING THE USE OF A PHYSICAL OR CHEMICAL RESTRAINT ON ANY RESIDENT, THE ATTENDING PHYSICIAN SHALL MAKE A PERSONAL EXAMINATION OF THE RESIDENT AND AN INDIVIDUALIZED DETERMINATION OF THE NEED TO USE THE RESTRAINT ON THAT RESIDENT.

- PHYSICAL OR CHEMICAL RESTRAINTS OR ISOLATION MAY BE USED IN AN EMERGENCY SITUATION WITHOUT AUTHORIZATION OF THE ATTENDING PHYSICIAN ONLY TO PROTECT THE RESIDENT FROM INJURY TO SELF OR OTHERS. USE OF THE PHYSICAL OR CHEMICAL RESTRAINTS OR ISOLATION SHALL NOT BE CONTINUED FOR MORE THAN TWELVE HOURS AFTER THE ONSET OF THE EMERGENCY WITHOUT PERSONAL EXAMINATION AND AUTHORIZATION BY THE ATTENDING PHYSICIAN. THE ATTENDING PHYSICIAN OR A STAFF PHYSICIAN MAY AUTHORIZE CONTINUED USE OF PHYSICAL OR CHEMICAL RESTRAINTS FOR A PERIOD NOT TO EXCEED THIRTY DAYS, AND AT THE END OF THIS PERIOD AND ANY SUBSEQUENT PERIOD MAY EXTEND THE AUTHORIZATION FOR AN ADDITIONAL PERIOD OF NOT MORE THAN THIRTY DAYS. THE USE OF PHYSICAL OR CHEMICAL RESTRAINTS SHALL NOT BE CONTINUED WITHOUT A PERSONAL EXAMINATION OF THE RESIDENT AND THE WRITTEN AUTHORIZATION OF THE ATTENDING PHYSICIAN STATING THE REASONS FOR CONTINUING THE RESTRAINT.

- IF PHYSICAL OR CHEMICAL RESTRAINTS ARE USED UNDER THIS DIVISION, THE HOME SHALL ENSURE THAT THE RESTRAINED RESIDENT RECEIVES A PROPER DIET. IN NO EVENT SHALL PHYSICAL OR CHEMICAL RESTRAINTS OR ISOLATION BE USED FOR PUNISHMENT, INCENTIVE, OR CONVENIENCE.

- THE RIGHT TO THE PHARMACIST OF THE RESIDENT'S CHOICE AND THE RIGHT TO RECEIVE PHARMACEUTICAL SUPPLIES AND SERVICES AT REASONABLE PRICES NOT EXCEEDING APPLICABLE AND NORMALLY ACCEPTED PRICES FOR COMPARABLY PACKAGED PHARMACEUTICAL SUPPLIES AND SERVICES WITHIN THE COMMUNITY;

- THE RIGHT TO EXERCISE ALL CIVIL RIGHTS, UNLESS THE RESIDENT HAS BEEN ADJUDICATED INCOMPETENT PURSUANT TO CHAPTER 2111 OF THE REVISED CODE AND HAS NOT BEEN RESTORED TO LEGAL CAPACITY, AS WELL AS THE RIGHT TO THE COOPERATION OF THE HOME'S ADMINISTRATOR IN MAKING ARRANGEMENTS FOR THE EXERCISE OF THE RIGHT TO VOTE;

- THE RIGHT OF ACCESS TO OPPORTUNITIES THAT ENABLE THE RESIDENT, AT THE RESIDENT'S OWN EXPENSE OR AT THE EXPENSE OF A THIRD-PARTY PAYER, TO ACHIEVE THE

RESIDENT'S FULLEST POTENTIAL, INCLUDING EDUCATIONAL, VOCATIONAL, SOCIAL, RECREATIONAL, AND HABILITATION PROGRAMS;

- THE RIGHT TO CONSUME A REASONABLE AMOUNT OF ALCOHOLIC BEVERAGES AT THE RESIDENT'S OWN EXPENSE, UNLESS NOT MEDICALLY ADVISABLE AS DOCUMENTED IN THE RESIDENT'S MEDICAL RECORD BY THE ATTENDING PHYSICIAN OR UNLESS CONTRADICTORY TO WRITTEN ADMISSION POLICIES;
- THE RIGHT TO USE TOBACCO AT THE RESIDENT'S OWN EXPENSE UNDER THE HOME'S SAFETY RULES AND UNDER APPLICABLE LAWS AND RULES OF THE STATE, UNLESS NOT MEDICALLY ADVISABLE AS DOCUMENTED IN THE RESIDENT'S MEDICAL RECORD BY THE ATTENDING PHYSICIAN OR UNLESS CONTRADICTORY TO WRITTEN ADMISSION POLICIES;
- THE RIGHT TO RETIRE AND RISE IN ACCORDANCE WITH THE RESIDENT'S REASONABLE REQUESTS, IF THE RESIDENT DOES NOT DISTURB OTHERS OR THE POSTED MEAL SCHEDULES AND UPON THE HOME'S REQUEST REMAINS IN A SUPERVISED AREA, UNLESS NOT MEDICALLY ADVISABLE AS DOCUMENTED BY THE ATTENDING PHYSICIAN.
- THE RIGHT TO OBSERVE RELIGIOUS OBLIGATIONS AND PARTICIPATE IN RELIGIOUS ACTIVITIES; THE RIGHT TO MAINTAIN INDIVIDUAL AND CULTURAL IDENTITY; AND THE RIGHT TO MET WITH AND PARTICIPATE IN ACTIVITIES OF SOCIAL AND COMMUNITY GROUPS AT THE RESIDENT'S OR THE GROUP'S INITIATIVE;
- THE RIGHT UPON REASONABLE REQUEST TO PRIVATE AND UNRESTRICTED COMMUNICATIONS WITH THE RESIDENT'S FAMILY, SOCIAL WORKER, AND ANY OTHER PERSON, UNLESS NOT MEDICALLY ADVISABLE AS DOCUMENTED IN THE RESIDENT'S MEDICAL RECORD BY THE ATTENDING PHYSICIAN, EXCEPT THAT COMMUNICATIONS WITH PUBLIC OFFICIALS OR WITH THE RESIDENT'S ATTORNEY OR PHYSICIAN SHALL NOT BE RESTRICTED. PRIVATE AND UNRESTRICTED COMMUNICATIONS SHALL INCLUDE, BUT ARE NOT LIMITED TO, THE RIGHT TO:
 - RECEIVE, SEND, AND MAIL SEALED, UNOPENED CORRESPONDENCE
 - REASONABLE ACCESS TO A TELEPHONE FOR PRIVATE COMMUNICATIONS;
 - PRIVATE VISITS AT ANY REASONABLE HOUR.
- THE RIGHT TO ASSURED PRIVACY FOR VISITS BY THE SPOUSE, OR IF BOTH ARE RESIDENTS OF THE SAME HOME, THE RIGHT TO SHARE A ROOM WITHIN THE CAPACITY OF THE HOME, UNLESS NOT MEDICALLY ADVISABLE AS DOCUMENTED IN THE RESIDENT'S MEDICAL RECORD BY THE ATTENDING PHYSICIAN;
- THE RIGHT UPON REASONABLE REQUEST TO HAVE ROOM DOORS CLOSED AND TO HAVE THEM NOT OPENED WITHOUT KNOCKING, EXCEPT IN THE CASE OF AN EMERGENCY OR UNLESS NOT MEDICALLY ADVISABLE AS DOCUMENTED IN THE RESIDENT'S MEDICAL RECORD BY THE ATTENDING PHYSICIAN;

- THE RIGHT TO RETAIN AND USE PERSONAL CLOTHING AND A REASONABLE AMOUNT OF POSSESSIONS, IN A REASONABLY SECURE MANNER, UNLESS TO DO SO WOULD INFRINGE ON THE RIGHTS OF OTHER RESIDENTS OR WOULD NOT BE MEDICALLY ADVISABLE AS DOCUMENTED IN THE RESIDENT'S MEDICAL RECORD BY THE ATTENDING PHYSICIAN;
- THE RIGHT TO BE FULLY INFORMED, PRIOR TO OR AT THE TIME OF ADMISSION AND DURING THE RESIDENT'S STAY, IN WRITING, OF THE BASIC RATE CHARGED BY THE HOME, OF SERVICES AVAILABLE IN THE HOME, AND OF ANY ADDITIONAL CHARGES RELATED TO SUCH SERVICES, INCLUDING CHARGES FOR SERVICES NOT COVERED UNDER THE MEDICARE OF MEDICAID PROGRAM. THE BASIC RATE SHALL NOT BE CHANGED UNLESS THIRTY DAYS' NOTICE IS GIVEN TO THE RESIDENT OR, IF THE RESIDENT IS UNABLE TO UNDERSTAND THIS INFORMATION, TO THE RESIDENT'S SPONSOR.
- THE RIGHT OF THE RESIDENT AND PERSON PAYING FOR THE CARE TO EXAMINE AND RECEIVE A BILL AT LEAST MONTHLY FOR THE RESIDENT'S CARE FROM THE HOME THAT ITEMIZES CHARGES NOT INCLUDED IN THE BASIC RATES;
- THE RIGHT TO BE FREE FROM FINANCIAL EXPLOITATION;
- THE RIGHT TO MANAGE THE RESIDENT'S OWN PERSONAL FINANCIAL AFFAIRS, OR, IF THE RESIDENT HAS DELEGATED THIS RESPONSIBILITY IN WRITING TO THE HOME, TO RECEIVE UPON WRITTEN REQUEST AT LEAST A QUARTERLY ACCOUNTING STATEMENT OF FINANCIAL TRANSACTIONS MADE ON THE RESIDENT'S BEHALF. THE STATEMENT SHALL INCLUDE:
 - A COMPLETE RECORD OF ALL FUNDS, PERSONAL PROPERTY, OR POSSESSIONS OF A RESIDENT FROM ANY SOURCE WHATSOEVER, THAT HAVE BEEN DEPOSITED FOR SAFEKEEPING WITH THE HOME FOR USE BY THE RESIDENT OR THE RESIDENT'S SPONSOR;
 - A LISTING OF ALL DEPOSITS AND WITHDRAWALS TRANSACTED, WHICH SHALL BE SUBSTANTIATED BY RECEIPTS WHICH SHALL BE AVAILABLE FOR INSPECTION AND COPYING BY THE RESIDENT OR SPONSOR.
- THE RIGHT OF THE RESIDENT TO BE ALLOWED UNRESTRICTED ACCESS TO THE RESIDENT'S PROPERTY ON DEPOSIT AT REASONABLE HOURS, UNLESS REQUESTS FOR ACCESS TO PROPERTY ON DEPOSIT ARE SO PERSISTENT, CONTINUOUS, AND UNREASONABLE THAT THEY CONSTITUTE A NUISANCE;
- THE RIGHT TO RECEIVE REASONABLE NOTICE BEFORE THE RESIDENT'S ROOM OR ROOMMATE IS CHANGED, INCLUDING AN EXPLANATION OF THE REASON FOR EITHER CHANGE.
- THE RIGHT NOT TO BE TRANSFERRED OR DISCHARGED FROM THE HOME UNLESS THE TRANSFER IS NECESSARY BECAUSE OF ONE OF THE FOLLOWING:
 - THE WELFARE AND NEEDS OF THE RESIDENT CANNOT BE MET IN THE HOME.

- THE RESIDENT'S HEALTH HAS IMPROVED SUFFICIENTLY SO THAT THE RESIDENT NO LONGER NEEDS THE SERVICES PROVIDED BY THE HOME.

- THE SAFETY OF INDIVIDUALS IN THE HOME IS ENDANGERED.

- THE HEALTH OF INDIVIDUALS IN THE HOME WOULD OTHERWISE BE ENDANGERED.

- THE RESIDENT HAS FAILED, AFTER REASONABLE AND APPROPRIATE NOTICE, TO PAY OR TO HAVE THE MEDICARE OR MEDICAID PROGRAM PAY ON THE RESIDENT'S BEHALF, FOR THE CARE PROVIDED BY THE HOME. A RESIDENT SHALL NOT BE CONSIDERED TO HAVE FAILED TO HAVE THE RESIDENT'S CARE PAID FOR IF THE RESIDENT HAS APPLIED FOR MEDICAID, UNLESS BOTH OF THE FOLLOWING ARE THE CASE:

- THE RESIDENT'S APPLICATION, OR A SUBSTANTIALLY SIMILAR PREVIOUS APPLICATION, HAS BEEN DENIED BY THE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES.

- IF THE RESIDENT APPEALED THE DENIAL PURSUANT TO DIVISION (C) SECTION 5101.35 OF THE REVISED CODE, THE DIRECTOR OF JOB AND FAMILY SERVICES HAS UPHELD THE DENIAL.

- THE HOME'S LICENSE HAS BEEN REVOKED; THE HOME IS BEING CLOSED PURSUANT TO SECTION 3721.08, SECTIONS 5111.35 TO 5111.62, OR SECTION 5155.31 OF THE REVISED CODE, OR THE HOME OTHERWISE CEASES TO OPERATE.

- THE RESIDENT IS A RECIPIENT OF MEDICAID, AND THE HOME'S PARTICIPATION IN THE MEDICAID PROGRAM IS INVOLUNTARILY TERMINATED OR DENIED.

- THE RESIDENT IS A BENEFICIARY UNDER THE MEDICARE PROGRAM, AND THE HOME'S PARTICIPATION IN THE MEDICARE PROGRAM IS INVOLUNTARILY TERMINATED OR DENIED.

- THE RIGHT TO VOICE GRIEVANCES AND RECOMMEND CHANGES IN POLICIES AND SERVICES TO THE HOME'S STAFF, TO EMPLOYEES OF THE DEPARTMENT OF HEALTH, OR TO OTHER PERSONAS NOT ASSOCIATED WITH THE OPERATION OF THE HOME, OF THE RESIDENT'S CHOICE, FREE FROM RESTRAINT, INTERFERENCE, COERCION, DISCRIMINATION, OR REPRISAL. THIS RIGHT INCLUDES ACCESS TO A RESIDENTS' RIGHT ADVOCATE, AND THE RIGHT TO BE A MEMBER OF, TO BE ACTIVE IN, AND TO ASSOCIATE WITH PERSONS WHO ARE ACTIVE IN ORGANIZATIONS OF RELATIVES AND FRIENDS OF NURSING HOME RESIDENTS AND OTHER ORGANIZATIONS ENGAGED IN ASSISTING RESIDENTS.

- THE RIGHT TO HAVE ANY SIGNIFICANT CHANGES IN THE RESIDENT'S HEALTH STATUS REPORTED TO THE RESIDENT'S SPONSOR. AS SOON AS SUCH A CHANGE IS KNOWN TO THE HOME'S STAFF, THE HOME SHALL MAKE A REASONABLE EFFORT TO NOTIFY THE SPONSOR WITHIN TWELVE HOURS.

- A SPONSOR MAY ACT ON A RESIDENT'S BEHALF TO ASSURE THAT THE HOME DOES NOT DENY THE RESIDENT'S RIGHTS UNDER SECTIONS 3721.10 TO 3721.17 OF THE REVISED CODE.

REGULATORY AGENCIES AND RESIDENT ADVOCATES Stark County

Ohio Department of Health
246 North High Street
PO Box 118
Columbus, OH 43266-0118
(614) 466-3543

The Ohio Department of Health is responsible for licensing, certification, and applicable surveys of nursing homes and residential care facilities.

Area Agency on Aging, 10B Inc.
1550 Corporate Woods Parkway
Suite 100
Uniontown, OH 44685
(800) 421-7277

Ohio Department of Health
Cambridge District Office
107 North Sixth Street
Cambridge, OH 43725
(614) 432-3012

State Long Term Care Ombudsman
Ohio Department of Aging
50 West Broadway Street
Columbus, OH 43215-0501
(800) 282-1206

The office of the Long Term Care Ombudsman is responsible for providing information on how to select a long term care facility, how and where to find information about financing long term care and how to deal with concerns about the quality of care.

Ohio Legal Rights
8 East Long Street, 5th Floor
Columbus, OH 43215
(800) 282-9181

Ohio Department of Human Services
30 East Broad Street
Columbus, OH 43266-0501
(614) 466-7987

Responsible for administering the Medicaid Program. Division of Long Term Care- Responsible for monitoring the quality of care of residents in Long Term Care Facilities and reimbursing Long Term Care Facilities for delivery and administration of services.

County Department of Human Services
220 Tuscarawas East
Canton, OH 44702
(330) 452-4661

RESTRAINTS

(For Patient Care areas only)

Restraint is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely. All patients have the right to be free from restraints that are NOT medically necessary or used for purposes other than patient benefit or safety.

However, in specific instances and for specific patients who are acting, or threatening to act, in a harmful, violent way toward themselves or others, the use of restraints may be initiated in compliance with strict standards.

Restraint should NEVER be used for:

- **Treatment, Punishment, Behavior modification, Staff convenience, or PRN (pro re nata or left to caregiver or patient's prerogative)**

A mechanism that does not restrict a patient's movement or mobility, but may be effective in maintaining patient safety and well being, should be attempted prior to the initiation of a restraint.

Examples of preventive and alternative strategies could include:

- Provision of companionship and/or supervision of the patient
- Placing the patient by the nurse's station
- Providing soothing distractions such as television, music, walking, conversation, quiet environment, massage, or reading to the patient
- Changes or elimination of troublesome treatments/medications when indicated and ordered by a physician

Documentation for a patient in a restrictive device should include, BUT IS NOT LIMITED TO:

- Clinical justification for the use of restraints (the actual behavior)
- Date and time of placement of restraint
- Type of restraint and the extremity or body part restrained
- Alternatives attempted prior to application of restraint
- Patient's clinical condition, circulation, skin integrity, attention to hydration, and elimination
- Discussion with patient and/or family regarding need for restraint
- Assessment and reassessment data
- Criteria used for continuation and discontinuation of device
- Time of removal

Staff applying restraint should demonstrate competency with the physical application and use of restraint, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion.

Restraints should be applied and removed in accordance with the following:

- Restraints should only be applied by staff who have completed specific restraint and seclusion training
- The type of restraint used should match the type of restraint ordered
- Restraint orders must be for a specific and limited time, justified by clinical necessity, and with a specific therapeutic goal listed
- Restraints should be applied with safe and appropriate technique
- Restraints should be removed only by authorized, trained staff
- As soon as the patient no longer displays behaviors that would put them at risk to harm themselves or others
- As soon as the patient no longer exhibits behavior that disrupts medical interventions
- Devices are to be applied and removed in accordance with manufacturer's instructions and for their intended purposes

- Restraints should be secured to the bedsprings or frame if being used while the patient is in bed. They should never be tied to the mattress or side rails. Knots should be tied so that they may be released quickly in the event of an emergency.