



Welcome to Augusta Health

New Team Member Orientation Self-Study
“Express Education”

The Orientation Process

Welcome to the Augusta Health team! This Express Education document is the first step in your onboarding experience. Express Education is a quick tour of key information you will need your first day on the job. After your hire date, you will attend a New Team Member Orientation session. New Team Member Orientation is an important part of the onboarding process to prepare you for success on the job and to help you better understand your role in our mission. New Team Member Orientation is mandatory for all employees, contract workers, students, and volunteers. Coordinated by your supervisor, you will also complete a departmental orientation where you will have the chance to ask and learn more about any topics and policies pertinent to your position. Ultimately, you are responsible for knowing and understanding the policies and procedures that apply to you.

Instructions for Completing Express Education

1. Review the Express Education document.
2. Print out the “Verification Checklist”, review and complete.
3. Be sure to bring the completed checklist with you on your first day of employment (or sooner once completed). You or your supervisor can send these documents to the Organizational and Talent Development department.
4. Consult with your supervisor or the Organizational and Talent Development department 540.332.4720 if you have any questions or concerns.

Your Resources for Orientation . . . and Every Day

Augusta Health is committed to your continual education. Continuing education helps us to take the best care of the patient and to meet various regulatory requirements. Education can occur both on a one-time and a yearly basis through a variety of methods (in-service, skills day, online, and in the classroom). All employees are responsible for completing all education, on time and with successful scoring.

Your supervisor, educators, trainers, and fellow team members will be your best resources during the orientation process. They can assist you with learning more about the Augusta Way and our policies and procedures.

HealthStream is our Learning Management System (LMS). You can use HealthStream to view your educational progress and to complete training assignments. You will learn more about HealthStream during your New Team Member Orientation session.

We use multiple communication channels to make sure you have the information you need to get the job done. All employees will have an email account and you’re expected to check it frequently for essential information. Pulse is our Intranet site and is a great resource for announcements, policies, procedures, job postings, benefits and much more. Look for more information about daily team huddles, department meetings, and town hall sessions during your departmental orientation.



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THE AUGUSTA WAY



Mission

Our Mission is to strengthen the health and well-being of all people in our communities. We are a non-profit, independent health system with community leadership. The members of our community board of directors are your neighbors. Profits remain local and are reinvested into the community. Our responsibility is to proactively meet the healthcare needs and expectations of the community. We have provided our community with the best healthcare possible for more than one hundred years. How are we able to achieve our mission?

- ✓ Over 225 active full-time physicians and 60 employed physicians
- ✓ Over 2,000 staff members and over 500 volunteers
- ✓ 255 beds
- ✓ Over 25 practice sites

Vision

Our Vision is to be a vibrant, independent, community-based healthcare system that is the first choice for patients, physicians, and employees. We accomplish this by providing a satisfying experience for patients, a collaborative relationship among health professionals, and clinical excellence.

Values

The Augusta Health Values are **P**atient and Community Centeredness, **P**rofessionalism, **E**xcellence, and **T**eamwork...or just remember P-P-E-T. Our success is dependent on each of us and our collective ability to demonstrate and live our values. Every employee and volunteer can make an important first and lasting impression on our patients, family, and community by practicing our values every day.

What does it mean to live our values? Let's review each value with five key ways you can demonstrate and live P-P-E-T each day. And remember . . . these are some starting points. You will find your own ways to incorporate P-P-E-T with each patient and team interaction.

Five Key Ways You Can Demonstrate Patient Centeredness

- 👉 Introduce yourself and welcome each patient by name whenever possible. For example, *"Welcome to Augusta Health, Mrs. Smith, we have been expecting you"* or *"Mrs. Smith, my name is Mary and I will be doing your test today"*.
- 👉 Ask patients about their preferences and involve them in their treatment plan and in all aspects of their care and stay.
- 👉 Treat each individual with dignity and respect . . . as they are the most important patient or visitor. Treat each patient as if they were a member of your family.
- 👉 Assure all patient information is completely confidential. We will talk more about this later in Express Education as part of HIPAA and PHI.
- 👉 Always end each encounter with a simple question, *"(Patient's name), is there anything more I can for you?"*

Five Key Ways You Can Demonstrate Professionalism

- 👉 Be sure to wear your name badge at all times while on duty. Project a positive, professional image at all times; in the hospital, in public, and on the phone.
- 👉 When dealing with complaints, remember a polite and speedy response is oftentimes more satisfying to a patient than resolving their initial reason for filing a complaint.
- 👉 Be respectful in all patient contacts. Remember the importance of body language. Make eye contact and smile. Speak clearly and slowly.
- 👉 Try to answer the phone within three rings and say *"Thank you for calling Augusta Health"*, state the name of your department, and always provide your first name.
- 👉 YOU are the most important ambassador for Augusta Health, so always talk positively to your friends and neighbors about the services we have to offer the community.

Five Key Ways You Can Demonstrate Excellence

- 👉 Safety is our number one concern. Always identify opportunities to promote safety for our patients and our co-workers. Look for any unsafe conditions or equipment, suspicious activities, or unclear policies or procedures. Report anything that might cause a safety issue to your supervisor immediately.
- 👉 Study your patient satisfaction scores to learn more about what makes for a satisfying patient visit experience. Work with your team to achieve high scores.
- 👉 Stay up-to-date on policies, procedures, and new technology in your work area to improve quality.
- 👉 Keep current on all mandatory education requirements for your role.
- 👉 Remember, Augusta Health is our community hospital and people will judge us on our hospital's appearance. Take the initiative to keep it clean by picking up trash or reporting any cleanliness problems immediately.

Five Key Ways You Can Demonstrate Teamwork


- 👉 Treat all team members professionally, with dignity and respect. Refrain from gossip.
- 👉 Take ownership and responsibility for your work area by participating in the development of team and department goals.
- 👉 Collaborate with team members to solve problems and to improve our organization.
- 👉 Introduce yourself to new co-workers and help new employees become part of the team.
- 👉 Be sensitive and tolerant of other employee's opinions and beliefs. If a conflict should arise and cannot be immediately resolved, contact your supervisor or manager.


We are a values-driven organization and work to intentionally bring more cultural emphasis through living our values. Read more about the Augusta Health values in the "Augusta Health Service Standards" publication. This booklet outlines how we put our values into practice every day. A copy also can be found on Pulse. It is required reading for new Augusta Health team members.


As part of our community health emphasis, our campus is a tobacco free environment. This includes all our facilities, on and off our main campus. The Tobacco Free Policy relates to all tobacco products, which include but are not limited to, smoking (e.g., cigarettes, pipes, cigars, cigarillos, electronic cigarettes, etc.) and/or using smokeless tobacco (e.g., snuff, snus, chew, spit, pellets, strips etc.) For employees and volunteers, contact Employee Health for nicotine replacement and smoking cessation alternatives. For our visitors, nicotine replacement therapy is available for purchase in the Augusta Health Outpatient Pharmacy. Preprinted orders for nicotine replacement therapy have been approved for our inpatients, along with smoking cessation materials.


Augusta Health Performance Pillars


Using our Mission, Vision, and Values to guide us, we have developed a game plan for success. We call this game plan our "Augusta Health Performance Pillars". These six pillars help us to identify those areas where we can achieve our mission and live our values.


 **Service** – Patient satisfaction; Goals tied to compensation and incentives.

 **People** – Employee engagement and wellness.

 **Quality** – Cost reduction by reducing clinical variation; Value based purchasing (core measures, patient satisfaction); Urinary catheter use reduction; Maintain hospital readmission performance.

 **Finance** – Profitability; Productivity; Service line performance; Cost management and LEAN principles; Stewardship.

 **Growth** – Invest in facilities and technology; Market share; Admissions; Outpatient encounters; Broader service capabilities and new practice site opportunities.

 **Community** – Community health-needs assessment; Evaluate strategic plan; Fund development; Governance.



KEY POINTS – THE AUGUSTA WAY

- 🔑 Our Mission is to strengthen the health and well-being of all people in our communities.
- 🔑 Our Vision is to be a vibrant, independent, community-based healthcare system that is the first choice for patients, physicians, and employees.
- 🔑 The Augusta Health Values are **P**atient and Community Centeredness, **P**rofessionalism, **E**xcellence, and **T**eamwork. Remember, **P-P-E-T**.
- 🔑 Our Performance Pillars are Service, People, Quality, Growth, Finance, and Community.
- 🔑 You can make an important first and lasting impression on our patients, family, and community by practicing our values every day.

OUR OBLIGATIONS

DNV-GL, Performance Improvement and Risk Management

Hospitals that receive Medicare and Medicaid funding must be accredited by an organization approved by the Center for Medicare and Medicaid Services (CMS). Augusta Health is accredited by DNV GL, which is a CMS approved accreditation organization for hospitals. DNV GL has been approved by CMS since 2008 and is the second largest accreditation organization for hospitals in the United States.

DNV GL uses the NIAHO® (National Integrated Accreditation for Healthcare Organizations) and ISO 9001 (International Organization for Standardization) programs to align accreditation with CMS Conditions of Participation (COPs). DNV GL's purpose in healthcare is to focus on quality and safety for patients and to safeguard life, property and the environment. The DNV GL accreditation program is more than just another way to validate Medicare and Medicaid compliance; it is a complete foundation for quality and process management that reverses the "gotcha" mentality of surveys, and engages everyone, from top management to frontline staff to contribute new ideas.

DNV GL conducts annual surveys instead of the old-style of one every three years, which helps lower the stress on our staff and boosts the level of readiness since we continuously prepare throughout the year. All staff must be able to answer surveyors' questions when asked, therefore it is critical for you to keep up with all mandatory training in preparation for the surveys.

Performance Improvement

Performance Improvement (PI) is exactly what it sounds like — improving our performance (costs, staffing, errors, satisfactions, safety, and timeliness). PI is done through data collection and analysis of information such as mortality rates, surgical events, medication errors, nosocomial infections, and patient satisfaction.



Risk Management

Risk Management (RM) is a proactive approach to safety and error reduction and includes medical malpractice and liability prevention. Augusta Health is insured and all employees and volunteers are covered as long as they work within the scope of their job description. At the heart of the RM program is Event Reporting through Meditech. Event Reporting is our internal, self-reporting of events that deviate from the expected, and/or when a variation from the set policy and procedures occurs. In the legal world, the Event Report is a protected document, and if mentioned in the chart, is discoverable.

All employees and volunteers have an obligation to report any events that are witnessed, discovered, or committed. A report includes a description of the event, how/if the patient was affected and what type of corrective action was taken as a result. It is very important to report events to protect ourselves and to initiate process improvements. Reporting events enables us to see patterns or trends that could prevent a serious outcome for a future patient. This proactive focus allows us to make Augusta Health a safer place for all our patients.

Compliance

Augusta Health is dedicated to providing the highest quality medical care to patients and to improving the overall health of the community. Our expectation is that we maintain the highest ethical standards and always comply with all laws, regulations and professional standards. Our compliance program ensures we all are committed to the prevention and detection of violations of the laws, regulations and standards; protects our patients' rights; and shows we try to "do the right thing". The compliance program also helps reduce financial loss through accurate coding and the prevention of billing errors.



Every department at Augusta Health has some type of agency regulation to follow. For example, Nutrition Services is regulated by the state health department's guidelines, Radiology has Nuclear Regulatory Commission standards to follow, and Environmental Services adheres to the Virginia Department of Environmental Quality policies. Be sure to learn what department specific regulations apply to you and complete all compliance training.

Documentation is a key component of our compliance program. All documentation is to be descriptive and accurate, complete, legible, timely and signed/dated/timed. Our facility uses the Neil Davis Book of Abbreviations, so be sure to locate your unit's copy. You should also identify the unapproved abbreviations and learn how to properly correct any entry errors.

Every employee, volunteer, student, or contract worker has a responsibility to help the community keep a strong, honest, and viable hospital. Reporting concerns and asking questions when something does not seem right will help us to monitor our compliance policies. What are some examples of reportable compliance issues?

What are some examples of reportable compliance issues?

- Submitting a bill for services not medically necessary, not documented, or not actually provided
- Billing separately for services that should be billed as a single service
- Drug diversion (illegal sale or redistribution of drugs)
- Quality of care concerns- may require a bill hold or review
- Emergency medical treatment access (EMTALA) issues
- Scope of practice issues (licensure/certification)
- Documentation concerns (falsification/medical necessity)
- HIPAA privacy/security issues

Here are some simple steps for you to help us remain compliant.

- Follow all policies and procedures.
- Ask questions or report any concerns if something does not seem “right”. Augusta Health has a non-retaliation environment.
- Help team members to be compliant by reminding them of policies and procedures.

If you observe or suspect misconduct or a violation of a compliance policy, you can report the action by any of the following methods.

- Use the chain of command/immediate supervisor.
- Contact the Chief Compliance Officer, Scott Jones at 540.245.7455 or sjones1@augustahealth.com or ComplianceHotline@augustahealth.com.
- Use the anonymous compliance hotlines. Call 888.750.3230 or visit <https://www.augustahealth.com/compliance> (enter Augusta Health).

You have a duty and personal responsibility for our compliance. Things you do on a daily basis may impact other areas of the hospital you may not expect. For example, if you forget to document something that is billed, Augusta Health could be fined for billing for services not provided. Be aware of the potential sanctions and penalties for compliance violations.

HIPAA and PHI

Every patient has the right to privacy and confidentiality and Augusta Health is committed to protecting the privacy of our patients' health information. It is your responsibility to keep our patients' information safe and confidential. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that prohibits hospital representatives from disclosing confidential information. HIPAA recognizes the importance and value of this commitment and makes it a legal responsibility of healthcare professionals. Healthcare providers must be familiar with both state and federal laws relating to the use and disclosure of health information. HIPAA also establishes national standards for the privacy and security of individually-identifiable health information, also known as Protected Health Information (PHI).

How can we protect patient privacy and confidentiality? Access to PHI is for patient care or legitimate work needs only. Ask yourself, “Do I need this information to perform my job?” or “Does the person with whom I am about to share this info need to have it for patient care or to do their job?”. Consider whether you would want the information shared with others if you were the patient. Here are some other ways we can protect our patient’s information.

- We are not careless with our paperwork, our conversations or our computer access. We protect our computer password. We do not leave the computer workstation with patient information displayed. We dispose of confidential information in secure shred bins.
- We embrace Augusta Health’s privacy and security policies.
- We are proactive about protecting PHI. We report suspected violations of privacy and/or confidentiality to Compliance.
- We do not look up any PHI unless it is required to do your job. We only access patient information for those who we are directly caring for as part of our job. Curiosity is not a reason to look up patient information.
- We do not discuss PHI with family/friends even if we think the patient wouldn’t mind.
- We transmit PHI via email for business needs only and through the use of our Augusta Health email address. We do not use a personal Webmail account (Google, Yahoo, etc.) to send or receive PHI, and we do not send PHI to any personal email addresses (unless a patient requests and permits their PHI be sent to their own email address). We send emails containing PHI using “Send and Encrypt” or with “Secure” in the subject header. All emails and Web traffic are monitored for the transmission of PHI.
- We double-check fax numbers and always use Augusta Health fax cover sheet when faxing patient info.
- We double-check all paperwork prior to handing/mailing to verify the information is intended for the correct patient.



Augusta Health **DOES** permit employees to access their own PHI. Do not access the PHI of your spouse, children, other family members, neighbors or friends. To obtain copies of a spouse or child’s medical records, contact Health Information Management.

To assist with privacy and confidentiality, be sure to review all computer awareness policies and training assigned to you. All users are assigned a unique user ID for log-in purposes; no one can have the same username. Your user access to patient information is limited to the minimum amount of information needed for your job and is reviewed consistently for inappropriate use. Do not share your password with anyone; protection of your password is your responsibility. If you need to walk away from your computer, be sure to suspend or lock the computer before leaving the work area.

Disclosing Information to Patient’s Family and Friends

If family and/or friends are present, ask the patient for their permission to discuss their care in the presence of others. A patient may request to be a confidential patient. If so, do not give out any information to anyone who may ask about the patient. Once admitted, inpatients may request a four-digit code they can give to family members or friends who may call to request information about their condition. If the caller has the patient’s authorization code, it is an indication the patient has approved the caller to receive information regarding their care.

Unless the patient is registered as confidential, HIPAA allows the release of information as follows.

- Caller must first ask about the patient by name.
- You can then acknowledge the person is a patient.
- You can provide the patient's location in the hospital.
- You may give a brief (one or two words) description of the patient's condition (i.e., stable, critical, resting well).

Information about patients on the Crossroads Behavioral Health Unit or those in the Alcohol/Drug Recovery program may only be shared by trained staff from those units and only in accordance with established unit and/or Federal policies.

Compliance Contacts

Scott Jones, Chief VP, Chief Compliance and Privacy Officer

540.245.7455

sjones1@augustahealth.com



Compliance Hotline: 888.750.3230

Or send an e-mail to:

ComplianceHotline@augustahealth.com

Online at:

<https://www.augustahealth.com/compliance>

(enter Augusta Health)

You may report anonymously

Patient Rights and Responsibilities

Augusta Health must inform every patient or designated decision-maker of their rights. We accomplish this by providing patients with a copy of "Patient Rights and Responsibilities". "Patient Rights and Responsibilities" are also posted in different areas of the organization, such as outpatient clinics and Augusta Health physician practices. Patients must be given information about their rights, knowledge of how to exercise their rights, resources to whom to complain if there is a concern, written information on advance directives, and notice of non-coverage when we are aware a service may be terminated or not covered. The federal government has created strong penalties and fines for not meeting these regulatory requirements.

We also have a responsibility to provide information on patient rights in a language patients and their families understand and prefer. Civil rights laws currently protect patients who have language barriers and our facility must meet these requirements. When dealing with patients, family members, or visitors who have special communication needs, we must provide accommodations to provide effective communication. This includes a telephonic language line, video remote interpreting, in-person interpreters, large print materials, telecommunications device for the deaf (TDD) access and other necessary steps to provide effective communication.

You play a very important role in patient rights. Be aware of your patient's rights and responsibilities. These can be reviewed on the Augusta Health website under the "Patients and Visitors" tab. When a patient or their decision maker asks a question, you will be able to guide them in the right direction. Be sure you are doing your part to communicate effectively with the patient. Pulse has interpretation information or you can discuss options with the nurse assigned to the patient. Ask questions and seek information if you feel we are not meeting the patient's needs. Think of ways to improve the process and give the suggestions to your supervisor.

Disability Awareness

Under the Americans with Disabilities Act (ADA), a person with a disability is:

- A person with a physical or mental impairment that substantially limits one or more major life activities (i.e., breathing, walking, concentrating, etc.),
- A person with a record of such physical or mental impairment, or
- A person who is regarded as having such impairment.

People with disabilities face many barriers at provider sites, such as architectural barriers, inaccessible exam tables and weight scales, lack of interpreters and inflexible office procedures. They will often report being treated unfairly at practitioner offices because of their disabilities, often facing negative attitudes and a lack of knowledge about treating people with their specific disability.

Health promotion and prevention programs seldom target people with disabilities, resulting in inadequate receipt of preventive diagnostic testing they may require. Historically, care has focused on the disability at the expense of a primary care focus. Some people may be unable to open a door, climb stairs, fill out a form, or see or hear as a result of a disability. For people with disabilities, getting health care is difficult due to this lack of access.

Accessibility may need to be provided in an array of areas such as the following.

- Communication – Deaf or hard of hearing, blind or low vision, or intellectual disability may require more time and alternative materials
- Physical – Wheelchair accessibility and counter heights.
- Medical Equipment – Scales, exam tables, chairs, and patient transfer lift.
- Programs – Procedures and practices.

Ensure physical, communication, and programmatic barriers do not inhibit participants with disabilities from obtaining all covered items and services.

- Look to be flexible in scheduling as an accommodation.
- Use quiet spaces and/or help in filling out forms.
- Provide extra time for instructions or explanation of care. Use simple language for medical instructions and forms.
- Use interpreters for those who are deaf or hard of hearing, or whose first language is not English.
- Use materials in alternate formats, including the option of large print or electronic text-to-speech programs.
- Ensure there are no obstructions in pathways that would inhibit free movement. Confirm routes of travel are easily navigable and accessible.

- Do not make incorrect or discriminatory assumptions about people with disabilities, i.e., people with disabilities cannot make informed decisions about their own care or people with mobility disabilities will not profit from exercise or nutritional programs.

Diversity

Simply put, diversity is allowing and respecting differences until the differences don't make a difference anymore. At Augusta Health, diversity refers to the differences we recognize in ourselves and in others. Diverse environments are beneficial because they can promote a better understand of our differences, encourage creativity, and increase productivity. Diversity includes any differences based on:

Race	Gender	Ethnicity
Culture	Sexual Orientation	Physical Ability
Physical Aspects	Speech Patterns	Level of Education
Religious Beliefs	Economic Status	Social/Familial Status
Occupation	Value System	Country of Origin

You may not like or agree with everyone you encounter, but you do have an obligation to treat everyone with respect and equality. Do all you can do to promote an environment of respect and acceptance to the various beliefs and ideas of your co-workers and patients.

- Think before you speak. If you accidentally offend someone, immediately apologize.
- Be sensitive to others.
- Listen more. Being heard increases a person's self-esteem, confidence, and cooperation.
- Avoid generalized language that suggests all or most of a group are the same. We are all individuals. Do not assume a person belongs to a group based on any one characteristic.



KEY POINTS – OUR OBLIGATIONS

- 🔑 Augusta Health is accredited by DNV GL, which is a CMS approved accreditation organization for hospitals. DNV GL has been approved by CMS since 2008 and is the second largest accreditation organization for hospitals in the United States.
- 🔑 Our compliance program ensures we all are committed to the prevention and detection of violations of the laws, regulations and standards, and protects our patients' rights. You have a duty and personal responsibility for our compliance.
- 🔑 Every patient has the right to privacy and confidentiality. It is your responsibility to keep our patients' information safe and confidential.
- 🔑 Be aware of your patients' rights and responsibilities. These can be reviewed on the Augusta Health Website under the "Patients and Visitors" tab.
- 🔑 Ensure various barriers do not inhibit our patients with disabilities from obtaining all covered items and services.
- 🔑 Do all you can do to promote an environment of respect and acceptance to the diverse beliefs and ideas of your co-workers and patients.

PATIENT CARE

Recognizing and Reporting Suspected Patient Abuse and Neglect

Whether you are a staff member, student, contract worker, or volunteer, it is your responsibility to take the appropriate actions to ensure the safety and well-being of our patients at all times. This includes your awareness of the signs of potential abuse or neglect and reporting any suspected patient abuse or neglect to your supervisor.

What is abuse? Abuse is when the individual has been subjected to a non-accidental infliction of injury by a relative, caregiver or adult household member. Some examples would be physical, emotional, psychological, sexual abuse or financial exploitation. Abuse occurs in all age groups and the injuries may not be visible or match the situation. Often, the abuser may have been abused or learned the behavior as a way to cope or control.

What is neglect? Neglect is when a caregiver fails to provide medical or physical care, proper nutrition or satisfactory hygiene to their patient.

Under Virginia law, all healthcare workers are required to report any suspected case of abuse. Such persons are protected from civil and criminal liability. Immunity from liability also extends to the taking of photos and x-rays and the dissemination of these with the required reports. Trust your gut...report any suspected abuse or neglect.

What should you do if you suspect a patient has been subjected to abuse or neglect? You should report the abuse or neglect to your supervisor or to the Department of Social Services. A hospital social worker is available as a resource should you have any questions about whether a referral to the Department of Social Services is indicated or mediation between the hospital and family system is needed. In instances when you do not know which agency to contact, you can call the state abuse hotline at 800.522.7096 or the local sheriff's department.



When reporting abuse or neglect, you will need to provide the following.

- The name, age, address of the person, and guardian information (if known) and the identity of the abuser (if known).
- Any other information you believe would be helpful in establishing cause of injury or neglect.
- Your name and title. In Virginia, you do not have to identify yourself and you can request your identity not be revealed.

Document the report in the patient's record and the name and identity of the person receiving the report (licensed professionals).

The police are to be notified if there is evidence of physical assault and if the patient's return home may result in further injury. The police also are to be notified in cases when a weapon was used in the commission of the assault or injury.

Notify the department director, social worker on call, and attending physician of the report.

Hourly Rounding

Consistent rounding lets our patients know they are not alone. Rounding is not just looking in the room to document if the patient is up in a chair, sleeping in the bed, or talking on the phone. Rounding is addressing the patient by name, explaining who you are and presenting yourself in a friendly, helpful and courteous manner. If you are consistently rounding, you will build your patients' trust in you as their healthcare professional and let them know what they can expect from their time with you. With hourly rounding, we can greatly reduce call light use; reduce the frequent interruptions, noise and activity level increased by unmanageable call light use; and reduce the travelling back and forth to the patient's room.

Any member of the patient care staff will visit all patients at least every hour. The key to successful rounding is ongoing communication between all care providers and all disciplines involved in the patients' care. Rounding is a proactive approach to meeting our patients' basic needs, resulting in positive outcomes such as increased patient satisfaction.

If you are a member of the ancillary staff, how can you help? What is your role in rounding? All disciplines may participate in patient (hourly) rounds to assure patient safety and well-being. Always notify the nursing staff of a patient's needs if you are unable to address. Hourly rounding by the ancillary staff does not replace the nursing responsibility for the patient and the commitment to hourly rounding.

All staff (clinical and ancillary) should review the safety of the room and address or report any patients' needs and requests as appropriate to the role. The clinical staff should include the three Ps and three Rs on their rounds. Ancillary staff can use the three Ps and three Rs if it is within your scope of practice.

3 Ps	3 Rs	Positive Outcomes
Pain – Evaluate the patient’s pain level, provide intervention and/or medication. Ask “How is your pain?”	Rounds – Round for patient safety; prevent a fall or serious injury.	Within the next hour, round again, evaluate the plan, and document reassessment within the hour time frame.
Potty – Offer assistance to use the BSC, BR, bedpan, or check for incontinence. Ask “Do you need to use the restroom?”	Rooms – Check the room for safety. Ask yourself, “If I had to get in this room in an emergency, what would prevent me from getting to my patient?” Does the patient have a clear path to the bathroom?	Minimizes falls Minimizes skin breakdown from incontinence Enhances mobility
Position – Help the patient get comfortable. Ask “Is there anything else I can do for you before I leave?”	Relatives – Respond to questions, involve in plan of care, and express concern. Reassure the patient, remind when you will return.	Increases patient satisfaction Enhances interventions provided Opportunity for interaction

These simple questions guarantee answers. It demonstrates concern and leaves the impression you have time and care about the patient. Be sure not to wake patients while performing hourly rounds, as rest is a vital component of the healing process.

Fall Prevention Program

The fall prevention program identifies those patients who are at a high risk to falls. This includes the education of the staff, patient, and family to offer intervention for fall prevention. All staff and volunteers at Augusta Health should be familiar with the fall prevention program and policies. Be sure to review the policies, learn more about the signage, what you can do to keep our patients safe from falls, and how you can educate families and patients about the program.



The nursing staff assesses every patient for fall risk. It is everyone’s responsibility to identify safety risks and concerns and report promptly. It is also your responsibility to report any falls, whether a patient, family member, visitor, or staff member.

Hospitalized patients at a high risk for falls will have the following indications.

- Yellow armband on patient’s wrist
- Use of yellow non-skid socks
- Use of bed alarms and chair alarms
- Risk or recent fall included in shift report
- Use of bedside commode unless contraindicated by physician or patient plan of care

Pediatric patients with a high risk for fall will have these indicators.

- A Humpty Dumpty magnet on the door outside the room
- Will have staff or family in attendance at all times
- Use of bed alarms and chair alarms

Outpatient areas have fall prevention policies adapted to their specific needs.

If you are not a member of the direct care staff and hear the bed/chair alarms, please be aware of the area. If you find a high-risk patient standing, walking, or trying to get out of bed unassisted:

1. Introduce yourself and state you are there to help,
2. Have the patient sit down,
3. Notify the patient care staff of the patient's need for assistance, and
4. Stay with the patient until the patient care staff arrives.

There are some simple things we all can do to help minimize fall hazards. Keep the rooms and hallways free of clutter, allow for easy access to handrails and avoid trip hazards. Always lock wheels on beds and stretchers when not moving. Keep beds in the low position when not giving patient care. Clean up spills immediately. Keep items within easy reach of the patient, such as eyeglasses, hearing aids, walkers, etc.

Stroke/STEMI

A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts (or ruptures). When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it and brain cells die. Stroke is the fifth leading cause of death, killing more than 137,000 people each year.

The infographic is a horizontal banner with a dark blue border. It features six columns, each with a small image at the top, a large blue letter in the middle, and a description below. The columns are: 1. A person's legs and feet with a cane, labeled 'B' for 'loss of Balance or coordination'. 2. A hand with fingers spread, labeled 'E' for 'trouble seeing out of one or both Eyes'. 3. A close-up of a man's face, labeled 'F' for 'Facial weakness'. 4. A hand holding a white cup, labeled 'A' for 'Arm weakness'. 5. A close-up of a person's mouth, labeled 'S' for 'Speech difficulty'. 6. A hand holding a smartphone with '911' on the screen, labeled 'T' for 'Time to call 911'.

BEFAST is an easy way to remember the sudden signs of stroke. If you notice someone experiencing signs and symptoms of stroke, immediately call for help. Inside of the hospital, you would call a STROKE ALERT; outside of the hospital, you would call 9-1-1.

Augusta Health uses best practices in stroke care and has advanced certification DNV as a primary stroke center. If you have additional questions regarding the stroke program at Augusta Health, please refer to your department director or the stroke coordinator at 5741.

For more information about team member safety or for any questions or concerns, please contact the Nursing Supervisor team. They are available 24/7.

NAME	TITLE	OFFICE	MOBILE
Emergency Contact	Nursing Supervisor Team	540.932.4100	540.448.0162



KEY POINTS – PATIENT CARE

- It is your responsibility to take the appropriate actions to ensure the safety and well-being of our patients at all times. This includes recognizing signs of abuse or neglect, hourly rounding as a proactive approach to patient care, and understanding the fall prevention program.
- Be sure to review the fall prevention program so you can keep our patients safe from falls and educate families and patients about the program.
- Under Virginia law, all healthcare workers are required to report any suspected case of abuse or neglect. You should report the abuse or neglect to your supervisor or to the Department of Social Services.
- Recognize the signs and symptoms of a stroke using BEFAST.

SAFETY

Emergency Codes and Emergency Operations Plan

Emergencies can happen at any time, so all staff, volunteers, students and contract workers need to be prepared ahead of time. During your departmental orientation, you will review the Emergency Operations Plan (EOP) found on your unit. (An electronic copy also can be found on Pulse.) Be sure to learn your exit routes, the location of emergency equipment and the communication system used in your work area. Your responsibility in an emergency is to know the procedures and duties ahead of time. In an emergency, report to your supervisor for directions. If you are off-duty, report to duty only if you are called to do so. Bring your badge and report to your supervisor upon arrival.



Emergency Codes

Special emergency code names are in use inside the hospital or Medical Office Building (MOB). If you are inside of the hospital or the MOB, you should call 2222 and announce the code word with exact location of the emergency. The security dispatcher will announce the code over the intercom and the appropriate teams will be activated. If you are elsewhere on the Augusta Health campus or at an off-site location (i.e., clinics), you should call 911.

All employees, regardless of location, must be familiar with all policies and the internal code names.

Plain Language Code	Emergency Event
Security Alert + Bomb Threat + Details	Bomb Threat
Security Alert + Armed Intruder + Details	Active Shooter or Hostage Situation
Attention Please + Evacuation + Details	Evacuation
Attention Please + Hazardous Material Incident + Details	Hazardous Spill
Attention Please + Surge Alert Mass Casualty Incident + Details	Mass Casualty Incident
Attention Please + Missing Patient + Details	Missing Adult
Attention Please + Tornado Warning/Watch + Details	Tornado
Code Blue	A patient or visitor (pediatric or adult) needs a physician
Code Red	Fire or Fire Alarm Activation
Code Green	Crisis Intervention
Code Pink	Infant Abduction
Code Adam	Missing Child or Abduction

In preparation for a Code Red alert, you should be familiar with a couple of acronyms — **RACE** and **PASS**.

When approaching a fire or a suspected fire, remember RACE.

- **R**escue the patient or other staff. Know the evacuation routes from your department. When evacuation is ordered, move patients horizontally to an unaffected area on the same floor. Never use the elevators. Stay calm and give clear, exact directions. Once a room is evacuated, place a bed pillow or other white linen item on the hall floor in front of the patient’s room to show the room has been cleared. Close all patient room doors and clear the hallways. Make sure to group and account for all patients, visitors, and employees.
- **A**larm – Activate the nearest the fire alarm. Dial 2222 (or call 911 if outside the main hospital).
- **C**ontain smoke and fire, close the doors. Remain in a safe area until “all clear” is paged. Do not reopen doors unless you have felt to make sure the door is cool to the touch. Offsite locations can begin evacuation.
- **E**xtinguish the fire or evacuate the patient if so ordered.

To use a portable fire extinguisher, remember **PASS**.

- **P**ull the pin between the handles of the extinguisher.
- **A**im the nozzle at the base of the fire.
- **S**queeze the handles together.
- **S**weep from side to side.



Workplace Violence

Prevention is the best protection of workplace violence. Treat everyone with respect. Be friendly and listen. Respond promptly in a caring manner to help others to feel as comfortable as possible. Trust your gut feelings and watch for warning signs of violence.

- Frequent absences or tardiness
- Extreme or bizarre behavior
- Drug or alcohol problems
- Depression
- Poor impulse control
- Talking about or carrying weapons (only security and law enforcement are allowed to have weapons on Augusta Health premises)
- Verbalizations such as *"I'll get even with you"*, *"This place would be mass confusion if someone switched some of the charts"*, *"If I get fired, I won't be leaving alone"*, or *"They won't forget me after I leave this place"*.



In addition to the warning signs, you may notice physical indications that an individual may become violent.

- Staring into space
- Flushed face and rapid breathing
- Tense or anxious posture, frequent shifting
- Pacing or restlessness
- Challenging authority, screaming, shouting, threats, frequent profanity
- Person stops interacting, "closes off" completely

Report all incidents or suspicious behavior promptly to security, your manager, or shift supervisor. If the situation is dangerous, or likely to become dangerous, call 2222 (inside the hospital) and call for a code green. If you are at another location outside of the main hospital building, call 911. It may be appropriate to notify Augusta Health security as a second call. Remain calm and remove yourself from danger. If an employee is assaulted or battered, they should seek medical attention and as well as counseling.

Report every violent incident, no matter how trivial it may seem.

Augusta Health is committed to promoting a safe work environment and has a zero-tolerance policy for workplace violence, including lateral or co-worker to co-worker violence. This includes bullying, harassment, intimidation, belittling, gossip, inappropriate or aggressive behaviors, teasing, ignoring, cursing or shouting. Augusta Health has a “no-retaliation” policy for those employees who report such incidents in good faith.

Hazardous Materials

Your job at Augusta Health may involve the handling, transporting, and/or disposing of hazardous substances. It is important for you to complete all safety training programs and follow all procedures to minimize any danger to yourself and to others. It is the law, our policy, and the safest practice.

Examples of hazardous materials and waste include the following.

- Chemicals and Chemical Waste (acids, bases, and solvents, alcohols, creams and gels, pharmaceuticals, paints, solvents, oils, fuels, and cleaning supplies)
- Hazardous Drugs (chemotherapeutics/cytotoxic, antivirals, hormones, and other drugs)
- Radioactive Materials and Waste (radiology, nuclear medicine, anywhere x-rays are taken, radioactive implants, and anywhere lasers are used)
- Regulated Medical Waste (see waste management section for more info)
- Flammables, Corrosives, Poisons/Toxins, and Reactives

You have responsibilities in the safe handling of hazardous materials.

- Do not handle any substance without proper training.
- Always read the product labels and Safety Data Sheets (SDS) provided by the material manufacturer and adhere to all procedures regarding waste disposal. SDS sheets are located on Pulse and are accessible 24/7 for your review.
- Store chemicals in designated areas.
- Ensure adequate ventilation when working with chemicals and never mix chemicals.
- Use only approved disinfectants, absorbents, and neutralizing chemicals.
- Notify your immediate supervisor or person in charge when problems or violations occur.
- Always use the appropriate personal protective equipment (PPE) when handling hazardous and infectious waste.



It is important for you to know the danger of these hazardous substances and how to prevent exposure. You can be exposed to these hazardous materials in various ways.

- Injuries from sharps (needles sticks, broken glass, etc.)
- Inhaling dust, vapors or gases
- Swallowing
- Absorption through skin
- Contact through broken skin
- Splashes into eyes

Waste Management

During all medical activities, it is crucial to prevent the exposure of healthcare workers, patients, waste handlers and the community to infections, toxins, and other hazardous healthcare waste. Healthcare waste management (HCWM) is the process that helps to ensure proper hospital hygiene and safety of healthcare workers and communities.

Disposal of Healthcare Waste

Regulated medical waste (RMW) must be contained in two leak-proof red plastic bags. Bags must be sealed by twisting the open end and “goose necking” with waterproof tape so fluids cannot leak out of the bags. All bags must be labeled with the name of the hospital, room or area number, the date, and the RMW symbol.

All these items are considered to be RMW.

- Cultures/stocks or microorganisms and biologicals.
- Human blood and human body fluids, as well as waste containing human blood or human fluids, i.e., urine, body fluids or items contaminated with blood or body fluids.
- Tissues & other anatomical wastes.
- Sharps (needles, blades, broken glass, syringes with attached needles, sutures needles, scalpels). Sharps are to be placed in specially designed sharps containers.
- Any residue or contaminated material used in clean-up of RMW.
- Any solid waste contaminated by or mixed with RMW.
- Bandages, gauze and other absorbent materials that are saturated or would release human blood or body fluids in a liquid or semi-liquid state if compressed.

Place all medical glass, broken glass, evac jars and pleuro vacs in a large eight-gallon sharps container. Suctions with blood and body fluids may be placed in a red waste bag and placed in trash cans in the dirty utility room, but must contain isolate. See your manager or preceptor to find out where medical waste pickup areas are in your unit or department.

Solid waste is accumulated from the operating rooms, laboratories, patient rooms, emergency rooms, dirty utility rooms, labor and delivery, critical care, and treatment rooms. All the following waste items are to be placed in a clear trash bag.

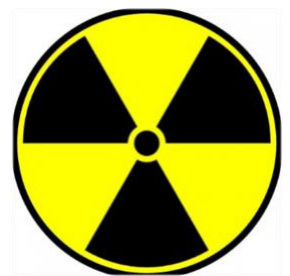
- Empty medication vials.
- Uncontaminated surgery packs and other packaging materials.
- Diapers, facial tissues, sanitary napkins, under pads and adult incontinence products (unless healthcare professionals determine these items to be RMW).
- Surgical drapes – If not contaminated.
- PPE (gowns, gloves, masks) – If not contaminated.
- Procedure trays (disposable) – If not contaminated.
- Material not including sharps, containing small amounts of absorbed blood or body fluids, i.e., band aides, cotton balls, 2x2 gauze, etc.
- All other solid wastes not listed in the Department of Environmental Quality (DEQ) regulations & not identified by healthcare professional as infectious.
- Glass.
- Empty urine bags and tubing, suction canisters and tubing, IV solution bags and tubing, colostomy bags, ileostomy bags, urostomy bags, plastic fluid containers, internal feeding containers and tubing, hemo vacs and urine specimen cups, urinary catheters, plastic cannula, IV spikes, nasogastric tubes, oxygen tubing and cannula, ventilator tubing, enema bags and tubing, enema bottles, thermometer probe covers, irrigating feeding syringes, and bedpan/urinals.

Report all exposure incidents to your supervisor, charge nurse, and/or instructor immediately (within two hours). Know all emergency procedures and always follow infection control procedures when cleaning and disinfecting rooms, floors and equipment, the handling, storing, and transporting of lab samples, laundry, and cleaning up spills.

Radiation and MRI Safety

Radiation Safety

When using proper precautions, ionizing radiation is safe and very useful. In the medical community, radiation is primarily used to diagnose illnesses, provide therapy to treat cancer, and for medical research. A three bladed design that is magenta, purple or black on yellow background is the international symbol for radiation. Every employee should recognize this radiation hazard sign. It may be located on doors to departments, hallways or rooms, work areas within a restricted area, waste cans, package labels, fume hoods, sinks, and refrigerators. All radioactive materials must be clearly labeled. If you see this sign in your work area and are unsure of what to do, you should contact the radiation safety officer immediately.



Many areas throughout the hospital have the potential for employees to receive small amounts of radiation exposure. Always be sure you are permitted to enter any posted area before entering. You should be aware of the following areas where there is potential for higher exposure to radiation.

- Radiology Department
- Cancer Center
- Nuclear Medicine
- Interventional Cardiology Lab

If you are assigned to work in any of these areas, you will have a department specific radiation orientation. If you do not work in these areas, but have questions concerning radiation exposure, contact the radiation safety officer.

Magnetic Resonance Imaging (MRI) Safety

MRI is a diagnostic imaging procedure that uses a large magnet to produce pictures of a body's internal organs. Remember, the MRI magnet is always on, so patients and staff should not go into the room without screening and without an MRI tech present.

Other Safety Guidelines

Medical Equipment

Do not operate any medical equipment until you have been properly trained to use that specific piece of equipment. Report any medical equipment malfunction to the Maintenance or Clinical Engineering Department. Complete and attach the "Equipment Malfunction" tag to the defective equipment.

Always keep portable oxygen cylinders secured in the upright position in the rack or on the cart.

Utilities and Electrical Safety

There are emergency power receptacles (red colored outlets) located throughout the hospital. Only essential equipment should be plugged into these outlets.

Electrical safety guidelines

- Report cracked or broken outlets and light switches.
- Report flickering lights and switches that seem hot to the touch.
- Report power cords with cuts or damage.
- Use only hospital-supplied extension cords and outlet strips.
- Use only hospital-supplied portable space heaters.
- Inspect patient-owned medical equipment prior to use.
- Turn off equipment using the power switch before unplugging from receptacle.

For more information about team member safety or for any questions or concerns, please contact the Environment of Care and Safety and Biohazardous Waste Disposal team. They are available Monday through Friday, 8am-5pm.

NAME	TITLE	PHONE	E-MAIL
David Farmer	Director of Emergency Management and Safety	540.332.5028 804.898.0050	dlfarmer@augustahealth.com
Tony Helmick	Director of Environmental Services	540.932.4761 443.928.3081	ahelmick@augustahealth.com
Ken Fortune	Assistant Director of Environmental Services	540.332.4586 540.241.0476	kfortune@augustahealth.com

Team Member Return to Work after Illness

If you are out three or more days, you must be cleared through Employee Health prior to your return to work. Employee Health’s operating hours are Monday through Friday, 8am-4.30pm.

- You must be fever free without the use of fever reducers (i.e., Tylenol, ibuprofen) for 24 hours.
- You must be free of diarrhea and/or vomiting for 24 hours.
- You need to file a claim with Matrix Absence reporting at matrixabsence.com or 877.202.0055.

Reporting Work Injuries and Exposures

Standard precautions are a set of infection control practices used to prevent the transmission acquired by contact with blood, body fluids, non-intact skin and mucous membranes. Standard precautions should be used with all patients, every time, with all encounters.

Standard precautions include hand hygiene, use of personal protective equipment (e.g. gloves, masks, eye protection respiratory hygiene/cough etiquette, sharps safety). One-time use items never should be reused. Contaminated PPE should be removed before leaving the work area. Additional information will be found in the Infection Prevention and Control section of this course.

Bloodborne pathogens are present in blood and capable of causing illness and disease. Transmission occurs through contact with contaminated blood and body fluids. Bloodborne pathogens causing the greatest risk include hepatitis B, C and HIV. Symptoms may include malaise, fever, fatigue, muscle aches. HIV, HBV, and HCV can be spread by contact (or touching) blood or other body fluids including saliva (such as when someone bites another person), semen and vaginal fluids.

Certain sites within the body that normally are sterile may contain fluids that contain bloodborne pathogens. These fluids include cerebrospinal (spinal) fluids, synovial (joint) fluid, pleural (lung) fluid, peritoneal (abdominal fluid) fluid, pericardial (heart) fluid, or amniotic (uterine) fluid. In other words, blood can be present with nearly any human bodily fluid. Do not touch without wearing gloves and any other appropriated types of PPE.

For more information, please refer to Augusta Health Exposure Plan on Pulse.

Needle Sticks/Sharps and Body Fluid Exposure Safety

Exposures can cause fear and anxiety – don't panic. There are steps you can take to reduce your risk.

- If exposed by a sharp, "milk" the site (make it bleed) and wash thoroughly with soap and water.
- If splashed by a body fluid, rinse the eyes for ten minutes at an eye wash station or sink.
- Report the incident immediately to your supervisor and Employee Health so you are able to receive a post-exposure evaluation, necessary medical attention and follow up. This evaluation and follow up is at no cost to the employee and includes documenting the route(s) of exposure and circumstances under which the exposure incidence occurred, identifying and testing the source patient, offering exposure prophylaxis, and evaluating reported illness. Employee Health's operating hours are Monday through Friday, 8am-4.30pm.
- All needle sticks/sharps injuries are OSHA-recordable and must be reported within two hours, even if it is a clean needle stick. Timely reporting ensures labs are drawn on the source. If no labs are drawn on the source, it is treated as if the source is unknown like in the scenario above.

How Can You Reduce Your Risk?

Engineering Controls include those items listed below plus recognizing tasks that involved exposure to blood and other potentially infectious materials. Assume all blood and unidentified fluids are potentially infectious. You can help protect yourself and other team members when you adhere to the following actions.

- Ensure you have the correct PPE for the task: gloves, eye protection and/or mask,
- Use needle safety devices appropriately,
- Promptly dispose of used needles in appropriate sharps disposal containers that have solid sides and bottom, are leak resistant and do not allow re-entry,
- Follow all hospital policies and standard precautions procedures for employee safety, and
- Maintain vaccinations status.
 - Hepatitis B vaccine is a safe and effective vaccine that offers 98-100% protection.
 - Preventing hepatitis B averts development of chronic diseases including liver cancer.
 - Vaccines, like any medication have side effects. Most people experience no side effects at all.
 - The most common side effects are usually mild and last 1-2 days.
 - Hepatitis B vaccinations are free of charge through Employee Health, if you do not have evidence of completed vaccination series or a blood test that shows your immunity.
 - The hepatitis B vaccine is administered as a three-dose series. Dose number one initially, second dose in one month and third dose in approximately five months after the second dose.

How Do You Report a Work Injury, Illness, or Exposure?

- Administer first aid immediately!
- Report needle sticks/sharps injuries and body fluid exposures immediately, no later than two hours after the occurrence.
- All other injuries should be reported as soon as possible, no later than eight hours after the occurrence.
- Report the injury to your supervisor and Employee Health 540.332.4725 for further guidance on post-first aid care or medical follow-up. Employee Health's operating hours are Monday through Friday, 8am-4.30pm. Nights and weekends, report to the nursing supervisor for guidance of care, Office: 540.932.4100 / Mobile: 540.448.0162.
- Complete an Occurrence Report with details. The report is located on PULSE under the Employee Health Information site.

Back Safety and Body Mechanics

Healthcare workers are at high risk for back pain and injury. Most injuries are due to muscle strain, but other injuries may be related to disc problems such as herniation or degenerative disc disease. When the back is used properly, you can reduce your chances of injury and pain. Proper posture and body mechanics are absolutely crucial to the success of any workplace improvements.

Remember, use large muscles for lifting and holding; use smaller muscles for manipulative and repetitive movements. Keep joints in a neutral position and keep work close to your body. When standing, keep your knees flexed, maintain good posture, wear comfortable shoes, and use a footrest when standing for long periods of time. Practice the principles of safe lifting.

- Know your limits. Test the load and get help when needed.
- Stay close to the work, keeping feet apart.
- Let your legs do the work. Bend at the hips and knees. Lift with your legs, not your back.
- Keep your head up and back aligned. Maintain three natural curves.
- Pivot with your feet; avoid twisting at the waist.
- Breathe.
- Push or pull rather than lift when possible.
- Never try to catch a falling object.
- Use the tools available to you help you lift.



Moving a patient is very different than moving an object, as most patients weigh more than the maximum allowed for a "safe lift" established by the National Institute for Occupational Safety and Health (NIOSH). When should you use lift devices? Augusta Health expects the safe patient handling equipment to be used for anyone who qualifies as requiring the equipment which is done by assessment (in IP) or an algorithm (in OP areas). If your patient is unable to bear weight or unsteady on their feet, if you are performing a lateral transfer, or if you are turning or repositioning your patient, you should use a lift device.

Lifting and twisting are not the only ways you can injure your back. Remember to keep good posture when performing computer work, driving, vacuuming, laundry, etc. Be cognizant of good ergonomics when typing. Use supportive equipment, such as a wrist rest or copy holder. Avoid twisting and maintain a neutral position when sitting or standing. Reduce eye strain using adequate lighting and taking breaks. Change positions frequently; even when you cannot stand up, try to keep your feet moving. Rotate your tasks as the job allows. Be mindful of your proper posture and body mechanics.

If you are injured, perform any necessary first aid on the unit and report the incident to your supervisor within eight hours of the occurrence. Fill out the Employee Occurrence Forms (found on Pulse) and report to Employee Health Services. Employee Health’s operating hours are Monday through Friday, 8am-4.30pm. If after hours, report to the nursing supervisor for guidance of care if needed. All injuries and illnesses are to be reported to Employee Health. Our Workers’ Compensation Protocol requires you to choose a panel provider; you cannot use your personal care physician (PCP).

For more information about team member safety or for any questions or concerns, please contact the Employee Health team. They are available Monday through Friday, 8am-4.30pm.

NAME	TITLE	PHONE	E-MAIL
Linda Ratcliff Moran, BA, COHP	Director Occupational and Employee Health and Wellness	540.245.7067	lmoran@augustahealth.com
Sarah Campbell, RN, BSN	Occupational Health Nurse	540.332.4725	scampbell2@augustahealth.com

Additional Policies and Forms

Review Policy Manager and PULSE for more information

- Employee Injury Reporting
- Exposure to Blood or Potentially Infectious Material
- Occurrence Protocol
- Augusta Health Employee Occurrence Report
- Augusta Health Exposure Control Plan



KEY POINTS – SAFETY

- 🔑 Review the Augusta Health Emergency Operations Plan (EOP) and your departmental policies to be prepared in the event of an emergency.
- 🔑 Special emergency code names are in use inside the hospital or Medical Office Building (MOB). If you are inside of the hospital or the MOB, you should call 2222 and announce the code word/phrase (plain language) with exact location of the emergency. If you are elsewhere on the Augusta Health campus or at an off-site location (i.e., clinics), you should call 911.
- 🔑 Prevention is the best protection of workplace violence. Report all incidents or suspicious behavior promptly to security, your manager, or shift supervisor.
- 🔑 It is important for you to complete all safety training programs and follow all procedures to minimize any danger to yourself and to others. Report all exposure incidents to your supervisor, charge nurse, and/or instructor immediately (within two hours).
- 🔑 Do not operate any equipment until you have been properly trained to use that specific piece of equipment.
- 🔑 Healthcare workers are at high-risk for back pain and injury. Most injuries are due to muscle strain, but proper posture and body mechanics can reduce your chances of injury and pain.

INFECTION PREVENTION AND CONTROL

All team members, students, contract workers and volunteers, regardless of work area, must follow Augusta Health's infection prevention and control policies and guidelines to protect themselves, our patients, co-workers, family and community from the spread of infection.

There are two types of infection we will review in this module, community acquired infections (CAI) and healthcare associated infections (HAI).

Community acquired infections (CAI) are those infections patients have at time of admission. Some may be communicable, such as tuberculosis, chickenpox, dengue fever, and head lice. Some CAI are not communicable, like pneumonia, urinary tract infections, infected bed sores, and blood stream infections.

Healthcare associated infections (HAI) are not present or incubating at the time of admission. Examples include ventilator associated pneumonia, Foley related urinary tract infection, central line associated blood stream infection, post-operative pneumonia, and surgical site infection.

No matter the causative agent, there are six points at which the "chain of infection" can be broken. Breaking the chain of infection can prevent an infection from reaching another person.

These six links include the following.

1. Infectious agent: the pathogen that causes disease
2. Reservoir: includes places in the environment where the pathogen lives, including people, animals, insects, medical equipment, soil and water
3. Portal or exit: the way the infectious agent leaves the reservoir; this can be through wounds, aerosols, splatter of body fluids including coughing, sneezing and saliva
4. Mode of transmission: the way the infectious agent can be passed on to another; this can be through direct or indirect contact, ingestion, or inhalation
5. Portal of entry: the way the infectious agent can enter a new host; this can occur through broken skin, through the respiratory track, mucous membranes and or indwelling devices such as Foley catheters, central lines or ventilators
6. Susceptible host: can be any person however the most vulnerable of whom are receiving healthcare, are immunocompromised or have invasive devices including lines, devices, and airways

The way we break the chain of infection is to interrupt the chain at any link. Breaking the chain by cleaning your hands frequently, staying up to date on your vaccinations, covering your cough and sneezes and by staying home if you feel ill are just some of the ways healthcare workers (HCW) can prevent infections from spreading in the healthcare setting.

It is important to follow the organizational rules for standard and transmission-based precautions by using personal protective equipment (PPE) properly, cleaning and disinfecting the environment, sterilizing medical instruments and equipment, following safe injection practices and using antibiotics wisely to prevent antibiotic resistance.

Let's go over each link in the chain in further detail to learn how to *break the chain*.

Infectious Agent(s)

- Can be bacteria, fungi, viruses or parasites
- Need accurate diagnoses and timely and proper treatment
- Require knowledge of when and how to use antibiotics safely, ensuring the right drug for the right bug; involve discussion with your provider by asking questions about medications prescribed

Reservoir

- Work areas and break rooms should be cleaned and disinfected.
- Shared patient care equipment always should be cleaned and disinfected.
- Masks, social distancing and avoiding large groups should remain important during the COVID-19 pandemic, as people can be reservoirs too.
- Pet vaccinations should be up-to-date, as animals and insects also spread disease.
- Hand hygiene should be performed after gardening, for example, as pathogens are present in soil.

Portal of Exit

- Cover wounds, broken skin and incisions with a clean dry bandage.
- Keep up-to-date on your vaccines including influenza and COVID-19.
- Cover your mouth and nose when you sneeze or cough.
- Wear facility-approved PPE following Standard and Transmission Based Precautions policy located in Policy Manager.
- Protect yourself against splatter of body fluids.
- Remember aerosolized droplets spread disease, as once droplets are aerosolized by sneezing, coughing or medical interventions, they travel much further than the heavy droplets.

Mode of Transmission

- Perform consistent hand hygiene using the correct method to ensure maximum impact to mode of transmission, especially as healthcare workers.
- Wear PPE properly, donning and doffing in the proper sequence.
- Do not leave food out for extended periods, clean breakrooms after eating.
- Clean and disinfect work areas, as everyone's individual responsibility.
- Adhere to transmission-based precautions when posted.

Portal of Entry

- Ensure meticulous care of devices, such as Foley catheters, central lines or ventilators, as well ensure remain patients clean through thorough and regular oral care to help stave off pathogens from entering the body.
- Ensure daily discussion regarding necessity of central lines and or Foley catheters.
- Ensure meticulous hand hygiene with every patient, every encounter, every time.

Susceptible Host

Remember, people come into the hospital because they are ill. The very fact they enter the hospital environment in a vulnerable state puts them at increased risk of developing and infection. It is our responsibility to break the chain of infection before harm reaches our patients.

Hand Hygiene

Using common sense and practicing good hygiene can decrease the spread of infection. Hand hygiene is the single most important step in breaking the chain of infection.

The primary way to cleanse our hands in the healthcare setting by using an alcohol-based hand rinse, covering all surfaces of our hands and rubbing our hands until the alcohol has dried. However, wash your hands with soap and water when they are visibly soiled, before eating, after going to the bathroom or any time you provide care for a patient on enteric precautions such as patients diagnosed with norovirus or *Clostridioides difficile*.

Key Moments for Hand Hygiene

- Before entering a patient's room
- When exiting a patient's room
- After contact with a patient or anything in the immediate patient area
- Before donning gloves
- After removing gloves
- Between patient visits
- After using the restroom
- When going from a dirty to a clean site on a patient
- When hands are visibly soiled
- Before eating

Handwashing is the single most important precaution for preventing the spread of infection. Following are the steps for effective hand washing.

1. Turn on the water and get your hands wet.
2. Apply soap.
3. Scrub for fifteen seconds (you can sing the ABC song twice).
4. Rinse.
5. Leave the water running.
6. Use a paper towel to turn the water off.
7. Get a clean paper towel to dry your hands, use the paper towel to open the door, and then discard.



Respiratory Hygiene and Cough Etiquette

Anyone, i.e., staff, patients, or visitors, with signs of a cold or other respiratory infection (i.e., cough, congestion, rhinorrhea, or increased production of respiratory secretions) will be instructed to do the following.

- Wear a surgical mask or procedure mask (which ties or loops securely). Instruct patients to keep the mask securely on their face.
- Give patients, who cannot tolerate masks or are otherwise unable to wear a mask, a box of tissues and instruct them to cover their mouth and nose when coughing or sneezing.
- Inform patients to use tissues to control nasal discharges. Physically separate these patients from other patients by at least three feet in order to prevent possible droplet spread of infection.
- Dispose of used tissues in a no-touch trash receptacle.
- Use thorough hand hygiene (hand washing or alcohol hand rinse) after using tissues or when in contact with respiratory secretions. Ensure the palms of hands, webs of fingers and the back of the hands are covered with the rinse.
- Reinforce these instructions and provide patients and visitors with written or verbal information on the importance of hand hygiene.

COVID-19 Precautions

- All patients, visitors entering our facility will be screened for symptoms of COVID-19 and will be required to wear a mask/face covering.
- All team members of Augusta Health may be required to wear a procedural mask, based on the operational standards issued by Infection Control. It is the responsibility of every employee to follow the current operational standards.

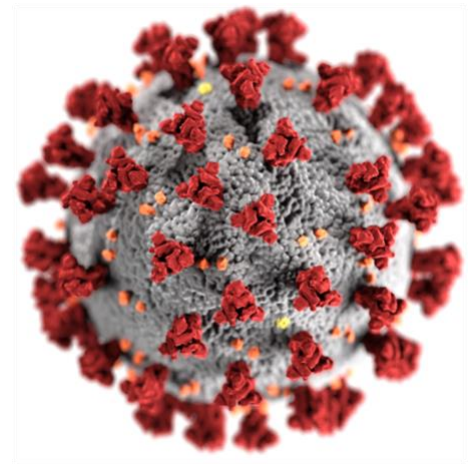
CORONAVIRUS/COVID-19

Visit PULSE (Augusta Health’s internal intranet)

- PULSE → Information → Coronavirus Update

Helpful Documents under Team Member Safety Section

- Discharge guidelines
- Guidance for caring for suspected or confirmed COVID-19 patients
- Personal protective equipment
- Situational grid – also found on the front page of PULSE directly above the Augusta Health census



Infection Prevention and Control Practices

All team members, regardless of work area, are responsible for understanding and following Infection Prevention and Control’s Standard and Transmission-Based Precautions and Employee Health, OSHA Bloodborne Pathogens guidelines, both found in Policy Manager.

Biohazard Bag Safety

It is every team member's responsibility to ensure consistent handling of biohazard bags. All team members are responsible for knowing how and when to use biohazard bags.

Biohazard bags are not to be reused – They are for one-time use only. The bags must not be disposed of in regular trash receptacles. Biohazard bags are not to be used for non-laboratory/specimen items. They should never be used to store food, personal belongings, et cetera.

If a team member finds a specimen item within a bag, the item should not be removed. The bag should be sent immediately to the laboratory.



Environmental Cleaning and Laundry

Follow hospital procedures for the cleaning and disinfection of environmental surfaces, beds and rails, bedside equipment and other frequently touched surfaces. Use gloves to handle, transport and process used linen soiled with blood, body fluids, secretions and/or excretions in a manner to prevent the spread of microorganisms. All laundry must be placed in a fluid-proof bag. If the outside of the bag is visibly soiled with blood or body fluids, place the bag inside another fluid-proof bag.

Patient Care Equipment

Patient care equipment soiled with blood, body fluids, secretions and/or excretions should be handled in a manner to prevent the transfer of microorganisms. All equipment must be cleaned and disinfected after use. If user cannot be 100% certain, patient care equipment has been cleaned and disinfected, user must do so before equipment is used for patient care.

Sharps and Regulated Medical Waste

Take care to prevent injury when using or handling, cleaning or disposing of needles, scalpels, and other sharp instruments. Contaminated needles and other contaminated sharps should not be bent, recapped, or removed unless the employer can demonstrate no alternative is feasible or that such an action is required by a specific medical or dental procedure. If bending, recapping, or needle removal must occur use a mechanical device or a one-handed technique. Contaminated reusable sharps shall be placed in the appropriate containers immediately (or as soon as possible after use) until properly reprocessed.

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material, and other containers used to store, transport, or ship blood or other potentially infectious materials.

Specimen Transport and Specimen Storage

All patient specimens should be considered infectious. Before sending to laboratory, place specimens inside plastic biohazard bags. Do not send soiled containers to the laboratory. Do not place food or drink in the refrigerators, freezers, cabinets or other areas where any patient specimens are placed.

Blood Spills

Clean up blood spills promptly. To clean spills, block off the spill area. Locate the Emergency Spill Kit within your department. Wear gloves and apply “absorbent” to the spill. Place paper towels over the spill, clean up the spillage and dispose of the paper towels in a regulated medical waste bag. Flood the spill area with hospital grade germicidal clean (ask your department director where your germicide is stored), leaving it in place for designated time on container before wiping it up. Clean broken glass with a broom and dustpan and dispose in an impermeable container, such as a large sharps container.

Personal Hygiene

Eating, drinking, smoking, applying cosmetics or lip balm, and the handling of contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

Standard Precautions

Standard precautions are the minimum infection prevention practices that apply to all patient care regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. All employees who come into contact with a patient will use standard precautions. Standard precautions include the following.



- Hand hygiene
- Personal protective equipment (PPE), such as gowns, gloves, procedural masks, powered air purifying respirators (PAPRs), respirators, face shields and or goggles
- Respiratory hygiene and cough etiquette
- Sharps safety, engineering and work practice controls (OSHA Bloodborne Pathogens)
- Safe injection practices
- Sterile instruments and devices
- Clean and disinfected environmental surfaces

Personal Protective Equipment (PPE)

OSHA regulations require employers to provide employees with appropriate personal protective equipment (PPE) and to ensure that PPE is disposed of properly. PPE is an important component of infection control. Personal protective equipment is used to prevent and control infections. Specific types of PPE include but are not limited to the following.

- Gloves: remember to perform hand hygiene prior to donning and after doffing
- Gowns: used when it is possible clothing might come in contact with an infectious material such as urine, stool, blood, vomit
- Goggles/Eye shields: used if splash or splatter is a possibility
- Mask : used if splash or splatter is a possibility or when a patient is in respiratory precautions
- N95 Respirators: only team members who have been fit tested for N95 masks are allowed to enter the room of a patient on Airborne Precautions or Airborne + Contact + Eye Precautions
- Face Shields: personal eyeglasses do not provide adequate protection and are not considered acceptable; face shields allow the healthcare provider to wear their own eyeglasses, while protecting other areas of the face

ALWAYS

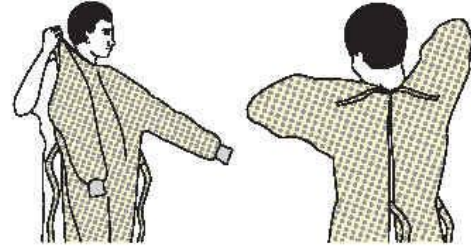
- Wear the PPE appropriate for the task you are performing
- Remove PPE before exiting the room
- Change after having contact with infectious material
- Don (put on), doff (remove) and dispose of PPE appropriately per Centers for Disease Control (CDC) donning and doffing sequence:

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



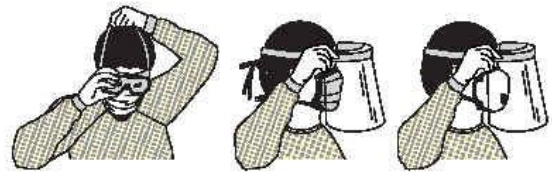
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



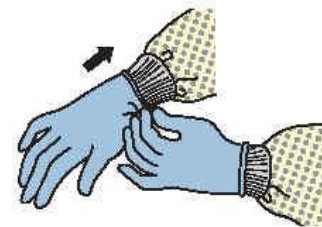
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



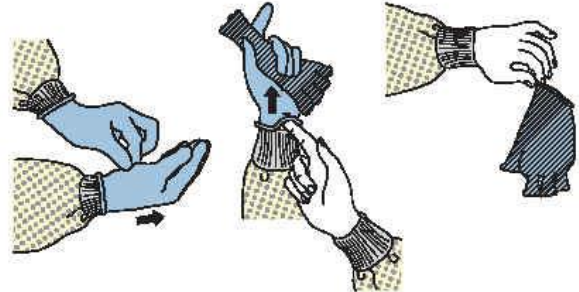
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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door.** Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



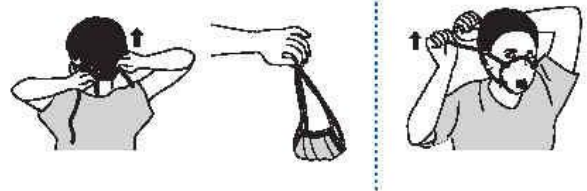
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

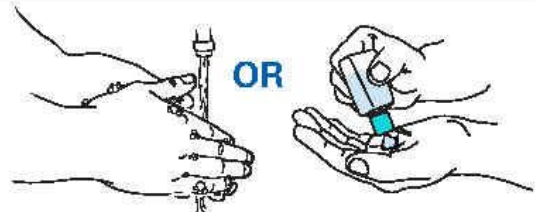


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



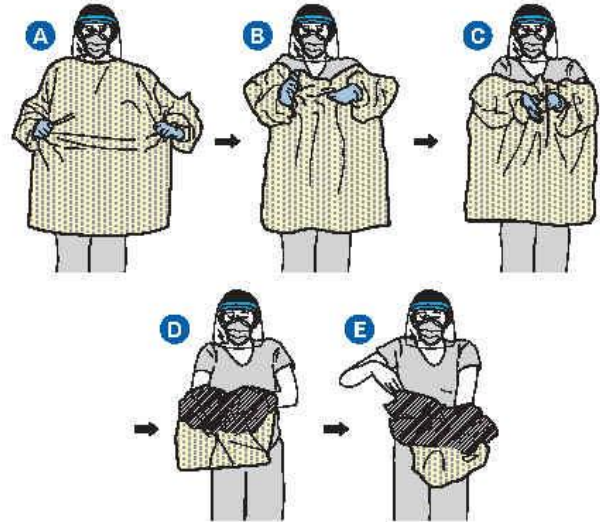
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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



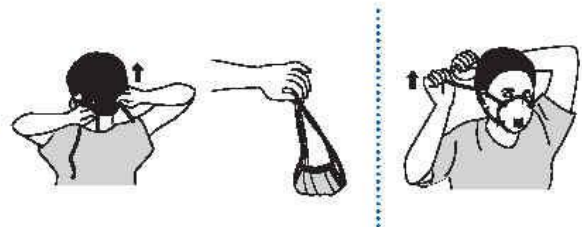
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

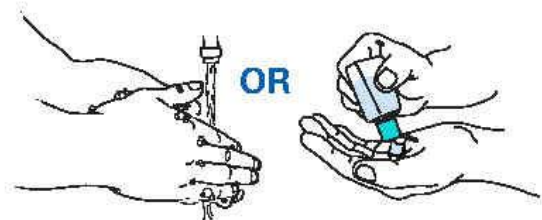


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



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Transmission-Based Precautions

When standard precautions alone cannot prevent transmission, they are supplemented with transmission-based precautions. This is a second tier of infection prevention and is used when patients have diseases that can spread through contact, droplet, or airborne routes and are always used in addition to standard precautions. For more information on infectious agents requiring transmission-based precautions, please view the Centers for Disease Control and Prevention Guidelines for Isolation Precautions located in Policy Manager.

All team members are trained in the proper application and removal of PPE prior to entering any isolation area. Volunteers should not enter isolation rooms. Consult your supervisor or the Infection Prevention and Control for additional training or for questions.

There are category specific isolation precautions, in addition to the standard precautions. Each category has specific procedures based on the transmission mode. Follow the signage and the procedures in the infection control policies for the following types of isolation precautions.

Droplet: Infection transmitted through large air droplet particles. In addition to standard precautions, use gloves and a mask when you are within three feet of the patient or when you enter the room. During transport, place a surgical mask on the patient.

Airborne: Infection transmitted through air nuclei. In addition to standard precautions, use gloves and a N95 mask. Practice strict hand washing hygiene. Use a negative air pressure room; keep the room door closed and the patient in the room. During transport, place a surgical mask on the patient.

Contact: If you anticipate contact with the patient, use gloves and a gown. In addition to standard precautions, practice strict hand washing hygiene. Limit transporting the patient from the room.

Enteric: Diseases caused by viruses or bacteria and or parasites that cause intestinal illness. Implement general contact precautions; however, hand hygiene must be performed with soap and water after care has been provided.

Difficult Organisms often Present in Healthcare Settings

Candida auris: C. auris

Symptoms: Symptoms will be specific to the type of infection and may vary depending on the location and severity of the infection.

Precautions: Know if patients are colonized with C. auris. Add history of C. auris to the patient's problem list once identified. Include in the patient's discharge or transfer summary if the patient has active infection or colonization.

Place all patients with active infection or colonization in contact isolation and continue to do so on subsequent visits.

Ensure meticulous hand hygiene. Clean and disinfect patient care equipment between patients.

Clostridioides difficile: C. diff, CDI

Symptoms: Mild to severe diarrhea lasting three to five days (or more), loose/watery/foul smelling stools with mucous or blood.

Precautions: Use strict handwashing hygiene with **soap and water**. Do not use alcohol rinse foam to prevent this infection. Use gloves and protective gown. Clean and disinfect patient care equipment and environmental surfaces thoroughly with a bleach product.

Place patients in contact/enteric isolation for undiagnosed diarrhea and/or pending C. diff results.

Coronavirus Disease 2019 (COVID-19)

COVID-19 is a respiratory disease caused by SARS-CoV-2, a new coronavirus discovered in 2019. The virus is thought to spread mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, or talks. Some people who are infected may not have symptoms. For people who have symptoms, illness can range from mild to severe. Adults 65 years and older and people of any age with underlying medical conditions are at higher risk for severe illness.

The virus can spread through respiratory droplets when an infected person coughs, sneezes or talks.

Symptoms: Symptoms may appear 2-14 days after someone is exposed to the virus and can include cough, shortness of breath or difficulty breathing, fever or chills, muscle or body aches, vomiting or diarrhea, and or new loss of taste or smell.

Some people who are infected may not have symptoms (asymptomatic carriers) which is why everyone should take preventive actions every day to limit their own personal risk of contracting the virus.

Anyone can have severe illness from COVID-19, especially older adults and people of any age with underlying conditions such as obesity, diabetes, cancer, heart disease, lung disease or lifestyle habits such as smoking.

Prevention: Follow CDC and FDA recommendations on age-specific COVID-19 vaccine eligibility to help prevent getting COVID-19, lessening the symptoms and chance of hospitalization if you do get the virus and most importantly avoid spreading the virus to others.

Wash your hands with soap and water for at least twenty seconds or use a hand sanitizer that contains at least 60% alcohol.

Wear a mask in public, even if you are not sick. This will help protect others in case you are infected and have not become sick. Cover your coughs and sneezes with a tissue. Throw the tissue away and wash your hands. Clean and disinfect frequently touched surfaces such as doorknobs, light switches, countertops, desks, phones, keyboards etc.

Stay home if you are sick. Seek emergency medical care if you develop severe symptoms such as trouble breathing, chest pain, new confusion, inability to wake or stay awake or pale, gray or blue colored skin, lips or nail beds.

CRE: Carbapenem-resistant enterobacteriaceae

Symptoms: Symptoms will be specific to the type of infection and may vary depending on the location and severity of the infection.

Precautions: Know when patients are colonized with CRE. Include information in the discharge or transfer summary if a patient has an active infection or colonization due to CRE. Add the history of CRE to the patient's problem list once identified. Screen patients who are a direct admit from international travel.

Place all patients with active infection or colonization in contact isolation and continue to do so on subsequent visits. Prescribe and use antibiotics appropriately. Discontinue devices like urinary catheters as soon as possible.

Ensure meticulous hand hygiene. Clean and disinfect patient care equipment between patients.

ESBL: Extended-spectrum beta-lactamases

Symptoms: Symptoms will be specific to the type of infection and may vary depending on the location and severity of the infection.

Precautions: Discontinue vascular and urinary catheters as soon as possible. Implement strategies to reduce risk of lower respiratory tract infection in intubated patients. Use antibiogram to guide antimicrobial prescribing.

Ensure Meticulous hand hygiene. Place patients with active infections into contact isolation.

MDRO: Multidrug resistant gram-negative organisms

Symptoms: Symptoms will be specific to the type of infection. Infections can include urinary tract infection, bloodstream infection, or skin infection.

Examples: Terms used to describe MDRO include Extended Spectrum Beta Lactamase (ESBL) or Carbapenem Resistant Enterobacteriaceae (CRE). These include various gram-negative bacteria such as E. coli, Pseudomonas, Klebsiella, and Serratia. These bacteria are resistant to our more powerful antibiotics.

Precautions: Use contact isolation precautions for infected or colonized patients. If you are performing procedures which may cause droplet exposure, such as wound dressing changes, suctioning, bathing, catheterization, etc., add a mask to the PPE precautions.

MRSA: Methicillin resistant staphylococcus aureus

Symptoms: Symptoms may not be specific; people can be carriers with no symptoms. Infections with MRSA can include pneumonia, urinary tract infection, bloodstream infection, or skin infection.

Precautions: Use contact isolation precautions for infected or colonized patients. If you are performing procedures which may cause droplet exposure, such as wound dressing changes, suctioning, bathing, catheterization, etc., add a mask to the PPE precautions.

Tuberculosis: Tuberculosis (TB) is an airborne disease.

Symptoms: Cough lasting three or more weeks, coughing up blood, unintentional weight loss, fatigue, fever, night sweats, chills, or loss of appetite.

Precautions: Place patient in negative-pressure room. Keep patients in their room as much as possible and have them wear a surgical mask when outside of their room. Contact the Infection Prevention and Control team before discontinuing isolation.

Notify maintenance daily to check the patient's room for negative pressure. Keep all doors and windows closed. Wear a N-95 mask that has been previously fit-tested (OSHA mandate), with a fit-check conducted before entering a patient's room.

Place patients in airborne isolation for undiagnosed pulmonary illness until TB has been ruled out.

VRE: Vancomycin resistant enterococcus

Symptoms: Symptoms may not be specific; people can be carriers with no symptoms. Infections with VRE can include urinary tract infection, bloodstream infection, or skin infection.

Precautions: Use contact isolation precautions for infected or colonized patients. If you are performing procedures which may cause droplet exposure, such as wound dressing changes, suctioning, bathing, catheterization, etc., add a mask to the PPE precautions.

VISA/VRSA: Vancomycin intermediate staphylococcus aureus (VISA) and vancomycin-resistant staphylococcus aureus

Symptoms: Symptoms will be specific to the type of infection and may vary depending on the location and severity of the infection

Precautions: Discontinue vascular and urinary catheters as soon as possible.

Ensure meticulous hand hygiene. Use contact isolation precautions for patients with active infections. Clean and disinfect patient care equipment between patients.

For more information about team member safety or for any questions or concerns, please contact the Infection Prevention team. They are available Monday through Friday, 8am-5pm.

NAME	TITLE	PHONE	E-MAIL
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KEY POINTS – INFECTION CONTROL

- 🔑 All employees and volunteers must follow our infection prevention and control policies to protect ourselves and our patients, co-workers, family and community from the spread of infection.
- 🔑 Handwashing is the single most important precaution for preventing the spread of infection; the more you wash your hands, the less likely for your chance of infection.
- 🔑 All employees, regardless of work area, are responsible for understanding and following infection control and bloodborne pathogens guidelines. Standard precautions require that you use personal protective equipment (PPE), such as gloves, eyewear, masks and gowns to prevent exposure to blood, body fluids, secretions, excretions, and contaminated items.
- 🔑 All employees must be trained in the proper application and removal of PPE prior to entering any isolation area. Volunteers should not enter isolation rooms. Consult your supervisor or the infection prevention team for additional training or if you should have any questions.
- 🔑 If you are exposed to blood or body fluids, perform the necessary first aid care. Notify your supervisor or charge nurse of the occurrence and complete the Occurrence Report forms (located on Pulse under “Employee Health”). Notify Employee Health Services at ext. 4725 within 1-2 hours to ensure that you receive appropriate care.

Congratulations!

You have completed the Express Education module. Remember, this is just one part in your onboarding journey at Augusta Health. Here are some next steps you should look to complete with the guidance of your supervisor.

- Complete all mandatory training assignments in HealthStream.
- Attend an upcoming New Team Member Orientation session.
- Complete your departmental orientation with the assistance of your educators, supervisor, and teammates.
- Visit Pulse and review the policies and procedures mentioned in this module.

Good luck and welcome to the Augusta Health team!

GLOSSARY OF TERMS:

The Americans with Disabilities Act of 1990 (ADA): Landmark disability rights law prohibiting discrimination against people with disabilities in five major areas- employment, state and local government, public accommodations, transportation and communication.

Accountable Care Organization (ACO): A Medicare care coordination program of hospitals, clinics, doctors and other healthcare professionals who collaborate together and share responsibility to provide high-quality patient care to their assigned patients.

Advanced Cardiac Life Support (ACLS): Course geared towards healthcare professionals who either direct or participate in the management of cardiopulmonary arrest or other cardiovascular emergencies or personnel in emergency response.

Advanced Practice Provider (APP): A group of medical professionals that include physician assistants and nurse practitioners. APPs are highly knowledgeable and serve as an integral part of the development and implementation of our patients' personalized treatment plans.

Augusta Care Partners (ACP): Our accountable care organization (ACO). ACP members cooperate by sharing information, helping you receive the services you need when you need them.

Augusta Medical Group (AMG): Established in 2008, the hospital-owned Augusta Medical Group is an essential part Augusta Health's tradition of innovation. Its members include primary care, specialty care and urgent care clinics.

Basic Life Support (BLS): Course designed for healthcare professionals and other personnel who need to know how to perform CPR and other basic cardiovascular life support skills in a wide variety of in-facility and prehospital settings.

Centers for Disease Control (CDC): The CDC is a federal agency under the Department of Health and Human Services (HHS) and is the leading national public health institute of the United States.

Centers for Medicare and Medicaid Services (CMS): A federal agency under the Department of Health and Human Services (HSS) that administers Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the health insurance marketplace.

Certified Medical Assistant (CMA): Certified medical assistants work in physicians' offices, clinics, or other healthcare facilities and are responsible for performing physician support services that help ensure medical facilities run smoothly.

Certified Nursing Assistant (CNA): Certified nursing assistants help patients with activities of daily living and other healthcare needs under the direct supervision of a registered nurse (RN) or licensed practical nurse (LPN).

Continuing Medical Education (CME): Consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public, or the profession.

Department of Environmental Quality (DEQ): The DEQ administers state and federal laws and regulations for air quality, water quality, water supply and land protection.

Det Norske Veritas (DNV-GL): An approved vendor by CMS to review hospitals in compliance with conditions of participation. They regulate the hospital's requirements to patient safety standards set by CMS.

Emergency Medical Treatment and Active Labor Act of 1986 (EMTALA): This law ensures public access to emergency services regardless of ability to pay.

Emergency Operations Plan (EOP): Ensures the effective organizational response to incidents that affect the environment of care within Augusta Health and may require a deviance from the usual day-to-day operations.

Employee Occurrence Forms: Forms to be completed if you have experienced an on-the-job injury or exposure. Blood and body fluid exposures need to be reported within 1-2 hours of the occurrence and injuries are to be reported within eight hours of the incident. They can be located on Pulse.

Full Time Equivalent (FTE): In human resources, the terminology full-time equivalent (FTE) is used as a unit of measure showing how many employees an organization has or a project requires, assuming all employees work a full-time schedule.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically.

HealthStream: Our internal learning center, or learning management system, used to schedule and track classroom and online learning. Be sure to visit your HealthStream account regularly to stay on top of all training requirements.

Licensed Practical Nurse (LPN): As an assistant to physicians and registered nurses (RNs), a licensed practical nurse takes care of basic duties in settings such as hospitals, nursing homes, and long-term care facilities.

Medical Office Building (MOB): Our office area within the main hospital used primarily by physicians to examine and consult with patients and/or provision of office-based outpatient or other medical related services.

Nurse Practitioner (NP): Nurse practitioners are licensed, autonomous clinicians focused on managing people's health conditions and preventing disease.

Occupational Safety and Health Administration (OSHA): Government agency that assures safe and healthful conditions in the workplace by setting and enforcing standards and by providing training, outreach, education, and assistance.

Office of Civil Rights (OCR): Enforces laws against discrimination based on race, color, national origin, disability, age, sex, and religion by certain healthcare and human services providers and health insurance plans.

Office of Inspector General (OIG): Protects the integrity of Department of Health and Human Services (HHS) programs as well as the health and welfare of program beneficiaries.

Paid Time Off (PTO): A pool of bankable hours that can be used for employees' personal days off, sick days and vacation time in a single block of hours.

Patient Rights and Responsibilities: A set of protections that addresses any expectations the patient may have while a patient in our hospital and also provides directions for obtaining assistance with questions and concerns.

Pediatric Advanced Life Support (PALS): Course for healthcare providers who respond to emergencies in infants and children and for personnel in emergency response, emergency medicine, intensive care and critical care units.

Personal Protective Equipment (PPE): Equipment that is worn to minimize exposure to hazards, such as gloves, foot protection, eye and hearing protective devices, hard hats, respirators, and full body suits.

Physician Assistant (PA): Physician assistants are medical providers who are licensed to diagnose and treat illness and disease and to prescribe medication for patients. They work in physician offices, hospitals and clinics in collaboration with a licensed physician.

Practice Administrator (PA): Practice administrators perform essential duties in a doctor's office, managing areas of responsibility that make an office run efficiently.

Primary Care Physician (PCP): A provider who should be the first point of contact for health concerns as well as continuing treatment of medical conditions.

Pro Re Nata (PRN): An abbreviation term commonly used by health care professionals that means "As Needed".

Protected Health Information (PHI): Defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), PHI is any information that can identify, or reasonably identify, the identity of a patient and relates to their healthcare (past, present or future). PHI can be oral, written, or electronic media.

Pulse: Our Intranet. Visit Pulse frequently for announcements and other key information.

Registered Nurse (RN): A registered nurse administers hands-on patient care in a variety of settings including hospitals, medical offices, nursing homes, and other facilities. They work with physicians and other members of the health care team to provide the best course of treatment possible. They also help to educate patients and their families about health issues.

Rounding: A proactive approach to address patients' needs with hourly visits that develop trust and lead to increased patient satisfaction.

Safety Data Sheets (SDS): Documents that accompany a hazardous chemical and provides detailed information for the safe handling, use, storage, and disposal of the chemical.