

WellStar Health  
System  
Orientation Packet



# WellStar Health System

## Vision

To exceed the expectations of our community by providing exceptional health services dedicated to personal service, quality and value.

## Mission Statement

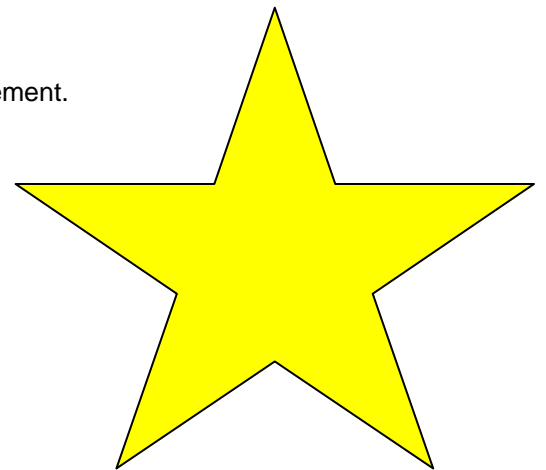
WellStar Health System has a plan for governance, management and physicians to have one coordinated approach to improving the health status of our community

There will be one culture, financial alignment among all parties, reducing episodes of illness and educating citizens regarding health and wellness so that the community achieves continuing improvement in health status.

## Performance Improvement

We use the F-O-C-U-S P-D-C-A model for performance improvement.

- F Find the opportunity to improve/design
- O Organize a team/effort familiar with the process
- C Clarify the current knowledge
- U Understand the root causes of variation
- S Select the improvement
  
- P Plan the improvement and the data collection
- D Do the improvement and the data collection
- C Check the results of the implementation
- A Act to hold the gain and continue improvement



# Standards of Gold

A service excellence program

The WellStar Vision is:

To become a world-class health care organization by exceeding the expectations of our community by providing exceptional health services dedicated to personal service, quality, and value.

How do we do this? By each employee (and other personnel working in our system) taking responsibility to meet the following standards:

## Make a positive first impression.

- Initiate interaction. Greet patients, guests or employees each time you meet them.
- Take the initiative to serve every patient or guest as a “personal representative.”
- First impressions set the tone. Always strive to make first encounters positive.

## Treat others as “guests”.

- Be friendly and outgoing. Let the personality of WellStar reflect through you.
- Apply the “Golden Rule” – people tend to treat others as they are being treated.
- Show interest in patients and co-workers – help them feel welcome and important.

## Develop service recovery.

- Create “service recovery” systems to turn negative into positive experiences.
- Be a problem solver – take the initiative. Find the solution or someone who can.
- Learn to turn negative/frustrated individuals around through relational service

## Make communication more effective.

- Communication consists of 7% words, 38% vocal tone, and 55% body language.
- Always communicate on their level. Give others your undivided attention.
- Phone etiquette is imperative. Always be personable, professional and courteous.

## Serve others from a “team centered” approach.

- Make patient satisfaction a team effort – work in the patient’s best interest.
- Team centered means breaking down territorial feelings between departments.
- Work at mentoring a coaching those needing encouragement and direction.

## Project a positive attitude.

- Always speak positively of others – attitudes set the stage for success or failure.
- Never allow co-workers to get away with “bad attitudes” they are like cancer.
- Four proponents of success: attitude, ambition, determination, and enthusiasm.

## Make excellence the goal in everything we do.

- Never settle for mediocrity. Do everything you can to exceed others expectations.
- Aim for a “service delight” experience, rather than simply patient satisfaction.
- Set your personal standards high to challenge excellence in yourself and others.

We truly believe that excellent service is the most important distinguishing factor that will differentiate our health system from all others. It is the key to attracting and retaining customers. The quality of care is continuously improved through our performance improvement efforts.

## Confidentiality

All personnel have a responsibility in protecting patient confidentiality at all times.

This means:

- No hall or elevator conversations
- Speak in low voices in private/appropriate areas
- Safeguard written materials (including computers) and hard copy documents
- Take extra precautions when using phones (especially cellular phones) and fax machines. (Double check all phone numbers and fax numbers and use a cover sheet when sending a fax.)
- Family members and friends do not have an automatic right to information
- REMEMBER: Other personnel do not need information about a patient unless they are directly involved with that patient's care.

## Safe Medical Device Act

This act provides guidelines for reporting to either the Food and Drug Administration (FDA) or the manufacturer, all deaths, serious illnesses, or injuries that are sustained by a patient and are caused or suspected to be caused by a medical device. All incidents must be reported within ten days.

REMEMBER: Attend to the patient or employee first. Report the incident to the House supervisor. Remove the device(s) from service. Save all materials including disposable and packaging. Fill out an incident report.

## Objectives:

After reading this independent study packet, the student will...

- identify the correct emergency code phone number and the related telecommunication page at your facility
- understand how to prevent the spread of infectious diseases and how to implement the infection control plan
- know what is found on a MSDS
- understand the fire and electrical safety rules
- understand the proper lifting techniques that help prevent back or other injuries
- understand the performance improvement process and the Standards of Gold

## Greet for greatness!

- G – Give your name with a smile
- R – Role identification
- E – Eye contact
- E – Explain test/procedure (or action to be taken)
- T – Take responsibility to exceed

## SERVICE

- S – Safety
- E – Efficiency
- R – Reassurance
- V – Value
- I – Improvement
- C – Continuity
- E – Efficacy

## Workforce Diversity

In many ways, we are more alike than we are different. We all share basic needs for shelter, food, and clothing. We all want to feel valued and important. We all strive to be happy and enjoy good health and often times share similar hopes and fears. Yet, in some ways, we're different too. Some differences are obvious, such as age, race, gender, height, weight, and skin and hair color. Other differences are harder to see, such as personality styles, abilities, motivations, and goals. These entire differences – the obvious and the not so obvious – combine to make each of us unique.

Individual differences should be recognized, accepted and valued. Why? By valuing, developing and using the unique strengths of our organization's most important resource – it's people – we all meet WellStar Health System's goals for continuous improvement, quality, and excellent customer service. We also enrich our own lives by increasing our appreciation for what other people have to offer not only us, but our workplace and community as well.

If your building caught fire right now, whom would you want to see right away? Your best friend? A well-known television star? Probably not. You'd want to see a fire fighter. Even though you might enjoy your friend's company or the excitement of meeting a television star, you would value the fire fighters knowledge and skill more in a situation involving a serious fire. That's because fire fighters are trained to deal with fires. They have different skills and abilities than most people and in a crisis, we value those differences.

More than ever before, the workforce is mad up of people from different backgrounds, with different talents and ideas and different ways of thinking and doing their jobs. Instead of ignoring differences or trying to make everyone the same, we can look for ways to explore and celebrate differences. In this way, we'll all benefit – employees, teams, and the organization.

With increased popularity of teamwork on the job, we all work more closely than in the past. The ability to value differences will help each of us on the job as we work with other group members. In many ways our success will depend on our ability to communicate with people who are different from us.

Smoking is prohibited anywhere on any WellStar Health System campus.

This includes cars, parking lots, etc.  
Therefore there are no smoking breaks.



## Preserving Integrity: Our Commitment to Doing the Right Thing

### Standards of Professional and Business Conduct

The WellStar Health System was created by Atlanta's leading community-based physicians and hospitals to preserve high-quality, efficient health-care. Facilities that are part of WellStar are owned by their local communities and governed by volunteer boards of directors comprised of local citizens. Our only "stockholders" are the citizens we serve, and earnings are reinvested to improve local health services. The WellStar Health System exists to help doctors and hospitals throughout metro Atlanta work together for better health and healthcare. Our communities depend on us to provide quality care, and we intend to fulfill our commitment.

Because we work in a highly regulated industry, we have taken steps to ensure that we all consistently comply with laws relating to our activities. WellStar's Standard of Professional and Business Conduct, prepared with input from members across the WellStar Health System, provide everyone with a clear understanding of business, professional, legal and personal conduct that is expected in the workplace. These standards are an important component of "Preserving Integrity", WellStar's comprehensive, System-wide compliance plan. As we work together as a System, it is important that we clarify our continued commitment to a uniform set of high ethical standards.

If you have any questions about WellStar's policies or business practices, you may raise your concerns without fear of retaliation or reprisal. If your concern can not be resolved through the normal "chain of command", you should report the matter by calling the Hotline at (770)956-6444.

### Our Standards address the following areas:

- Quality of care – We have a duty to report any actual or perceived quality of care issue to management, human resources or the Hotline.
- Compliance with Laws and Regulations – WE have a duty to report any perceived violation of applicable laws, regulations and professional standards to management, human resources or the Hotline.
- Billing and Coding – We have a duty to report any actual or perceived false claim, misrepresentation, inaccuracy or problem in billing, coding or documentation.
- Conflict of Interests – We have a duty to report any actual or perceived conflict of interests to management, human resources or the Hotline.
- Protection of Property – We have duty to report any actual or perceived loss, theft or misuse of our organization's property or the assets of others to management, human resources or the Hotline.
- Proper Consideration of Human Resources – We have a duty to report any actual or perceived mistreatment, discrimination, safety issue, hostile activity, legal violations or other non-compliance issue occurring in the workplace.
- Communication – We have a responsibility to report any significant actual or perceive communication problem to management, human resources or the Hotline.

### Resolutions of Problems and Concerns

Positive relations and morale can best be achieved and maintained in a working environment where ongoing and open communication exists among supervisors and personnel. This includes candid discussions of our problems and concerns. We are encouraged to express our concerns and opinions on any issue regarding potential violation of laws, regulations, ethics, policies or procedures or the Standards of Professional and Business Conduct.

Initially, personnel should contact their own supervisor or human resources representative to voice their concerns. If the concerns remain unresolved, personnel are then urged to raise the issues with individuals at next supervisory level, up to and including the highest level of management.

## Compliance Hotline

WellStar recognized that there are many times when concerns cannot be properly addressed through the normal chain of command. Under such circumstances, personnel are encouraged to report their concerns to the Hotline by dialing (770) 956-6444. The Hotline should be used to report serious concerns about suspected or know instances of fraud or violations of law.



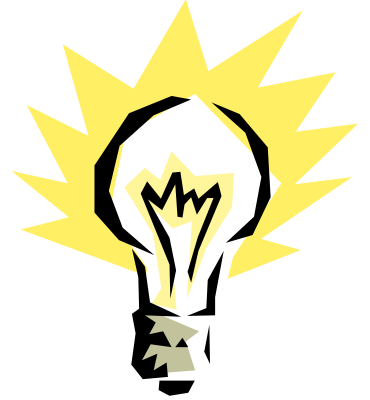
Calls to the Hotline will not be traced or recorded. All callers to the Hotline are encouraged to remain anonymous. If callers choose to identify themselves, their confidentiality will be protected to the extent permitted by law.

WellStar has a non-retribution and non-retaliation policy. This means no action or retaliation or reprisal will be taken against anyone for calling the Hotline to make a report, compliant or injury. However, calls to the Hotline do not protect the callers from appropriate disciplinary action regarding their own performance or conduct.

The Compliance Officer will evaluate and respond to allegations of wrongdoing, concerns and/or inquiries made to the Hotline in an impartial manner. The Compliance Officer will respect and protect the rights of all personnel, including anyone who is the subject of a Hotline complaint. To this end, all allegations will be thoroughly investigated and verified before any action is taken. Furthermore, any disciplinary action or other response resulting from a call will be held confidential by the Hotline staff.

## Electrical Safety

- All electrical equipment should be inspected. A dated sticker indicates when it was last inspected.
- All patient owned devices (radios, hairdryers, etc.) should be checked by engineering before used in the hospital.
- Don't use any electrical equipment, unless you know what it is for and how it is operated.
- Keep liquids away from electrical equipment.
- Never use equipment with a frayed cord. Notify Engineering.
- Electrical cords should not be kinked or knotted.
- Avoid using extension cords and never overload them
- Always grasp the plug to remove it from the socket. Never pull the cord.
- Never stretch cords across a room or under a carpet
- All plugs should have three prongs...one is the ground.



## Fire Safety

R Rescue anyone in danger  
A Activate ALARM by pulling the nearest red alarm box and dial the appropriate facility no.  
C Contain or Confine the fire by closing doors & windows  
E Extinguish and fire using PASS

P Pull the pin  
A Aim the nozzle  
S Squeeze the handle  
S Sweep the hose from side to side aiming at the base of the fire

STAY CALM – don't Panic! Since fire spreads fast, what we do in the first three minutes is critical.

Stay low! Smoke contains toxic gases that can kill within minutes.

Never use the elevator during a fire or a fire drill.

Always use the stairs if you must move to another floor.

Know where the closet pull alarm station and fire extinguisher is!

Remember: an "ABC" fire extinguisher can be used on all types of fires.



## Infection Control

Infection Control reduces the risk of acquiring and transmitting (spreading) infections among patients, students, employees, medical staff, visitors, and volunteers in the healthcare setting.

How are infections spread?

For an infection to spread, three things are required:

A source of an infection – persons or things that house or carry the germ. This can be an employee, a volunteer, a physician, a student, a visitor, another patient, an object, or even the patient himself/herself.

A mode or means of spreading the infection – This is the route by which the germ (infection) is spread and includes:

Contact – this can be direct contact, which involves skin – to – skin contact between two persons; or indirect contact, which involves contact with another object, such as dirty instrument or needle.

Droplet – Droplets are created when a person with the germ coughs or sneezes and the germ is propelled a short distance to the eyes, nose, or mouth of another person.

Airborne – Very small “droplet nuclei” or dust particles with the germ are propelled into the air and then spread through the air long distances and can be inhaled by another person in the same room or even another area into which the air has moved.

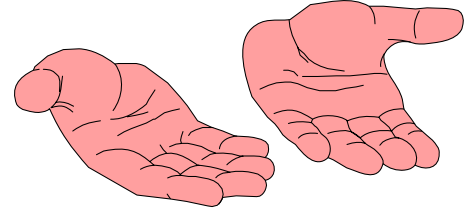
Common vehicle – Germs spread through contaminated food, water, medications, devices or equipment.

Vector-borne – Germs spread through small living things as mosquitoes, flies, rats and other vermin.

Host – Person who catches or acquires an infection or organism that is spread from the source.

What are the best ways to prevent the spread of infection?

1. Wash your hands!
  - Before and after your work shift
  - Before and after personal hygiene
  - Before touching something clean
  - After touching something contaminated or dirty
  - After removing gloves.
  - Procedure:
    - Wet hands with running water
    - Apply soap or hand washing agent
    - Vigorously rub hands together for 10-15 seconds, washing all surfaces of hands and fingers
    - Rise thoroughly with fingers pointing down
    - Blot hands dry with paper towel
    - Before discarding paper towel, use paper towel to turn off faucets
    - Dispose of towel in proper waste receptacle
2. Practice Standard Precautions
  - Used to reduce risk of spreading microorganisms (germs) from both known and unknown sources of infections for all patients – used for care of all patients regardless of status/diagnosis/disease
  - Combines best of Universal Precautions and Body Substance Isolation
  - Applies to blood, all body fluids, secretions, excretions (regardless of whether blood is present or not), non-intact skin, mucous membranes (as in mouth, nose, eyes)
  - Includes:
    - Hand washing (as above)
    - Personal Protective Equipment – This includes gloves, gowns, masks and eye protection



- Wear gloves when touching blood, body fluids, secretions, excretions, non-intact skin and mucous membranes. Remove gloves and wash hands promptly after use. Put on clean gloves when touching mucous membranes or non-intact skin. Gloves are changed and hands washed between patients and before touching clean items or the environment. If allergic to standard gloves, alternate gloves are available.
  - Wear gowns when you think your clothing could become soiled with blood, body fluids, secretions or excretions. Remember to wash hands after removing gown.
  - Put on mask and protective eyewear (goggles/face shields) to protect eyes, nose and/or mouth from splashes or sprays of blood fluids, secretions or excretions.
  - Always remove personal protective equipment immediately after use, discard in appropriate container and wash hands.
  - Handling of Patient Care Equipment
    - Handle soiled patient care equipment in a manner to prevent contact with your skin or mucous membranes
    - Reusable patient equipment must be cleaned and disinfected prior to use by another patient
    - Dispose of needles and other sharps immediately after use in appropriate sharps disposal container
  - Handling Linen and Laundry
    - Handle and transport soiled linen in a manner to prevent contamination of your clothing and/or skin
    - Handle and transport clean linen in a manner to prevent contamination with dust, moisture or microorganisms
3. Comply with transmission based precautions
- Used for patients suspected to be infected with highly contagious germs/infections
  - Used in addition to Standard Precautions
  - Types of precautions: Airborne, Special Airborne, Contact, Special Contact and Droplet
  - Signs are posted on door of room for patient requiring any of these precautions
    - An orange isolation sign is used for “Special Contact Precautions”. Appropriate areas should be checked on this sign by the nurse.
    - A green isolation sign is used for “Special Contact Precautions”. These precautions are indicated for patients with multidrug resistant organisms as VRE, ESBL, VISA, or VRSA.
    - A gray isolation sign is used for “Special Airborne Precautions”. This is used for pulmonary TB. Special N95 respirators are required for caregivers entering room. A private room with negative pressure is required.
    - For more information or a listing of diseases, see information in Infection Control Manual.
4. Properly Dispose of Biomedical Waste
- The biohazardous sign identifies containers which have items soiled with blood or other infectious materials
  - Dispose of items such as the following in “red bags”:
    - Blood transfusion tubing with spike
    - Sealed containers with pooled blood or body fluids
    - Dressings saturated (dripping) with blood or body fluids
    - Saturated, grossly contaminated disposable equipment
  - Dispose of items such as the following in the “sharps containers”
    - Disposable needles
    - Syringes
    - Scalpels or blades
    - Staples, wires

- Lancets, pipettes
- When sharps containers are  $\frac{3}{4}$  full, securely close the container and insure removal/disposal as per facility procedure
- Dispose of items such as the following in the regular trash
  - Paper, paper towels, wrappers, newspaper etc
  - Dressing with small amounts of blood, body fluids
  - Emptied foley bags
  - Used Band-Aids

5. Clean up Blood Spills

Spills of blood or body fluid should be cleaned up promptly. The process includes immediately cleaning up the spill and then using a disinfectant.

If using a spill kit, please follow instructions on the kit.

Steps for cleaning up a spill of blood or body fluids:

- Put on disposable gloves, and wear other personal protective equipment (gowns, masks, face shields/goggles) if needed,
- Remove visible material by placing paper towels or other absorbing materials directly over the spill. Wait until all the liquid is absorbed. Use more paper towels if needed.
- Carefully remove paper towels or other absorbent materials and place in red bag. Linen/cloth items are to be placed in appropriate linen containers – not red bags.
- Clean the area with appropriate germicide for blood/body fluid spills
- Disinfect using hospital approved germicide for blood/body fluid spills.
- Remove gloves and dispose of appropriately.
- Wash hands.

6. Protect Yourself and Others from TB

- TB can be spread from one person to another through the air. The mycobacterium (germ) is expelled into the air when a person coughs, sneezes or even with talking. Air currents can carry it. It enters the body through the lungs.
- Protection requires
- Early identification/treatment of persons with TB (this includes evaluation of signs/symptoms, diagnostic testing and initiation of appropriate timely treatment). Signs and symptoms of active TB include: fever, coughing up blood, weight loss, night sweats, loss of appetite, and fatigue. Diagnostic testing includes the PPD (TB) skin test, chest x-ray, AFB smear and culture.
- Isolation of hospitalized patients using special airborne precautions. Patients are placed in special negative pressure rooms. Door should remain closed. Patient should be instructed to cover nose and mouth when coughing and sneezing to prevent TB from spreading. Healthcare workers entering these rooms must wear the N95 respirator for which he/she has been fit tested.
- Screening of health care workers including:
  - PPD skin testing of all new healthcare workers/employees using two step method
  - Annual PPD skin testing of all PPD negative healthcare workers
  - PPD positive healthcare workers complete TB symptom questionnaire
  - Follow up healthcare workers potentially exposed to a person with TB
  - Medical management of healthcare workers with active TB

NOTE: A positive PPD skin test does not mean you have TB disease and does not mean you can infect someone else. It does mean that you have been exposed to TB and the TB mycobacterium has entered your body. It also means you should be evaluated by prophylactic treatment.

- There is a connection between TB and HIV/AIDS. The risk of developing TB after exposure is much greater in a person who is also infected with HIV. Additionally, the symptoms of TB may not be as apparent, and person may not respond with significant reading after PPD skin testing. Treatment for TB in patients with HIV will be longer.

- Antibiotic resistant TB has developed because some people have not complied with the TB drug therapy. The TB germs are not killed, and these germs can change in such a way as to allow the germ to survive the standard TB drugs. **COMPLIANCE IN TAKING MEDICATIONS IS EXTREMELY IMPORTANT.**
7. What should be reported to infection control and or employee health
    - Any concerns regarding placement, removal or appropriateness of isolation for any patient
    - Any exposure to **COMMUNICABLE DISEASE** that could be spread to fellow employees or patients.
  8. Exposure to an infectious disease, what will be done?
    - Blood borne Exposure: Depending on the nature of exposure and risk of source patient, prophylactic medications may be prescribed.
    - Pulmonary TB: When unprotected exposure occurs, PPD skin test will be applied initially and 12 weeks after exposure.
    - Neisseria meningitis (bacterial meningitis): If close contact with respiratory secretions, as occurs with mouth to mouth resuscitation, prophylaxis with Rifampin or Cipro will be ordered.
    - Lice/Scabies: If exposed, will be evaluated for symptoms or evidence of infestation. If present, a scabicide or appropriate shampoo will be prescribed.
    - Chickenpox: It will be determined if person has antibodies to varicella (chickenpox) indicating previous infection. If testing indicates healthcare worker has not previously had chickenpox, may be required to be off work from day 10 through day 21 after exposure.
  9. **OTHER IMPORTANT INFORMATION CAN BE FOUND IN YOUR INFECTION CONTROL MANUAL**
    - Information on Adult Immunizations for Yourself
    - Personal tips to prevent infection
- CONTACT YOUR INFECTIOUS CONTROL NURSE OR EMPLOYEE HEALTH NURSE WITH ANY QUESTIONS.**



## THE OSHA BLOODBORNE PATHOGENS STANDARD of 12/91

### Purpose and Intent of Standard

As will all OSHA regulations, the Blood borne Pathogens Standard is intended to “protect employees from potential workplace hazards. In this case, the intent is to:

“Reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), Hepatitis C and other Blood borne Pathogens.”

*The complete details of the regulation are described in the WS Blood borne Exposure Control Plan! You need to be familiar with this plan! A copy of the WS Blood borne Pathogen Exposure Control Plan is in the Infection Control Manual.*

### What Are Blood borne Pathogens?

They are viruses, bacteria, and other microorganisms that are carried in a person's bloodstream and cause disease. If a person comes in contact with blood infected with a blood borne pathogen, he or she may become infected as well. Other body fluids may also spread blood borne pathogens. These include: semen, vaginal secretions, fluid in the uterus of a pregnant woman, fluids surrounding the brain, spine, heart and joints, fluids in the chest and abdomen, other fluids containing visible blood.

The Two Blood borne Pathogens of Most Concern to Healthcare Workers are:

1. The Hepatitis B Virus (HBV) attacks the liver. HBV can cause:
  - Active hepatitis B: flu – like illness that can last for months
  - A chronic carrier state: the person may have no symptoms, but can pass HBV to others
  - Cirrhosis, liver cancer, and deathFortunately, specific vaccines are available to prevent HBV infection. The Hepatitis C Virus (HCV) also attacks the liver. HCV produces an illness that is usually milder than HBV initially, but persistent illness may lead to chronic liver disease and liver cancer more commonly than HBV. Illness from HCV may not appear until year following infection with the virus.
2. The Human Immunodeficiency Virus (HIV) causes AIDS. HIV attacks the immune system, making the body less able to fight off infections. In most cases, these infections eventually prove fatal. The date, there is not HIV vaccine.

HBV, HCV and HIV can be spread when infected fluids enter the body through:

- Needle stick injuries
- Cuts, scrapes and other breaks in the skin
- Splashes into the mouth, nose or eyes
- Oral, vaginal or anal sex
- Sharing infected drug needles
- Pregnant women who are infected can pass the infection to their babies

There are other diseases caused by blood borne pathogens such as syphilis, malaria, arboviral infections and others as listed in the policy. However your greatest risks are from HBV, HCV and HIV.

### THIS STANDARD REQUIRES:

#### A. Exposure Determination

One of the key to implementing a successful Exposure Control Plan is to identify exposure situations employees may encounter. To facilitate this in your facility, the following job classes are denoted and listed in the policy:

Category 1 – Job classification in which all employees have occupational exposure to Blood borne pathogens

Category 2 – Job classifications in which some employees have occupational exposure to Blood borne pathogens

Category 3 – Employees whose job duties involve no exposure to blood, body fluid or tissues.

B. Practice Standard Precautions: A part of the OSHA blood borne pathogens standard  
The CDC issued the Universal Precaution Statements/Guideline in 1987 with modifications in 1988. OSHA (Occupational Safety and Health Administration) issued the Blood borne Pathogens Standard in 12/91. In 1996, the CDC adopted “Standard Precautions” which include Universal Precautions and Body Substance Isolation. Standard Precautions were accepted as an alternative to Universal Precautions by OSHA in 1999.

C. Use Engineering Control Appropriately  
Engineering control remove the risk of exposure by providing a device to assist in the tasks. Example of engineering controls are safety syringes, needleless IV devices, safety phlebotomy devices, safety butterflies, safety IV catheters, and sharps containers.

#### Sharps Containers

Containers for used sharps must be puncture resistant. They must be labeled or color coded red to ensure that everyone knows the content is hazardous. Containers for disposable sharps must have a lid, be secured to prevent tipping, and be maintained upright to keep liquids and sharps inside. Containers need to be located as near to as feasible the area of use. The containers must be replaced routinely and not be overfilled, which can increase the risk of needle sticks or cuts. When ready to discard containers, they should first close the lids. Careful handling of sharps can prevent injury and reduce the risk of infection. By following these work practices, can decrease their changes of contracting blood borne illness.

#### Safety Devices

Safety devices as listed above and others are introduced into your department in an effort to decrease your risk of injury from needles and sharps. Specific design features have been set up by the FDA for clearing these devices, but the devices have been selected following employee input to insure that they are effective. OSHA requires that these devices be used when they will reduce exposures.

D. Follow Safe Work Practices

In performing assigned job, a healthcare worker should perform the task in a manner that decreases their risk of exposure to blood or body fluids. These safe work practices include:

#### Protect Yourself When Handling

The best way to prevent cuts and sticks is to minimize contact with sharps. That means activating the safety device, and disposing of sharps immediately after use. When reprocessing contaminated reusable sharp instruments, must not reach by hand into the holding container. Contaminated sharps must never be sheared or broken.

Recapping, bending or removing needles is permissible only if there is no feasible alternative or if required for a specific medical procedure such as blood gas analysis. If recapping, bending, or removal is necessary, workers must use either a mechanical device or a one-handed technique. Healthcare workers might recap with on-handed “scoop” technique, using the needle itself to pick up the cap, pushing cap and sharp together against a hard surface to ensure a tight fit. Or they might hold the cap with tongs or forceps to place it on the needle.

Hand washing (See previous section on Hand washing)

Employees must refrain from eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in areas where they be exposed to blood or other potentially infectious materials.

#### E. Appropriate Use and Disposal of Personal Protective Equipment

Wearing gloves, gowns, masks and eye protection can significantly reduce health risks for workers exposed to blood and other potentially infectious materials. Workers who have direct exposure to blood and other potentially infectious materials on their jobs run the risk of contracting blood borne infections from hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV) which causes AIDS, and other pathogens from the infection. Wearing proper personal protective equipment can greatly reduce potential exposure to all blood borne infections, and is required if contact with blood or body fluids is anticipated. The personal protective equipment must be readily accessible and available in appropriate sizes.

##### Selecting PPE

The level of protection must fit the expected exposure. For example, gloves would be sufficient for a laboratory technician who is drawing blood, whereas a pathologist conducting an autopsy would need considerable more protective clothing.

PPE may include gloves, gowns, face shields or masks, eye protection, pocket masks, and other protective gear. (See section on Personal Protective Equipment). The key is that blood or other infectious materials must not reach healthcare worker's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions for the duration of exposure. If any questions about availability of PPE, contact your supervisor.

##### Decontaminating and Disposing of PPE

Healthcare workers must remove personal protective clothing and equipment before leaving the work area or when the PPE becomes contaminated. If a garment is soaked through with blood or body fluids, workers must remove it immediately or as soon as feasible. Personal protective equipment must be removed in a manner to prevent contamination with blood or body fluid of an employee's skin, eyes, nose, mouth, or clothing. Used protective clothing and equipment must be placed in designated containers for storage, decontamination, or disposal.

##### Other Protective Practices

If an employee's skin or mucous membranes come into contact with blood, he or she is to wash with soap and water and flush eyes with water as soon as feasible. In addition, workers must wash their hands immediately or as soon as feasible after removing protective equipment.

#### F. Housekeeping and Laundry Requirements

##### Holding the Line on Contamination

Keeping work areas in clean and sanitary conditions reduces risk of exposure to blood borne pathogens. The methods of cleaning different surfaces must be specified, determined by the type of surface to be cleaned, the soil present and the tasks or procedures that occur in that area,

Workers must clean working surfaces and equipment with an appropriate disinfectant after completing procedures involving exposure to blood.

Workers also must clean (1) when surfaces become obviously contaminated; (2) after any spill of blood or other potentially infectious materials; and (3) at the end of the work shift if contamination might have occurred.

Should glassware that may potentially contaminated break, workers need to use mechanical means such as a brush and dustpan or tongs or forceps to pick up the broken glass—never by hand, even when wearing gloves.

Before any equipment is serviced or shipped for repairing or cleaning, it must be decontaminated to the extent possible.

For spills of blood or body fluids, see previous information.

### Regulated Waste

In addition to effective decontamination of work areas, proper handling of regulated waste is essential to prevent unnecessary exposure to blood and other potentially infectious materials. Regulated waste must be infectious materials, items caked with these materials, items that would release blood or other potentially infected materials if compressed, pathological or microbiological wastes containing these and contaminated sharps.

Containers used to store regulated waste must be closable and suitable to contain the contents and prevent leakage of fluids. They must be labeled with the biohazard symbol, or color-coded (red) to ensure that employees are aware of the potential hazards. Regulated waste is disposed of in accordance with applicable state and local laws.

### Laundry

Use special care with laundry. Don't shake soiled linen. Roll edges toward center; place in appropriate bags at the bedside. Transport carefully. Filled soiled linen bags are placed in carts in soiled utility rooms. Laundry workers must wear gloves and handle contaminated laundry as little as possible, with a minimum of shaking the soiled linen. Contaminated laundry should be bagged or placed in containers at the location where it is used, but not sorted or rinsed there. If laundry is wet and it might soak through laundry bags, then workers must use bags that prevent leakage.

- G. Offering/Encouraging Hepatitis B Vaccination  
WellStar offers all employees the Hepatitis B Vaccination.

#### Who Need Vaccination?

This includes health care workers, emergency responders, first-aid personnel, law enforcement officers, laundry workers, as well as others.

#### What Does the Vaccination Involve?

The Hepatitis B vaccination is non-infectious, yeast based vaccine given in three injections in the arm. It is prepared from recombinant yeast cultures, rather than human blood or plasma. Thus, there is no risk of contamination from other blood borne pathogens nor is there any chance of developing HBV from the vaccine. The second injection should be given one month after the first and the third injection six months after the initial dose. More than 90 percent of those vaccinated will develop immunity to the hepatitis B virus. To ensure immunity, it is important for individuals to receive all three injections. At this point it is unclear how long the immunity lasts, so booster shots may be required at some point in the future. The vaccine causes no harm to those who are already immune or to those who may be HBV carriers.

- H. Post Exposure Follow-up  
Reporting Exposure Incidents

OSHA's blood borne pathogens standard included provisions for medical follow-up for employees who have an exposure incident. The most obvious exposure incident is a needle stick. But any specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials is considered an exposure incident and should be reported.

Exposure incidents can lead to infection from hepatitis B virus (HBC) or human immunodeficiency virus (HIV) which causes AIDS; or Hepatitis C virus (HCV).

#### Medical Evaluations and Follow-up

Follow process established by your school for follow up after an exposure.

I. Training for New and Continuing Employees

This standard requires that new employees at risk of exposure receive training on this standard and means to prevent exposures. This training must be repeated annually.

J. Recordkeeping

The type of records and length of retention are also addresses in this standard.

Material Safety Data Sheet (MSDS)

Your employer must have an MSDS for every chemical and hazardous product in your workplace. It provides additional information which cannot easily be put on the label. Chemical labels and the MSDS provide the “keys” to chemical safety. The MSDS covers:

- Identity of the chemical – chemical product & company identification
- Hazardous Ingredients – specific ingredients of a chemical
- Physical/Chemical Characteristics – chemical stability, i.e., boiling point, etc.
- Physical Hazards – such as fire or explosion
- First Aid Measures & Emergency Procedures.
- Health Hazard Data – routes & effects of exposure & limits
- Environmental Impact – applicable regulations
- Work Practices – handling & storage; normal clean up; waster disposal methods
- Exposure Control Methods – what personal protective equipment is needed



## Body Mechanics

### #1 Change positions every 45-60 minutes.

1. When sitting for long periods, regular interruption of the sitting posture is essential to prevent the onset of pain. This can be achieved by standing up, bending backwards a few times and then waling for a few minutes.
2. You can also change positions by reaching up overhead with your arms, rolling your shoulders forward and backward and shifting your hips side to side.
3. When working in a bent over position, regular interruption of this posture is essential to prevent the onset of pain. This can be achieved by standing up and bending backwards a few times.

### Reaching

Place your arms over your head. With your fingers stretched, reach toward the ceiling. Hold for five seconds, then relax. Repeat five times

### Rolling

Using a wide circular motion, roll your shoulders forward five times. Then roll your shoulders backward five times. Repeat cycle five times.

### Shifting

While sitting, move around in your chair. Slouch and slump, look away from the screen, dangle your arms. Repeat as often as necessary.

### #2 Standing Back Extension

1. Stand with your feet slightly apart. Place your hands in the small of your back. Bend back as far as you can. Keep your knees straight as you do this.
2. As a preventive measure, repeat this exercise every once in a while. It is especially useful for a change in position when you find yourself in a forward bent position or sitting for a period of time.

### Reverse Bend –

A very easy stretch and back relaxer is to simply stand up, press your palms on your lower back, and bend backwards slowly (but not too far). Hold for a few seconds, return to original position and repeat.

### # Neutral and Relaxed Hands

1. Check your posture. Your goal is keyboarding with straight wrists, relaxed fingers, and straight posture. Arrange your work place to achieve this goal.
2. Every hour during work and even at home, release the tension in your wrists and hands by stretching, rotating and shaking.
  - A. Stretching – place your hands out in front of you and spread your fingers out as far as you can. Hold this for 5 seconds and then relax. Repeat this at least five times.
  - B. Rotating – Rotate your wrists with relaxed fingers by turning your palms up and down. Repeat 5 times.
  - C. Shaking – Let your hands dangle from your wrists, then shake up and down and side to side. Repeat until all the tension is gone.

Your wrists and hands talk. When they're tense from repeated strain, they communicate stiffness and soreness. You can release tension build-up by exercising at least once every hour – even while you're at your desk. And when you are at home, avoid repeating wrist and hand motions you do at work.

Sit up straight, facing the computer straight on.  
Hold your head at a slight downward tilt to avoid muscles in your neck and shoulders.  
Keep hands and wrists straight while keyboarding.  
Touch your keys lightly by keeping your wrists and fingers relaxed.  
Keep your feet flat and pointed toward the work station.

#### #4 Slouch – Overcorrect

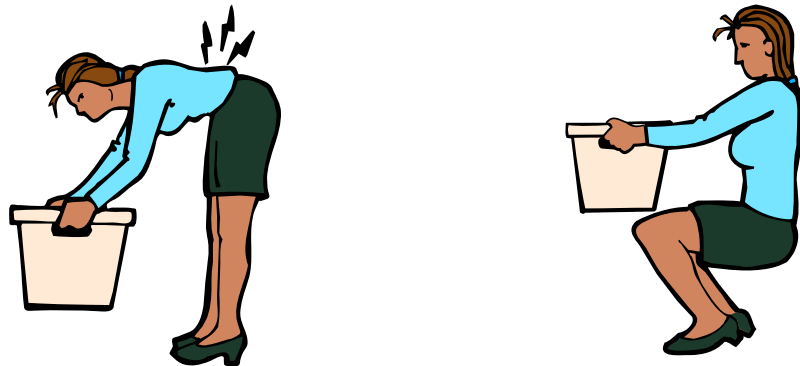
1. In order to learn how to sit correctly you need to learn to form a lordosis in your low back. You do this by learning the slouch-overcorrect technique.
2. First sit in your chair with your hips to the back of the chair with an extremely slouched sitting position. Then after holding this for a few seconds, move toward the extreme of upright sitting posture. Repeat this 10 – 15 times.
3. Now you should know the extreme of good sitting posture. But, you can't sit like this all the time. To sit comfortably and correctly you must sit just short of this extreme posture. To do this you move to the extreme lordosis position and then release the last 10% of the lordosis. Make sure your back does not flatten.

#### #5 Squat Lift

1. When people lift objects by forward bending at the waist with their knees straight, this overloads the back. When people lift by bending their hips and knees and keeping their back in neutral position, this allows the back and the legs to work together to complete the task.

#### Rules of Lifting

1. Keep your feet shoulder width apart.
2. Keep your abdominal muscles tightened.
3. Keep your back slightly arched.
4. Bend your hips and your knees.
5. Keep the load close to you. (A laundry basket that weighs 5 lbs. Put 35 – 50 lbs. of stress on your low back when held out away from the body).



## Patient Restraints

Patient Restraints is an important issue, which should never be made lightly.

- Restraints are defined not only by the device that is being used, but by the reason for use.
- Restraints must be used only as a last resort when all other reasonable efforts to maintain patient/staff safety have failed.
- The least restrictive device should be selected.
- Circulation checks, toileting, fluids, activity must be assessed and documented at least q 2 hours.

### Therapeutic Treatment Options:

- Put bed in “chair” positions.
- Relocate patient closer to nursing station.
- Modify environment by placing all personal items, bedside commode, etc. within easy access.
- Bed in low position with judicious use of side rails, light on in bathroom at night, etc.
- Make q15-30 minutes check/needs assessment, especially during periods when patient is most confused, i.e., “sundowners” the majority of patient falls occur while attempting to get out of bed to go to the bathroom.
- Physicians/pharmacist/nurse evaluation for cause of agitation/confusion including review and possible revision of medications, review of lab work, etc.
- Use of other adaptive devices such as wedge cushions when sitting up in chair, etc
- Utilization of family or ancillary staff to sit with patient during episodes of confusion/agitation.
- Allowing patient to “wander” in a controlled environment.
- Diversional activities – TV, reading, something to occupy their hands/minds.
- Frequent realty orientation.
- “Creative wrapping” of IV sites, etc., to prevent disruption.

These are only a few suggested alternatives to restraint use.

Remember: There must be documentation that reasonable alternative have been attempted prior to application of physical restraint.

Please refer to Policy/Procedure for more detail.



## Assistive Devices/Services Availability for Americans with Disabilities Act (ADA)

As a general policy, the entities of WellStar Health System have made every effort to meet requirements of ADA. Physical plants have been brought into compliance where corrective action was warranted. Whenever new construction or significant renovations occur, AD compliance is built in.

The following represents human resource/technological assistive devices available to customer/visitor to our campuses. (See representative on site for specific access to these devices/services.)

### Telecommunication Devices for the Deaf (TDD):

- Portable devices available for patients and family members upon request.
- At least one public access to TDD available at each campus on public phone bank.

### Amplified hand-sets for telephones:

- Available on select public telephones and upon request for patient sets.

### Close-Caption Televisions:

- Portable decoding devices available upon request.
- In newly renovated areas, new TV's have technology built in

### Sign Language Interpreters:

- Agreement with Sign Language Specialists, Inc. to provide interpreters upon request. Routine and emergency service available.

### Signage:

- Kennestone and Windy Hill Hospitals have ADA compliant way finding systems that incorporates Braille access.



## EMERGENCY CODES

Purpose	To Activate	Telecommunication Page
Cardiac or Respiratory Arrest	At Cobb dial 1234 At Douglas dial 1111 At Kennestone dial 911 At Paulding dial 4444 At Windy Hill Dial 911 Physician's offices dial 911	At all facilities - "CODE & location" For Pediatrics – "Code Pink"
Fire	Pull red alarm box and... At Cobb dial 1234 At Douglas dial 1111 At Kennestone dial 911 At Paulding dial 4444 At Windy Hill dial 911 Physician's offices dial 911	At all facilities..."Plan F now in effect and location."
Severe Weather	Security to monitor	A tornado watch means a tornado may develop...no overhead page given
Tornado Warning	Security to monitor	"Plan Weather Alert not in Effect."
Bomb Threat	Keep the caller on the line as long as possible. Do not hang up the phone. Notify Security from another phone.	"Plan Green now in effect."
Suspicious Person or activity	Call Security	None
Infant Abduction	Notify Nurse Manager or House Coordinator	"Plan Stork"

For further detailed instructions, please see the Safety/Disaster Manual in your department.