



**HUTCHINSON**  
REGIONAL MEDICAL CENTER

**Key Safety Information for  
Returning Students and Faculty**

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# I. HOSPITAL ENVIRONMENT

## A. Security:

The safety and security of staff when they are in a health care environment is of the utmost importance. Staff members are expected to engage in activities that promote personal safety and security.

### General Guidelines:

Do not bring purses or other valuables to work, as space to securely store may not be available.

Lock any valuables and personal items in the trunk of your car prior to arriving at the clinical facility. This includes purses, CDs, cell phones etc. that might be visible in your vehicle.

Only carry minimal cash on your person.

Leave jewelry at home.

Always wear proper identification (your name badge) while on affiliating agency property.

Always be aware of your surroundings and alert for any suspicious activities or individuals.

Human Resources will provide a hospital ID badge to you. The badge must be worn while working on hospital premises. Loss of the badge will result in a \$10 replacement fee. Key replacement is \$50.

### Parking Areas

Park in the lot south of the Chalmers Cancer Center. Enter through the main entrance.

Always be alert when walking through parking lots.

Be alert for and report any suspicious individuals or activities.

When entering or leaving the facility in the early morning or late evening when it is dark:

Park in well-lit areas.

Use a buddy system, so you are not walking in and out alone.

Have your keys ready to unlock your car.

## B. Safety

### Hospital Safety

Report all accidents/incidents to your faculty and unit management.

Know and comply with safety rules and use the safety equipment provided.

Report all unsafe or hazardous conditions.

Obey safety signs and notices.

Tobacco Free Campus: The use of lighted tobacco or other tobacco products is not permitted on the hospital campus as follows: Inside any building on the hospital campus; Inside any owned or leased HHC vehicle; On hospital grounds including parking lots.

Know personal responsibilities in the event of a fire or other disaster.

Keep personal work areas neat and clean.

When in doubt, ask the person in charge.

## Lifting, Carrying, Patient Transferring

Many back injuries can be prevented by proper utilization of body mechanics to avert strain when lifting and carrying heavy or bulky materials. The following procedure is designed to make safe use of the body as a safe lifting device. Before lifting, think about the load you'll be lifting. Ask yourself the following: Can I lift it alone? Do I need mechanical help? Is it too awkward for one person to handle, or should I ask for help? If the load is manageable, use the following techniques to avoid injury:

**Tuck your pelvis** - by tightening your stomach muscles you can tuck your pelvis, which will help your body stay in balance while you lift.

**Bend your knees** - Bend at your knees instead of at your waist. This helps you maintain your center of gravity and lets the strong muscles in your legs do the lifting.

**Hug the load** - Try to hold the object you're lifting as close to your body as possible, as you gradually straighten your legs to a standing position.

**Avoid twisting** - twisting can overload your spine and lead to serious injury. Make sure your feet, knees, and torso are pointed in the same direction when lifting.

**Make sure that your footing is firm when lifting and that your path is clear.** Use the same techniques when you set your load down. It takes no more time to do a safe lift than it does to do an unsafe lift.

**Assistive devices** are available to assist you in lifting and/or transferring patients. Gait belts should be available in each patient room. Mechanical lifts should be operated with no less than 2 caregivers. Always seek assistance from unit staff when needed.

## Avoiding Cuts and Needle Punctures

To prevent cuts and needle punctures:

Put away sharps in designated location when not in use.

Avoid trying to catch a sharp object or glass object if it starts to fall.

Dispose of broken glass and crockery immediately.

Wrap ampoules, glass tubing, flask stoppers, and similar items in a towel before twisting, pulling or pushing.

Avoid digging into a wastebasket. If trying to locate an object, hold the wastebasket by the sides and dump onto a sheet of paper.

Report and treat immediately all needle punctures and cuts.

Avoid overfilling of sharps containers. Never recap a needle. Use needle safety shield when available.

## Fire Safety Response – Code Red

When a potential fire is identified, PBX shall announce it on the overhead PA system by saying "Code Red area \_\_\_\_\_". Remain in the area until the all clear is sounded. Do not use elevators in the event of a fire. Prevent visitors from using elevators until the all clear is sounded.

If fire is in your immediate area, remember the acronym RACE:

**R**escue persons in immediate danger;

**A**larm – call the alarm;

**C**onfine the fire by closing the doors;

**E**vacuate the area by horizontal evacuation or **E**xtinguish the fire.

If possible and it does not put you in danger, extinguish the fire with a fire extinguisher. Remember the acronym PASS for using an extinguisher (below). If you cannot safely extinguish the fire, leave the area. Seal off the room with a damp towel or blanket at the base of the door.

- P**ull the pin;
- A**im at the base of the fire;
- S**queeze the lever;
- S**weep from side to side.

#### Infection Prevention / Personal Protective Equipment (PPE)

It is your responsibility to learn where the Personal Protective Equipment (PPE) is located in each health care setting.

Always read and follow the signs that are posted by the door to a patient's room.

If you should sustain a needle stick injury or blood exposure, notify your faculty and management at once.

**Hand Hygiene:** Performing hand hygiene is the most important way to prevent the transmission of infections from patient to patient, from health care provider to patient, from patient to health care provider, or from one health care provider to another. Frequent hand hygiene removes germs that you may have picked up on your hands through various types of contact. When performing hand hygiene, it is important to use the alcohol foam/gel in the dispensers by each patient door or use soap and running water for at least 15 seconds.

#### **Always clean hands:**

- Before and after work shift (with soap and water)
- Before and after contact with each patient
- After contact with soiled material or equipment
- Before and after eating or smoking
- After using the toilet (with soap and water)
- After blowing your nose or covering a sneeze
- Before handling food or administering medications
- Before any contact with your eyes or contact lenses
- Whenever you think they may be contaminated
- After removing gloves

**Standard Precautions:** Healthcare workers face the risk of acquiring infections (bacterial, viral, and blood borne) from patients. Several blood borne diseases have been transmitted in the healthcare setting, including Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV).

Standard Precautions was developed to protect healthcare workers from the risk of occupational exposures to infectious organisms. Standard/Universal Precautions require the use of protective barriers, PPE, to prevent contact with infectious agents that may be present in blood and body fluids. Types of PPE include gloves, masks and eye protection, moisture resistant or impervious gowns, and other apparel as needed. It is not always known when patients are infected with blood borne or other infectious agents. **Therefore, use Standard Precautions each time you interact with a patient or the patient's environment.** The type of protective barrier depends on the type of exposure you anticipate. Hutchinson Regional Medical Center has a variety of PPE available. It is located in the patient rooms, in the nurse servers and in clean holding areas.

## Transmission-Based Isolation Categories:

In 1996, the Centers for Disease Control and Prevention (CDC) recommended the following transmission-based isolation categories to prevent the transmission of infections in the hospital setting. When indicated, Transmission-Based Isolation precautions are used in addition to Standard Precautions. These recommendations prevent the spread of infections by interfering with the mode of transmission. It is your responsibility to become familiar with and follow the isolation signs.

**Contact Precautions** are used to prevent the transmission of infections that are spread through direct or indirect contact.

Contact Precautions are utilized for patients known or suspected to be colonized with microorganisms that can be transmitted by direct contact with the patient or indirect contact with contaminated environmental surfaces or items in the patient's environment.

PPE (i.e., gloves and gowns) are worn to prevent contact with infectious microorganisms. **Gloves** are required to enter the room for any reason. **Gowns** are required, unless patient contact is not anticipated.

- If the "Red Box" safety zone is in place you may enter the safety zone without gown or gloves providing you do not cross the red lines on the floor.

**Droplet Precautions** are used to prevent the transmission of organisms that are carried in droplets generated by the infected patient.

Droplet Precautions are used for a patient known or suspected to be infected with microorganisms transmitted by droplets (large particle droplets > 5 microns in size) that can be generated by the patient when coughing, sneezing, talking, or during a cough-inducing procedure, or during procedures that produce aerolization of body fluids.

Droplets containing infectious microorganisms are propelled a short distance through the air. Risk of transmission is to a susceptible host who is within approximately 3 feet of the patient.

PPE (i.e., a mask) is worn to prevent contact with the droplets.

Special ventilation is not required.

**Airborne Precautions** are used to prevent transmission of organisms that are carried in air currents as tiny droplet nuclei (<5 microns in size) that contain the organisms.

Organisms transmitted in this manner can be suspended in the air for long periods of time and can be dispersed in air currents. Therefore, they can infect susceptible hosts near or far from the infected patient.

Special ventilation in a negative air pressure isolation room is required.

PPE is worn to prevent inhalation of droplet nuclei. A **N95 mask** is required to enter the room. Persons wearing a N95 mask must be fit tested to wear the mask.

## Personal Injury

If you become ill or injured during working hours, report to your director and/or supervisor in charge of the your department. Any unusual occurrence, such as an injury or non-routine event must be immediately reported to management and applicable paperwork completed.

## Hospital Emergency Codes

For **all Emergencies dial 777**

### Codes:

Code Red: Fire

Code Orange: Hazardous materials/release

Code Black: Bomb threat

Code Pink: Infant Abduction

Code Blue: Cardiac Arrest, medical emergency

## Infant Abduction

To prevent an infant abduction:

Do not leave infants unattended.

Educate parents on infant security.

Question individuals who do not belong in the area.

Travelers must wear proper identification (ID badge) at all times. Badge must be visible at all times.

Do not leave photo IDs where someone could get it to use in an infant abduction.

Do not leave hospital attire such as scrubs, lab coats, and surgical gowns where unauthorized individuals could use them.

If you hear "Enact Infant Abduction Plan" over the PA system:

Go to the closest exits in the area you are in and watch for any individual with an infant or large package.

Employees must continue to watch exits until released by Security. Stop any suspicious individuals or individual with an infant or large package and contact Security.

Explain to the individual that we have enacted an emergency response plan because of a possible infant abduction.

Reassure patients, families or visitor as necessary.

Do not discuss the situation with media persons or non-employees.

## C. HAZARDOUS COMMUNICATION

### Community Right to Know Law

All employees, travelers, and students shall comply with federal, state, local and institutional regulations and guidelines when working with chemicals that pose a hazard to the worker, other persons or the surrounding community. Each student is responsible for their own personal safety and health and for the safety and health of others nearby and for the protection of the environment. The Right-to-Know Law was enacted to protect employees, travelers, and students by making available pertinent information about any chemicals with which they might be working. There are three components to a Hazardous Communication Program: training, labels and Material Safety Data Sheets (MSDS).

Regulations list many specific hazardous chemical wastes and define criteria for other categories. Generally, if a substance is ignitable, corrosive, reactive, or toxic, it is hazardous. All hazardous material must be labeled and it must be handled, packaged, transported and disposed of according to directions. If there is a hazardous chemical question contact the Safety Officer in charge of the Hazardous Communication Program.

Common substances that may be considered hazardous include bleach and other disinfecting solutions. For nurses, chemotherapeutic or antineoplastic agents are among the most hazardous substances. Special training is often required before a nurse may administer such medications. Traveling Nurses are not allowed to administer chemotherapeutic agents or any other high-risk drugs unless competency has been established.

## Labels

Each person is responsible for knowing about the chemicals used in the course of work in that setting. Each container must be labeled with the chemical name, and not merely its function. Always use containers in such a way that the labels will continue to be readable. If a label is missing or damaged, notify someone, such as your clinical faculty, the unit secretary or the nurse in charge of the area, who will correct the problem. Labels must tell you what the chemical is, any danger or hazard that may exist with that chemical or ingredients and the name, address and telephone number of the manufacturer. Always read the label before you use the contents of a bottle or can or other container.

Another warning label is that of the National Fire Protection Association (NFPA). It is a four part colored diamond. There is a numerical rate 0 (mild) to 4 (greatest) if there is a hazard in that particular category.

## MSDS

Each work area's Material Safety Data Sheets (MSDS) for all chemicals should be located in the Yellow Safety manual. Other MSDS sheets can be located by calling the hospital Housekeeping department. The MSDS includes the following information:

The name of the substance, the manufacturer and the date the MSDS was prepared. Other names the chemical(s) may be called or listed and exposure limits.

Physical characteristics: For example how a chemical looks or smells, melting and boiling points, how easily it dissolves or if it does not, and whether it floats or sinks in water.

Fire and explosion data tells you if a substance is flammable or combustible and the lowest temperature it could catch fire. It also tells you the safest way to put out a fire with this chemical.

Reactivity tells you what happens when that chemical comes in contact with air, water, or other chemicals. This part tells you when it might burn, explode or release dangerous vapors.

Health Hazards lists how a chemical might enter your body. This might be inhalation, ingestion, absorption (through skin) or injection.

Use, handling and storage describe how to clear up a spill or leak in addition to handling, storage and disposal of the chemical.

Special protection and precautions explains any need for PPE (such as goggles or a respirator) or signs or other equipment (such as a ventilation hood over a lab or pharmacy area) when using the chemical.

## D. Risk Management

Risk Management involves all medical and facility staff, including students. It provides for the review and analysis of actual and potential risk/liability sources involving patients, visitors, staff, and facility property.

- A reportable event is defined as any act by a healthcare provider that is, or may be, below the applicable standard of care and has a reasonable probability of causing injury to a patient.

The Risk Management Coordinator or designee will perform an investigation and make a preliminary determination of reportability of any referred event, and or practice involving nursing "health care providers". If an incident, act, or practice is deemed reportable, the affected nursing "health care provider" will be notified in writing of this fact and given the opportunity to be heard.

## E. Disaster Preparedness

Instructors and students should report to unit management and/or faculty to await specific instructions regarding either an internal or external disaster.

## F. HIPAA, Privacy, Security

### Overview

The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, controls the way health care providers and health plans must handle privacy and security of patient information. Affected organizations must be compliant or risk investigation by the Office of Civil Rights. Any documented violations may result in fines and penalties assessed to the organization or individuals found to be in violation of the laws.

HIPAA regulations ensure that **protected health information (PHI)** is properly handled. PHI is any health information created or received (electronic records, paper records and spoken communication) that could identify a specific person. One of the most obvious pieces of PHI is a patient's medical record, but it also includes ID bracelets; insurance cards, procedure codes, dictation tapes, photographs and other identifiers.

Patients receive a Notice of Privacy Practices when admitted to Hutchinson Regional Medical Center or its affiliates. This document tells how their health information will be used by that facility and outlines the rights patients have regarding their PHI. This includes the right to see a copy of any PHI kept by the facility, the right to request an amendment to their PHI, the right to receive an accounting of disclosures and the right to request restrictions on the release of PHI.

As a student, your role in HIPAA will be to:

Refrain from sharing PHI with anyone who does not have a need to know it.

Ask yourself "Do I have a need to know this information?" before looking at PHI.

Report known or suspected privacy or security breaches to your Supervisor or the Privacy/Security Officer.

Keep all electronic devices (iPOD, Smart Phone) in "airplane" mode only and should be used in nurse's lounges, classrooms, cafeteria and outside (not at nurse's stations, hallways or stair stairways) Photo taking is prohibited on Hospital property.

Your role in privacy will be to:

- Limit patient specific information discussed in hallways, elevators, cafeterias and other public areas.
- Control patient information that you have in your possession.
- Dispose of PHI in an appropriate manner, such as placement into shredding bin.
- Access only the minimum amount of patient information necessary to fulfill your role as a student or observer.

Your role in security will be to:

- Keep print-based medical records in a secure area.
- Use a password (not to be shared) to access PHI through a computer.
- Prevent the viewing of PHI on a computer screen through use of a screensaver, repositioning of the PC or signing off when leaving the workstation.

**\*See Notice of PRIVACY PRACTICES at Hutchinson Regional Medical Center\***

### **G. Workplace Violence/Sexual Harassment**

Hutchinson Regional Medical Center Corp. promotes a work place free from harassment and intimidation. Harassment or intimidation in any form is prohibited. Any healthcare provider found to have engaged in such conduct will be subject to disciplinary action.

Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting. Examples of workplace violence/harassment may include the following:

Verbal threats to inflict bodily harm, including vague or covert threats.

Attempting to cause physical harm, striking, pushing, and other aggressive physical acts against another person.

Verbal harassment, abusive or offensive language, gestures, or other discourteous conduct toward others.

Disorderly conduct, such as shouting, throwing or pushing objects, punching walls, and slamming doors.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of sexual nature constitutes sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

If you witness or experience any form of harassment/violence, please report the incident to your faculty, management or Human Resources following hospital policy. See Administrative Policy (950.71)

### **H. Regulatory Agencies**

When State surveyors are in the organization you may be asked questions about your assignments. This may include questions about:

The environment, such as where is the nearest fire extinguisher, the evacuation route for patients in a fire, or your role in the various emergency codes?

How you were oriented to the hospital?

## II. PATIENTS

### A. Patient Rights and Professional Ethics

A variety of documents guide the health care professional's behavior in the clinical setting. Included in these documents are policies and procedures, professional codes and patient's bill of rights. A Patient's Bill of Rights provides guidance for the nursing student's behavior in the clinical setting. Policies and procedures that relate to patient rights include:

Advanced directives  
Care of the dying  
Institutional patient rights statement  
Professional ethics

### B. A Patient's Bill of Rights

- The patient has the right to considerate and respectful care given by competent personnel.
- The patient has the right to complain. Federal law requires every hospital to have a formal grievance procedure. The patient has the right to timely resolution of a complaint without fear of reprisals. The patient also has the right to file a grievance and expect reasonable response to that grievance. A complaint may be made by calling the *At Your Service* phone line at 620-513-4321. If using a hospital phone, the patient should dial 4321. If the patient feels his/her complaint is unresolved, he/she may write the Kansas Department of Health & Environment (KDHE) at: 1000 SW Jackson, Suite 200, Topeka, KS 66612-1365 or may call 1-800-842-0078.
- The patient has the right to obtain from physicians and direct caregivers complete, current and understandable information concerning diagnosis, treatment, and prognosis. Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of hospitalization, and recuperation time, and the medically reasonable alternatives and their accompanying risks and benefits. The patient has the right to request staff to notify promptly a family member or representative and the patient's personal physician of the patient's admission to the hospital. Patients have the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
- The patient has the right to assistance in obtaining a consultation with another physician or practitioner at the patient's request and own expense.
- The patient or his/her representative has the right to make informed decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy, to be informed of his/her health status, and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides. The hospital should notify patients of any policy that might affect patient choice within the institution.

- The patient has the right to have an advance directive (such as a living will, health care proxy or durable power of attorney for health care) concerning treatment or designation of a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy. Health care institutions must advise patients during the admission process of their rights under state law and hospital policy to make informed medical choices, ask patients if they have advance directives and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully and legally valid advance directives.
- The patient has the right to every consideration of privacy. Case discussion, consultation, examination and treatment should be conducted so as to protect each patient's privacy.
- The patient has the right to receive care in a safe setting and to expect that no form of abuse, neglect or harassment from staff, patients, or visitors will be allowed.
- The patient has the right to appropriate assessment of condition and management of pain. The patient also has the right to expect a quick response to reports of pain, and the right to be involved in the development of his/her individualized pain management plan.
- The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting as permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.
- The patient or his/her legally designated representative has the right to review the records pertaining to his/her medical care and have the information explained or interpreted as necessary, except when restricted by law.
- The patient has the right to expect that, within its capacity, hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested due to religious or other reasons a patient may be transferred to another facility only after the patient has received complete information and explanation concerning the need for, risks, benefits and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for risks, benefits, and alternatives to such a transfer.
- The patient has the right to request and receive information regarding any business relationships among the hospital, educational institutions, other health care providers or payers that may influence the patient's treatment and care.
- The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.

- The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
- The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment and responsibilities. In addition, the patient has the right to be informed of available internal resources for resolving disputes, grievances and conflicts, such as ethics committees, patient representatives, the grievance process or other mechanisms available in their institution. In addition, the patient has the right to be informed of the hospital's charges for services, available payment methods and to examine and receive a detailed explanation of his/her bill.
- The patient has the right to hospital services without discrimination based upon race, color, religion, sex, national origin or source of payment.
- The patient has the right to be free from restraints or seclusion imposed as a means of coercion, discipline, convenience or retaliation by staff. A restraint can only be used if needed to improve the patient's well being and less restrictive intervention has been determined to be ineffective. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.
- The patient or the support person has the right, subject to his/her consent to receive the visitors whom he/she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and has the right to withdraw or deny such consent at any time. The hospital will not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. The hospital will restrict or limit visitation privileges only when visitation would interfere with the care of the patient and/or the care of other patients consistent with the hospital's overarching goal of advancing the care, safety, and well being of all its patients.

### **C. Patient Responsibilities**

The partnership nature of health care requires that patients, or their families/surrogates\*, take part in their care. The effectiveness of care and patient satisfaction with the treatment depends, in part, on the patient fulfilling certain responsibilities. The following are patient responsibilities:

- Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status. To participate effectively in decision-making, patients are responsible for asking for additional information or explanation about their health status or treatment when they do not fully understand information and instructions.
- Patients are also responsible for ensuring that the health care institution has a copy of their written advance directive if they have one.
- Patients are responsible for telling their doctors and other caregivers if they expect problems in following prescribed treatment.

- Patient should be aware of the hospital's duty to be reasonably efficient and fair in providing care to other patients and the community. The hospital's rules and regulations are intended to help the hospital meet this responsibility. Patients and their families are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees. Included in this would be policies related to smoking, use of alcohol and other drugs and visiting hours.
- Patients are responsible for giving necessary information for insurance claims and for working with the hospital to make payment arrangements, when necessary.
- A person's health depends on much more than health care services. Patients are responsible for recognizing the impact of their lifestyle on their personal health.

## Conclusion

Hospitals have many functions to perform, including the enhancement of health status, health promotion, and the prevention and treatment of injury and disease; the immediate and ongoing care and rehabilitation of patients; the education of health professionals, patients, and the community; and research. All these activities must be conducted with an overriding concern for the values and dignity of patients.

\*A designated surrogate can exercise these responsibilities on the patient's behalf or proxy decision maker if the patient lacks decision-making capacity, is legally incompetent or is a minor.

Reference: [www.aha.org](http://www.aha.org)

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## D. Communication

### General Communication

As a representative in the health care setting, you are representing the hospital. The clients and visitors will look to you for assistance. Please keep the following "customer service" concepts in mind when you are in the facility:

If patients or visitors ask you a question you cannot answer or asks for assistance that you are unable to provide (e.g. directions to a location in the agency), offer to help them find an answer rather than simply saying that you don't know the answer.

Don't wait for a patient or visitor to approach you. If you see someone walking around as if they are lost or trying to locate someone or something, offer assistance. If directions to the location are complicated, please consider accompanying the individual to assure that they find their destination without further difficulty.

Please refer patients or visitors with complaints to the appropriate staff person. Again, we would ask you to consider accompanying the individual and introducing him or her to the appropriate staff person.

You should always be dressed in an appropriate professional manner. When in patient care areas you should be in uniform, following the dress code of the nursing unit and the clinical program, or wearing a clean, neat lab coat over street clothes.

If answering the telephone please identify the unit, provide your name and identify yourself as a student. It helps to smile when you answer the telephone -- it really makes a difference in the sound of your voice.

If you are not able to provide the caller with the information he or she is seeking, explain your planned actions and place the caller on hold. For example, "I am going to put you on hold while I locate Nurse Smith. It should not take more than two minutes." If there is a delay, return to the phone, explain the delay, and provide the individual with the option of continuing to hold or to leave a message.

After leaving a telephone or pager message ask for a return call and notify the unit staff. This will allow them to easily refer the call to you when the individual calls back.

#### Communication with Non-English Speaking / Hearing Impaired

Hutchinson Regional Medical Center recognizes that an individual patient has the right to obtain information concerning diagnosis, treatment and prognosis and well as all information involving their rights as a patient. Patients experiencing communication barriers due to a physical condition, ethnic origin, or physical disability are provided with appropriate interpreter services. Methods are utilized include:

Local interpreter service

Online Interpreters

A family member can translate for the patient if requested to do so by the patient.

- See Administrative Policy (950.48)

#### **E. Abuse, Neglect and/or Exploitation, Domestic Violence**

State laws mandate the reporting of child and adult abuse and neglect. Laws mandate a report to be submitted to the County Department of Human Services when there is reasonable cause to suspect that a patient has suffered abuse, negligence, or exploitation.

#### Immunity from Liability

Any person making a report or investigation pursuant to this Code, including representatives of the agency in the reasonable performance of their duties and within the scope of their authority shall be presumed to be acting in good faith. The agency representative shall thereby be immune from liability; civil or criminal that might otherwise be incurred or imposed.

#### Definitions

**Reasonable Cause** might include a situation where the nature and extent of injuries or neglect seem inconsistent with the explanation of cause given by the informants.

**Abuse** The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being.

**Verbal Abuse** is defined as any use of oral, written or gestured language that includes disparaging and derogatory terms to patients or their families, or within their hearing distance, to describe patients, regardless of their age, ability to comprehend or disability.

**Sexual Abuse** is defined as, but not limited to, sexual harassment, sexual coercion, sexual exploitation or sexual assault.

**Physical Abuse** is defined as non-accidental injuries secondary to hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment.

**Mental Abuse** is defined as, but not limited to, humiliation, harassment, threats of punishment, or abandonment.

**Neglect** is the failure to provide adequate treatment and services necessary to maintain the health and safety of a patient. It may also include lack of supervision of a minor.

## **F. Latex Precautions**

Hutchinson Regional Medical Center will make every effort to minimize exposure to latex in the workplace and to provide a latex safe environment for employee and patient who suffer from latex allergy. The hospital provides a latex glove and a non-latex glove for employees. All gloves in the hospital are powder free. Patients who are sensitive to latex will be identified on admission and once identified a pink bracelet will be placed on the patient with appropriate documentation on the patient chart and Kardex.

A **latex allergy** is an adverse reaction to products made from latex or natural rubber. Reactions may occur when rubber objects come into contact with the skin or mucous membranes or when latex proteins are released into the air from powdered latex gloves or balloons. Reactions to latex proteins range from mild to life threatening. Latex may be found in hospital products such as gloves, catheters, IV equipment, surgical tape, tourniquets, ventilation and airway equipment, and medication stoppers.

A **latex sensitivity** is an unexpected reaction to products made from latex or natural rubber. Irritant contact dermatitis is the most common reaction to latex. It occurs within minutes to hours of the time you touched latex. It manifests with red, dry, itchy, or cracked skin. Allergic contact dermatitis usually occurs within 24 to 46 hours after touching latex. It manifests with skin redness, itching, watery eyes, runny itchy nose, sneezing, asthma, or other breathing problems.

## **G. Policies and Procedures**

Hutchinson Regional Healthcare System has specific policies, procedures, and standard reference texts with which you should be familiar. The policy manuals and reference texts are available on each patient care area. You are expected to adhere to these policies and standards. For clarification of a policy or procedure, resources available are: Compliance 360 on the Intranet, Dept. of Education, Patient Care Services Directors, or the House Supervisor.

**Administrative Policy Manual**

**Safety Manual**

**Nursing Standards Manual**

**Lippincott Manual of Nursing Practice (2006)**

**Perry & Potter Clinical Skills & Techniques (2011)**

**Mosbys Drug Handbook**

**Hutchinson Regional Healthcare System Compliance Program**