Staff Relief INC

Joint Commission on Accreditation of Healthcare Organizations
MANDATORY ANNUAL INSERVICES CHECK LIST

	MO____ ____	MO____ ____	MO____ ____	MO____ ____
1. Fire Safety in a Health Care Facility				
2. Electrical Safety in a Health Care Facility				
3. Patient Lifting, Moving, Restraints				
4. Universal Precautions				
5. Yearly National Safety Goals				
6. About Hazardous Materials				
7. Infection Control				
8. About Blood Borne Pathogens, Hepatitis, AIDS				
9. HIPPA				
10. Age Appropriate Care				
11. N95 Respirator Fitting and Training				
12. Cultural Diversity and Sensitivity				

You must read and understand all 15 pages of the JCAHO document

_____

Signature of Employee

_____

Signature of Witness

Please print page 1 and return to Staff Relief Offices

Lifting and Moving Patients

1. Lifting and moving patients exposes your back to potential injury everyday
2. Your posture does play a role in hurting your back
3. Good body mechanics include bending your knees and moving your torso as one solid unit
4. Assistive devices in transferring patients include draw sheets, transfer belt and mechanical lifts
5. When a patient begins to fall, help them to the floor with as little impact as possible. Focus on protecting their head as you move down to the floor.
6. To reduce your risk of back pain, understand you back and follow through on the lifting techniques that you were taught in college or your higher learning facility
7. Remember assistive devices in transfers helps you **and** your patients

Restraints

- Alternative attempts should first be considered, there must be clinical justification for restraints.
- Consider least restrictive type of restraint plan.
- Staff must have knowledge of the cause for restraints and assessment verified.
- There must be adequate staff for monitoring and a physician must give the order.
- Always be familiar with the facilities policy.
- An RN should be present when restraints are applied and to evaluate that the application is on correctly.
- Make sure the patient's right, dignity and safety are maintained.

2019 Hospital National Patient Safety Goals

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

Identify patients correctly

NPSG.01.01.01
Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

NPSG.01.03.01
Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve staff communication

NPSG.02.03.01
Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01
Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01
Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01
Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01
Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01
Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

NPSG.07.03.01
Use proven guidelines to prevent infections that are difficult to treat.

NPSG.07.04.01
Use proven guidelines to prevent infection of the blood from central lines.

NPSG.07.05.01
Use proven guidelines to prevent infection after surgery.

NPSG.07.06.01
Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify patient safety risks

NPSG.15.01.01
Find out which patients are at risk for suicide.

Prevent mistakes in surgery

UP.01.01.01
Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01
Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01
Pause before the surgery to make sure that a mistake is not being made.

2019 Critical Access Hospital National Patient Safety Goals

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

Identify patients correctly

NPSG.01.01.01
Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

NPSG.01.03.01
Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve staff communication

NPSG.02.03.01
Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01
Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01
Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01
Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01
Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01
Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

NPSG.07.03.01
Use proven guidelines to prevent infections that are difficult to treat.

NPSG.07.04.01
Use proven guidelines to prevent infection of the blood from central lines.

NPSG.07.05.01
Use proven guidelines to prevent infection after surgery.

NPSG.07.06.01
Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Prevent mistakes in surgery

UP.01.01.01
Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01
Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01
Pause before the surgery to make sure that a mistake is not being made.

2019 Nursing Care Center National Patient Safety Goals

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

Identify residents correctly

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

Use medicines safely

NPSG.03.05.01
Take extra care with patients and residents who take medicines to thin their blood.

NPSG.03.06.01
Record and pass along correct information about a patient's or resident's medicines. Find out what medicines the patient or resident is taking. Compare those medicines to new medicines given to the patient or resident. Make sure the patient or resident knows which medicines to take when they are at home. Tell the patient or resident it is important to bring their up-to-date list of medicines every time they visit a doctor.

Prevent infection

NPSG.07.01.01
Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

NPSG.07.03.01
Use proven guidelines to prevent infections that are difficult to treat.

NPSG.07.04.01
Use proven guidelines to prevent infection of the blood from central lines.

NPSG.07.04.01
Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Prevent residents from falling

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

Prevent bed sores

NPSG.14.01.01
Find out which patients and residents are most likely to have bed sores. Take action to prevent bed sores in these patients and residents. From time to time, re-check patients and residents for bed sores.

HIPAA Privacy
Keys to Success

Education for Nursing Staff & Therapists

HIPAA and Its Purpose

What is HIPAA?
- ➤ Health Insurance Portability and Accountability Act of 1996
- ➤ It's a federal law
- ➤ HIPAA is mandatory, penalties for failure to comply

Purpose:
- ➤ Protect health insurance coverage and improve access to healthcare
- ➤ Reduce fraud and abuse
- ➤ Improve quality of healthcare in general
- ➤ Reduce healthcare administrative costs (electronic transactions)

Facility Privacy Official

- Each Facility has an FPO
- Responsible for:
    - Privacy Program
    - Patient Complaints
    - Privacy Rights of Patients
    - Requests for Privacy Restrictions
    - Facilitating the Training and Education of Staff

HIPAA Terminology

- **HIPAA:** Health Insurance Portability Accountability Act
- **PHI:** Protected Health Information
- **CE:** Covered Entity (Hospital)
- **OHCA:** Organized Health Care Arrangement (The hospital and medical staff will be considered an Organized Health Care Arrangement)
- **DRS:** Designated Record Set (the medical record and billing record)
- **AOD:** Accounting of Disclosure – Patients right to AOD
- **Directory:** Hospital census list used by volunteers and operators with patient name and room number
- **TPO:** treatment, payment, healthcare operations

How will HIPAA affect you?

- Coversheets with confidential statement needs to be used on all external faxes.
- Screens will need to be placed out of public view when possible
- Patient charts will need to be placed in secure area
- PHI will need to be placed in Shred-It containers not trash
- Patient family members will give a pass code for other than directory releases
- Patient information should only be accessed if there is a need to know
- Not discussing PHI in public places. Nursing stations and joint treatment areas like OR, ER double occupancy rooms or OK.

- Registration will be giving out a Notice of Privacy Practices brochure to every patient concerning our patient privacy protection policy.
- Patients will be given the option to "opt-out" of our directory
- Authorizations need to be obtained from patient to release information for reasons other than for treatment, payment or healthcare operations (TPO)

What is protected by HIPAA (PHI)?

➢ Name
➢ Address, including street, city, county, zip code and equivalent geocodes
➢ Names of relatives
➢ Name of employers
➢ Birth date
➢ Telephone numbers
➢ Fax Numbers
➢ Electronic e-mail addresses
➢ Social Security Number
➢ Medical Record Number
➢ Health Plan Beneficiary Number
➢ Account Number
➢ Certificate/License Number
➢ Any Vehicle or Other Device Serial Number
➢ Web Universal Resource Locator (URL)
➢ Internet Protocol (IP) Address Number
➢ Finger or Voice Prints
➢ Photographic Images
➢ Any other unique identifying number, characteristic or code.

What is a Covered Entity (CE)?

Health plans, Health care clearinghouses, and Health care providers that transmit electronically for billing

➢ Examples
  o Hospitals
  o Physician Practices
  o Insurance Companies
  o Ambulance Transportation Services
  o Hospice
  o Home Health

What does that mean to me?

- ➢ You can share information without patient authorization as it related to TPO
- ➢ Other covered entities will request only minimum necessary to perform their job
- ➢ You may request the minimal information necessary from them for reason of TOP without patient authorization
- ➢ May need to verify the requestor according to policy

Disclosing PHI to Family Members and Friends who call the unit

- ➢ Patient will be assigned a four-digit pass code that information
- ➢ Distribution of pass code will be needed to get non-directory will be responsibility of patient
- ➢ May be changed during treatment
  - o Revocation and password change form must be routed to FPO
- ➢ Pass code will be last 4-digits of patient account number

Verification of Requestors

- ➢ Requestors via phone will need:
  - o Patient SS#, DOB and one of the following:
    - ▪ Account number, street address, MR#, birth certificate, insurance card or policy number
  - o Scenarios
    - ▪ Unknown physician calling from cell phone
    - ▪ Family member or friend calling without pass code

External Faxing Guidelines

- ➢ Limit when possible
- ➢ Verify fax number
- ➢ Utilize present numbers when applicable
- ➢ Locate fax machine is secure location
- ➢ ALWAYS use cover sheet with confidentiality statement for transmittals
- ➢ Highly sensitive information should NEVER be faxed (HIV status, abuse records, etc.)

Patient's Right to Access

➢ Forward to HIM for processing
➢ Must be able to provide access and/or hard copy of record
➢ If patient is in-house, HIM will manage access process

Patent's Right to Amend

➢ Forward request to HIM for processing
➢ Right of patient to provide amendment (append) to records
➢ Cannot change or omit documentation already in the medical record
➢ If patient is in-house HIM will manage amendment process

Patients' Right to Opt-Out of Directory

➢ Patient can opt-out of directory at anytime but it will mostly likely occur during the admission process
➢ You may not acknowledge the patients is in the facility or give information about the patient to friends, family, or other who may inquire
➢ Can still release information to family and friends with 4-digit pass code as defined in the Use and Disclosure of PHI to Family Members and Friends policy.
➢ Forward any request for opt-out to Registration for processing

Right to Privacy Restrictions

➢ Patients have the right to request a privacy restriction of their PHI
➢ **NEVER** agree to a restriction that a patient may request
➢ All requests must be made in writing and given to the FPO to make a decision on
➢ NO request is so small that it should not be routed to the FPO

Patient Privacy Complaints

➢ FPO must maintain complaint log in accordance with the complain process
➢ **ALL** privacy complaints must be routed to the FPO
➢ Responses cannot be accompanied by retaliatory actions by the hospital
➢ Disposition of complain must be consistent with the facility's Sanctions for Privacy Violations
➢ Risk Management module of Meditech may be used for complaint tracking

Accounting of Disclosures (AOD)

➢ Right to an accounting of disclosures of protected health information
➢ An individual has a right to receive an accounting of disclosures of protected health information made by a covered entity in the six years prior to the date on which the accounting is requested, except for disclosures:
  o For TPO
  o To the patient
  o For directory purposes
  o To law enforcement or correctional institutions
  o For national security

How will Accounting of Disclosures (AOD) affect me?

➢ <u>**You must enter information into the AOD for:**</u>
  o State mandated reporting
    ➢ Suspected Abuse Victims
    ➢ Certain Disease reporting such as STD's
    ➢ Brain Injury
  o Law Enforcement, Judicial & Administrative proceedings
  o Organ and Tissue Donations
  o Health Oversight Activities (JCAHO)

Notice of Privacy Practices

- ➢ Patient will receive Notice upon each registration
- ➢ Outlines patient rights
  - o Right to access
  - o Right to amend
  - o Right to Confidential Communication
  - o Right to Privacy Restriction
  - o Right to Opt out of Directory
- ➢ Please read Notice of Privacy Handout

Sanctions

- ➢ 3 levels of violations that require disciplinary action
  - o Accidental and/or due to lack of proper education
  - o Purposeful violation of privacy policy or an unacceptable number of previous violations
  - o Purposeful violation of privacy policy with associated potential for patient harm

Sharing information with other treatment providers

- ➢ We can share information with physicians and office staff, hospitals, or other treatment facilities just as we do today
- ➢ Need to verify the requestor according to the policy
- ➢ Patient information (PHI) can be released for reasons of treatment, payment or healthcare operations (TPO)

Confidential Communications

- ➢ Request for use of alternate address or phone number for future contact
- ➢ Route any request for Confidential Communications to Admissions
- ➢ Should communicate only with alternate address given

Common Exposures on Nursing Units

➢ Discussions of patient information in public places such as elevators, hallways, and cafeterias
➢ Printed or electronic information left in public view
➢ Printed charts left on counters
➢ PHI in regular trash
➢ Records that are accessed without need to know in order to perform job duties
➢ Unauthorized individuals hearing patient sensitive information such as diagnosis treatment

Fitting Instructions (Must be followed each time respirator is worn)
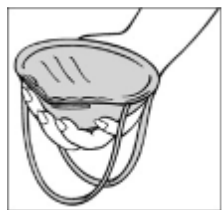
Fig. 1   Fig. 2   Fig. 3   Fig. 4

1. Cup the respirator in your hand, with the nosepiece at your fingertips, allowing the headbands to hang freely below your hand.

2. Position the respirator under your chin with the nosepiece up. Pull the top strap over your head resting it high at the top back of your head. Pull the bottom strap over your head and position it around the neck below the ears.

3. Place your fingertips from both hands at the top of the metal nosepiece. Using two hands mold the nose area to the shape of your nose by pushing inward while moving your fingertips down both sides of the nosepiece.

! Pinching the nosepiece using one hand may result in improper fit and less effective respirator performance. Use two hands.

4. Perform a User Seal Check prior to each wearing. To check the respirator-to-face seal, place both hands completely over the respirator and exhale. Be careful not to disturb the position of the respirator. If air leaks around nose, readjust the nosepiece as described in step 3. If air leaks at the respirator edges, work the straps back along the sides of your head.

If you CANNOT achieve proper seal, DO NOT enter the isolation or treatment area. See your supervisor.

Removal Instructions

See step 2 of *Fitting Instructions* and cup respirator in hand to maintain position on face. Pull bottom strap over head. Still holding respirator in position, pull top strap over head and remove respirator.

Source: http://multimedia.3m.com

Electrical Safety

Objectives:
- Identify basic rules of electrical safety
- Identify unsafe conditions related to electrical safety
- Emergency response for electrical shock victim
- Identify difference between normal and emergency receptacles in the hospital
- Identify factors which affect the severity electrical shock

It is hard to imagine life without electricity. As wonderful as this utility is, it can be very dangerous…Life Threatening

To protect yourself, your co-workers, and your patients, we need you to practice and strictly follow electrical safety procedures.

Electrical facts:
- Electricity always tries to reach the ground. It travels over conductors: anything that allows electricity to flow. People, water, damp ground, metal and even trees are excellent conductors.
- An "insulator" is the opposite of a conductor – Electricity cannot flow easily through insulators like plastic, rubber, dry wood or glass.
- The electrical grounding provided by the ground wire and third prong on the plug carries hazardous leakage current away before it can cause a shock. Never remove a ground prong from a power cord.
- A special receptacle outlet called a Ground Fault Circuit interrupter should be installed in areas where water and electrical equipment or service can come into contact. There special receptacles have a built in circuit breaker designed to shut off electric power within as little as 1140 of a second.

Effects of electric current in the human body:
- The severity of the shock received when a person become a part of an electric circuit is effected by three primary factors: 1. the amount of current flowing through the body (measures in amperes), 2. the path of the current through the body, and 3. the length of time the body is in the circuit.
- As the table illustrates, a difference of less than 100 milliamperes exists between a current that is barely perceptible and one that can kill. Muscular contraction caused by stimulation may not allow the victim to free themselves from the circuit and the increased duration of exposure increases the dangers of the shock victim. For example, a current of 100 mill amperes for 3 seconds in equivalent to a current of 900 mill amperes applied for .03 seconds in causing fibrillation. The so-called low voltages can be extremely dangerous because all other factors being equal, the degree of injury is proportional to the length of time the body is in the circuit. Low voltage does not imply low hazard

Current	Reaction
1 Milliampere	Perception level. Just a faint tingle.
5 Milliampere	Slight shock felt; not painful but disturbing. Average individual can let go, however, strong involuntary reactions to shocks in this range can lead to injuries
6-25 Milliamperes (women) 9-30 Milliampleres (men)	Painful shock, muscular control is lost. This is called the freezing current or "let-go" range.
50-150 Milliamperes	Extreme pain, respiratory arrest, severe muscular contractions* Individual cannot let go. Death is most likely
10,000 Milliamperes	Cardiac arrest, severe burns and probable death

* If the extensor muscles are excited by the shock, the person may be thrown away from the circuit

Practicing electrical safety at work and home:
- Use only (UL) listed equipment, including appliances
- Keep electrical equipment , machinery and work areas clean, dry and free of debris
- Keep access to electrical panels and or power source connection clear
- Make sure all electrical equipment is ground properly
- Secure power cords to the back of desks or workstations to keep off the floor and reduce hazards.
- Avoid use of extension cords. Ask for sufficient outlets to be installed
- Make sure hands are dry before handing electrical devices
- Unless you are authorized, stay away from area containing major electrical service or equipment
- Do not use any electrical device, machinery, equipment, etc. while you are touching metal or anything wet.
- Do not over-ride or short-cut safety devices designed into electrical (or mechanical) equipment.
- Accidental or unexpected starting of electrical equipment can cause severe injury or death. Before any inspections or repairs are made, the electrical current should be turned off. The switch or controls should be locked out of service and tagged to show that services is being performed and should not be turned on. This process is called LOCK OUT-TAG OUT. It protects worker by keeping equipment de-energized and preventing shock or injury.

Bloodborne Pathogens & Universal Precautions

Objectives

➤ Explain the meaning of Bloodborne Pathogens
➤ Identify measures of protection against bloodborne pathogens

What are Bloodborne Pathogens?

Bloodborne Pathogens are micro-organisms (germs) that are present in blood and certain body fluids of an infected person. They may be transmitted from one person to another and cause disease.

These include Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) as well as other pathogens.

Exposure to a bloodborne pathogen is a risk for employees of healthcare facilities.

How can you become infected?

➤ Contact with blood and certain body fluids through these mechanisms:
  o Needle sticks on punctures with other sharps
  o Exposure to mucous membranes (eyes, nose, mouth) by blood or body fluid splash, spray or droplet).
  o Contact with non-intact skin
  o Skin contact
  o Mother to Child

How can you decrease your risk of acquiring HBV or HIV on the job?

➤ Follow Universal Precautions (follow guidelines below 1 thru 13). Universal Precautions means that blood and body fluid from all patients must be handled as if they were infected with a bloodborn pathogen.

1. Hand washing
   ➤ Between patient contacts
   ➤ After removing personal protective attire (especially gloves).
   ➤ Before leaving the restroom
   ➤ After contact with blood/body fluids or after handling contaminated items
   ➤ Before eating

Note: Proper techniques for hand washing:
   ➤ Use an approved soap.
   ➤ Running water
   ➤ Minimum 10-15 seconds of active washing
   ➤ Dry hands with a paper towel
   ➤ Turn of faucet with a paper towel
   ➤ Discard paper towel in water can.

2. Wear gloves when expecting to:
   ➤ Touch items of surfaces contaminated with blood/body fluids.
   ➤ Handle blood/body fluid specimens
   ➤ Come into contact with patient's open skin, lesions, and membranes
   ➤ Perform vascular access procedures (obtaining a blood sample, IV insertion, etc.)
   ➤ Remember to always wash hands after removing gloves.

3. Wear face shield or combination mask and eyewear when at risk of splashing, spray, or droplet exposure, etc.

4. Wear approved protective clothing; apron, lab coat, barrier gown, et.c.

5. If protective clothing is penetrated by blood/body fluids, remove immediately.

6. Remove and dispose of protective attire immediately in a designated container.

7. Handle sharps in a safe manner and dispose of immediately is a designated container.

8. Wash hands and other skin or mucous membranes immediately if there is contact with blood/body fluids

9. Keep you workspace safe by promptly cleaning blood/body fluid with approved disinfectant. Absorb gross amounts first and discard in bio-hazard bag. Then apply the disinfectant.

10. Perform all task involving blood/body fluids in a manner that will minimize splashing, spatters, spray, etc.

11. Clean up broken glassware with devices, not your hands

12. Do not eat, drink, apply cosmetics or lip balm or handle contact lenses in a work area where risk for exposure exists.

13. Do no bend, break, or recap contaminated needles. Take used sharps directly to the disposal container. Do not lay down, it may be forgotten.

Respiratory Protection
for
Reduction of Tuberculosis Transmission

Objectives
- Identify type of respiratory protection used for TB
- List the requirements of a respiratory protection program
- Identify examples of when a respirator is required
- Understand why respirator testing is necessary

Respirator Selection

The OSHA standards for respiratory protection requires the use of a National institute of Occupational Safety and Health (NIOSH) approved respirator for protection against workplace exposure to TB

Respiratory Protection Program Requirements

OSHA also requires a respiratory protection program be developed and implemented when such respirators or utilized.

- Written Program – written procedures governing the selection and use of respirators must be established.
- Respiration Selection – Respirators shall be selected on the bases of hazards to which personnel are exposed
- Training – Individual Respirator users must be instructed and trained in the proper use of respirator s and their limitations
- Fit Testing – Individual Fit Testing must be performed to ensure a face-piece to face seal
- Approved Respirators – Only NIOSH approved respirators can be utilized
- Donning Respirators – Individual respirator wearers should conduct a "face seal check" prior to entering a patient room. Do not use with beards or other facial characteristics which interferes with correct seal fit.
- Storage – Respirators must be stored in a convenient, clean and sanitary location.

What is the purpose of the PPD skin test?

The PPD skin test will determine if a person has been infected with the tubercle bacillus. The test must be read by a trained individual within 48-72 hours.

How often do you need to receive a PPD skin test?

- All personnel will receive a PPD skin test at the time of employment unless their status is already known
- PPD skin tests are required once a year unless you are working in a high risk area
- High risk areas require their employees to be tested once every 3 months.
- High risk area or procedures include
  - Frequent exposure to persons with TB
  - Aerosol Treatments
  - Bronchoscopy
  - Spulum induction
  - Suctioning
  - Endorrecheal incubation
  - Autopsy

What do you do if you are exposed to TB?

- Contact the Employee Health Department. Complete an Employee Occurrence Report
- Participate in evaluation, treatment, and follow-up as directed by Employee Health
- If PPD test is positive (generally indicates you have been infected), you will be evaluated and placed on preventive therapy, if necessary.
- Work restriction to prevent transmission to others will be at the direction of Employee Heath.
- Inspection – Respirators used routinely must be inspected according to procedures. Worn, deteriorated or soiled respirators must be replaced. Work Place Surveillance – Appropriate surveillance of work area conditions and degree of employee exposures or stress must be maintained

Code of Conduct and Statement of Ethics

These policies, procedures and standards provide guidance for the application of the ethical values stated below:

<u>Integrity</u>:

Treat all patients, visitors and staff with respect and courtesy

<u>Honesty</u>:

To be truthful in how we represent our capabilities and ourselves.

<u>Integrity</u>:

To make decision & take action based only in the best interest of the patient & of the organization.

<u>Compassion</u>:

To be committed to providing compassionate care.

<u>Fairness</u>:

To provide a consistent standard of care that is coordinated across the continuum of care.

<u>Stewardship</u>:

Seek to use all our resources effectively and efficiently