POST ACUTE MEDICAL™

ORIENTATION PACKET
for
Agency Contractors &
Students

HIPAA CONFIDENTIALITY AND SECURITY AGREEMENT

Post Acute Medical, LLC ("PAM"), has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In addition, PAM must assure the confidentiality of its proprietary, human resources, payroll, financial, research, computer systems, and management information (all of this is "Confidential Information"). This policy applies to information in any form—spoken, written, or electronic. It also applies to all PAM persons: PAM employees, medical staff members and their office staff, independent contractors or vendors, volunteers, representatives, students, or agents of PAM.

During my association with PAM, I may have access to Confidential Information. I understand I must sign and comply with this Agreement.

I will:

- Not make known or discuss any Confidential Information with others, including friends or family. I understand that my personal access code(s), PAM issued ID badge, user ID(s), and password(s) used to access computer systems are considered Confidential Information and will not be shared with anyone.

- Not discuss Confidential Information where others can overhear the conversation, whether on PAM property or not. It is not okay to discuss Confidential Information in public areas even if a patient's name is not used.

- Take appropriate Information Security measures to protect Confidential Information, including:
  - Ensuring that I log off or lock any computer or terminal prior to leaving it unattended. Locking the computer or terminal halts and prevents further access to the data.
  - Not telling anyone my computer password or use another person's computer password.
  - Not making any changes to Confidential Information in any PAM computer system that may compromise the integrity of the Confidential Information.
  - Not accessing, nor attempting to access, any Confidential Information, or use equipment; other than what is required to do my job—"a need to know."
  - Not making any unauthorized transmissions of Confidential Information—either by fax or computer.

- Not misusing Confidential Information though I may have access to it (such as making copies for personal use, or taking Confidential Information off of PAM property for personal use).
- Only store Confidential Information on a personal device if authorized to have the information and the storage is encrypted.
- All authorized transmission of Confidential Information will be secure.

- Not allow any unauthorized persons to review, or make copies of, any Confidential Information that I have or that I am using.
- Comply with all PAM security or privacy policies to protect Confidential Information.
- Immediately report to the PAM Privacy Officer at HIPAAPrivacy@postacutecorporate.com, any activity by any person, including myself, that is a violation—or possible violation, of this Agreement or of any PAM policies.

I further understand and agree that:

- All PAM access to Confidential Information, including computer access, is subject to monitoring and audit. This includes, but is not limited to, auditing of my personal mobile devices.

- Upon termination of my employment or association with PAM, I will return any documents or other items containing Confidential Information to PAM.

- I will be held accountable for any inappropriate access or entry into any computer system as defined in audit trails.

- My responsibility under this Agreement will continue after my employment or association with PAM has ended.

- A violation of this Agreement may result in disciplinary action, up to and including termination from employment, suspension and loss of privileges, as well as potential civil and criminal liability.

- Certain information stored and provided by PAM may be protected by federal and state regulations. If there is any doubt, I will treat the information as Confidential Information.

By signing this document I understand and agree to the following statements:

- ✓ I have completed education on HIPAA and related PAM policies.
- ✓ I have read the above Agreement and agree to comply with all of its terms.
- ✓ I understand that a copy of this Agreement will be kept on file.

Employee Signature_____

Print Name_____Date_____

Department _____

The Company

Throughout the communities we serve, Post Acute Medical offers hope and acts as a catalyst for achieving an optimal quality of life by:

- Focusing on putting the patient first and providing quality care for the medically complex (LTACH) and rehabilitation patients.
- Providing comprehensive, individualized treatment including PT, OT Speech and specialty physicians and nurses.
- Returning each patient to their highest possible functional status.

Our Mission

Post Acute Medical is committed to providing high quality patient care and outstanding customer service, coupled with loyalty and dedication of highly trained staff, to be the most trusted source for post-acute services in every community it serves.

Our Vision

The Post Acute Medical system continues to build upon its history as a respected provider of quality healthcare services by continuing to develop an environment that fosters meaningful improvement and recovery for people with injuries, illness and disabilities.

Self Study Orientation Guide

PATIENT CARE
Commitment to Excellence
The purpose of the We Care program is to make sure that we are providing the highest quality of care for our patients. By providing service with **C.A.R.E.- C**onnect, **A**nticipate needs, **R**eassure, **E**xit Warmly, the patient will feel valued and that they are receiving the very best clinical and emotional support possible. Listen with **H.E.A.R.T.** to alleviate patient anxiety and fears by **H**earing them, use **E**mpathy, **A**pologize, **R**espond with a solution, and **T**hank them for voicing their concern.

Consents
The consent of the patient or the legal guardian must be obtained before any medical, invasive or surgical treatment is undertaken; unless an emergency justifies treatment without consent. It is the physician's responsibility to inform the patient of 1) alternative treatments, 2) risks, 3) potential benefits, and 4) the possibility that blood or blood products may be administered. This is confirmed by a hospital consent form signed by the patient and witnessed by a nurse. The licensed nurse obtains and witnesses the signature of the consent only after any questions have been answered to the patient's satisfaction by the physician.

*******Student nurses are not permitted to witness or obtain consents.*******

Patient Bill of Rights and Responsibility
The patient Bill of Rights and Responsibilities tells a patient and their family what they can expect of caregivers and what caregivers expect of them. Patients receive a copy of their rights and responsibilities at the time of admission, and they are available to them throughout their hospitalization. The Patient Bill of Rights and Responsibilities is also posted on the walls of most patient care units. Patients have a fundamental right to considerate care that safeguards their personal dignity and respects their cultural, psychosocial, and spiritual values.

*******Student nurses may not perform the initial assessment of patients.*******

ENVIRONMENT OF CARE/SAFETY MANAGEMENT

Fire or Smoke in your area
1. Locate the fire extinguishers and red fire alarm pull boxes on your unit. In case of fire or smoke in your area, do not shout "FIRE!" stay calm.
2. **R.A.C.E:**
      a. **REMOVE** - Get everyone away from immediate danger.
      b. **ALARM** - Activate the alarm by pulling lever on nearest red alarm box or using nearest phone: Dial 0 or 911: Upon answer, explain you have a fire and give location.
      c. **CONFINE** - Close doors and windows to keep fire and smoke from spreading.
      d. **EXTINGUISH** - Attempt to extinguish the fire if it is small and confined.
3. Use the fire extinguisher properly (**PASS).**
      a. **PULL** the pin.
      b. **AIM** the extinguisher low, point the nozzle at the base of the fire.
      c. **SQUEEZE** the handle to release the extinguishing agent.
      d. **SWEEP** back and forth as you walk backward away from the area.

Electrical Equipment Safety
1. Check connections and cords for the following:
      a. Be alert for damaged cords, plugs, and outlets.
      b. Avoid using extension cords.
      c. Keep cords out of the way of traffic.
2. Use Equipment Safety:

a. Read and follow all instructions posted on equipment.

b. Don't put anything wet on electrical equipment.

c. Turn equipment off before unplugging.

d. Always unplug by pulling the plug, not the cord.

e. Don't use any equipment that sparks or gives the slightest shock.

f. Never try to repair equipment - contact Biomedical or Engineering.

3. Electrical equipment brought in by patients, i.e. hair dryers, electric razors, etc.

a. Any equipment brought in from home by patients must be assessed by the Engineering/Plant Operations department for safety prior to patient using item.

Safety Data Sheets (SDS)

1. SDS sheets describe the hazards of chemicals that an employee uses on the job.
2. SDS sheets are located in the Plant Operations Office in Administration in the yellow binder.
3. If more information is needed, check with the charge nurse on duty.

Hazardous Material/Spill Response Plan

1. Contact the charge nurse for specific information if:

A. you are unfamiliar with clean-up procedure.

B. chemical spill is over one gallon.

C. chemical is highly toxic/volatile.

2. Chemical Spills - All chemical spills are contained according to OSHA guidelines and following procedures as outlined on the SDS sheet.
3. Biohazard Spills

a. Use personal protective clothing and equipment.

b. Contain spill and prevent splashes by covering with paper towel or disposable cloth.

c. Pour generous amounts of disinfectant onto the contaminated surface.

d. Allow disinfectant to sit on spill for at least 10 minutes.

e. Broken glassware should be removed carefully with disinfectant soaked gauze and placed into an impervious sharps container.

f. Carefully wipe up and dispose of contaminated material into marked Biohazard waste container. Rinse area with soap and water. Dry with mop or paper towel.

Waste Disposal

1. Regulated or biohazard waste is defined as liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
2. Regulated or biohazard waste must be disposed of in the appropriate container. Sharps containers are available in every room for disposal of sharp items, such as needles with syringes, etc. Other biohazard waste is placed in a red bag and then into the biohazard containers in the dirty utility room.
3. Blue bags are for dirty linen and clear bags are for regular trash.

Smoking Policy

It is the intent of the hospital to provide a safe, healthy environment for patients, visitors, employees, students and physicians. Our goal is to have a smoke-free environment. Smoking is **PROHIBITED** on hospital property.

Bomb Threat

When a call is received in a work area, have a co-worker notify the following person's that a bomb threat is in progress:

1. Charge Nurse, AOC & Plant OPs

2. Police / 911.

Using the Bomb Threat Policy, get as much information about the caller as possible. Until a co-worker is able to locate this checklist for you, ask the following questions:

        a. Time bomb is set to explode.

        b. Where located.

        c. What kind of bomb.

        d. Why is he/she doing this?

Note the following details: sex, accent, speech impediment, age, background noises, and unusual phrases.

Internal Disaster Evacuation Plan

1.   Horizontal Evacuation - Horizontal evacuation is the lateral movement of all patients utilizing wheelchairs, stretchers, blanket drags, or other conveyances, to the nearest and safest protected area, usually the grassy area in front of the hospital.

2. Methods of Evacuation

        a. For non-ambulant patients, use stretchers, blankets if possible, beds if practical and wheelchairs if possible.

        b. All ambulatory patients form a chain and are led to the nearest exits.

        c. An individual is assigned at exit door to maintain order and give directions.

        d. All patients should be wrapped in blankets.

        e. Carry patients as a last resort, if no other way is available, in order to escape dangerous areas. However, in carrying patients, consider: The weight and condition of a patient and the adaptability of the rescuer.

External Disaster Plan

This plan is used in response to mass casualties as a result of any manmade or natural disaster in the community which will exceed the normal capacities of the Emergency Department. The plan is intended to provide emergency medical services with a minimum amount of interruption to the patient services of the hospital. When the external disaster plan is in initiated:

        1. Report to nursing station if not already there and remain there unless assigned by the
          Charge nurse to do otherwise.

        2. Restrict use of the telephone and outside doors unless absolutely necessary.

        3. All questions from the media should be directed to the Chief Executive Officer (CEO).

        4. If the external disaster involves chemicals and/or hazardous materials, the plan will be initiated by announcing code via overhead page.

INFECTION PREVENTION

1. **Hand Hygiene**

    a. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other infectious materials. Hands should be washed before and after wearing gloves and before and after any contact with a patient. Hand antiseptic or soap and water are to be used.

    b. Artificial nails and nail jewelry are not permitted. Nail length is to be no more than ¼' from the fingertip.

2. **Standard Precautions**

    a. Standard precautions should be used on all patients.

    b. Wear gloves when providing any type of patient care

    c. Perform hand hygiene before entering and before leaving the room/providing care.

    d. Always wear gloves when you have a potential risk of a bloodborne pathogen exposure

    e. Standard precautions should be used along with ALL types of isolation precautions

3. **Isolation Precautions**

    a. Personal Protective Equipment (PPE) consists of gloves, isolation gowns, mask with or without an eye shield. (Prescription glasses are not used in place of protective goggles.) For a more extensive list of PPE see the Bloodborne Pathogen section below.

b. Isolation carts are within reach of each isolation room and contain PPE, one time use thermometer, blood pressure cuff and stethoscope for each patient.
c. **Isolation Types:**
    i. **Contact Isolation** – organisms spread by direct or indirect contact (Example – Direct contact would be shaking hands; Indirect contact would be touching an IV pole or drinking after someone.)   Examples include methicillin resistant staph aureus (MRSA) or other multiple drug resistant organisms (MDRO) that **are not** present in sputum.
        1. Standard Precautions:
            a. Wear gloves and gowns and change them after each patient
            b. Perform hand hygiene before entering and before leaving the room/providing care.
            c. If patient is coughing, wear a mask.
    ii. **Enteric Contact Isolation** – organisms are spread by fecal-oral route and are resistant to alcohol based hand sanitizer.
        1. Standard Precautions
            a. Hand hygiene, gown and gloves
        2. Hands **must** be washed with soap & water
        3. Use patient-dedicated or single use disposable equipment
    iii. **Droplet Isolation** – organisms spread by droplet (usually 3 feet or less) (Example – coughing/sneezing) Examples include influenza, Group A strep, methicillin resistant staph aureus (MRSA) or other multiple drug resistant organisms (MDRO) that **are** present in sputum.
        1. Standard Precautions:
            a. Cover your cough or cough in a tissue or your elbow
            b. Perform hand hygiene before entering and before leaving the room/providing care.
            c. Wear mask when entering the room
            d. Dietary may not enter the room
    iv. **Airborne Isolation** – organisms transmitted by airborne droplet, small particle residue of evaporated droplets containing microorganisms that remain suspended in the air and can be widely dispersed by air current within a room or even over a longer distance. Examples include tuberculosis, measles, and chicken pox.
        1. Place patient in negative pressure room
        2. Standard Precautions:
            a. Perform hand hygiene before entering and before leaving the room/providing care.
        3. Wear N95 respirator/mask when entering the room
        4. Keep door closed
        5. Dietary may not enter the room
    v. **Protective Precautions** – used when protecting the patient from infectious organisms.
        1. Standard Precautions
            a. Perform hand hygiene before entering and before leaving the room/providing care.
            b. Wear mask when entering the room
            c. Dietary may not enter the room
        2. No persons with infections may enter
        3. No dried or live plants or flowers
        4. No non-peelable fresh fruits or vegetables
        5. Wear mask, gown, and gloves
4. Protecting healthcare workers includes annual screening for tuberculosis, reviewing a complete immunization record and taking hepatitis B immunization.
5. The best way to prevent transmission of germs is to **<u>WASH YOUR HANDS!</u>**

Bloodborne Pathogens & Personal Protective Equipment (PPE)

1. Exposure to bloodborne pathogens can occur through: contact with broken, chapped or cut skin; needle stick injuries; and contact with mucous membranes. Examples are Hepatitis B, Hepatitis C, Human Immunodeficiency Virus (HIV) and syphilis.

2. The hospital maintains a Standard Precautions policy (see above).

3. Personal protective equipment (PPE) helps you practice standard precautions and is one of your best defenses against exposure to infectious materials. When you use the appropriate PPE, and use it correctly, you can significantly reduce your risk of infection.

4. When using PPE, be sure it:

    a. Fits properly each time you use it.

    b. Provides you with the protection you need. It should not allow blood or other potentially infectious materials to pass through our reach your clothes, skin, eyes, mouth, or other mucous membranes.

5. Post Acute Medical provides the following PPE for your safety:

    a. Gloves - powder-free/latex-free

    b. Face masks

    c. Particular respirator face masks (to be used with respiratory isolation)

    d. Face shields

    e. Goggles

    f. Impervious gowns

    g. Shoe covers

    h. Surgical caps

    i. Protective safety needles

    j. Protective IV Angiocath

    k. Safety lancets

    l. Protective butterfly needles

    m. Protective Vacutainer barrels

    o. Plastic blood collection tubes

    p. Sharps containers in various sizes

    q. Needleless IV system

For the location of this equipment or if you have any questions, please see your Charge nurse.

Occupational Exposure to Bloodborne Pathogens

1. Reportable Exposures

  a. All needle sticks and skin penetrations from sharp instruments.

  b. Splashes involving contact of body secretions with mucosal surfaces.

  c. Skin contact with body secretions.

  d. Accidental ingestion of body secretions.

2. Reporting Procedure - Immediate reporting is essential, since treatment regimens, when indicated, must begin within one-two hours.

3. Report exposures to:

  a. The supervisor on duty. **AND**

  b. Employee Health Office or charge nurse after hours.

Safe Body Mechanics

1. Bend at your hips and knees, not at the waist.

2. Keep loads close to your body. If you lift 50 pounds with your arms away from your body, the force of the load on your back reaches 500 pounds.

3. During the lift, contract your stomach muscles to protect your back. Use the force of your legs to do the work - not your back and arms.

4. Avoid twisting motions. They misalign your back and increase risk of injury. Instead, take small steps and pivot.

5. Avoid overreaching, whether up, down, or across. Use a step stool when reaching something high.

6. Do not lift objects above shoulder height or below waist.

7. Always keep your working surface slightly higher than waist level to avoid back strain.

8. Push whenever possible instead of pulling.

9. When you have to stand for long periods, minimize back strain by placing one foot on a stool or another similar object. Change positions frequently.

10. Never lift a load that is too heavy for you

Rapid Intervention Team (RIT)

1. Post Acute has an assigned team to handle rapid intervention 24 hours per day and 7 days a week. This team will respond and run all codes and rapid interventions.

2. Rapid Intervention is developed so nursing staff can seek assistance in assessing & intervening when there is a change in a patient's or visitor's condition.

3. To activate the RIT, call the operator and give the information and location of the patient.

4. If the patient's condition warrants calling a code, use proper procedure to announce "Code Blue in (location)" 2-3 times. Begin CPR until the Code Team arrives.

5. Call 911 for patient transport to an acute care hospital.

6. Direct any questions about this process to the Charge Nurse.

Patient Safety

Risk Management

Risk management is proactively identifying, evaluating, and analyzing potential loss sources for the purpose of preventing reoccurrence and/or reducing adverse occurrences/incidents that can cause harm to patients, visitors, employees, or property. Post Acute Medical is committed to providing safe patient care. We do so by addressing the Joint Commission **National Patient Safety Goals.**

NPSG 2020 Actions:

1. Identify Patients Correctly: Health care providers will confirm date of birth and patient name with patient and patient bracelet.

2. Improve Staff Communication: Get important test results to the right staff person on time. Critical lab value is called from the lab to a nurse. The nurse reads back the result to the lab for verification and the lab will document the name of the nurse who verified the result. The nurse will notify the attending physician of the critical or significant result within 10 minutes. The nurse will document the name of the physician and the time in the medical record.

3. Use medicines safely: All medications will be labeled. The seven (7) rights of medication administration will be observed, Lab values will be monitored before administration of any anticoagulant.

4. Use Alarms Safely: Precaution will be taken to ensure that alarms on medical equipment are heard and responded to on time. Staff is oriented to each alarm to ensure understanding of each.

5. To reduce alarm fatigue: Hourly rounding will be in effect to reduce the number of alarms or need for assistance. We will also enforce a "no pass" rule with all staff in house.

6. Prevent Infection- Staff will use the hand cleaning guidelines from the CDC. Hand washing audits are in effect per Infection Control RN and will be reported to QAPI/EOC monthly, along with CAUTI and CLABSI bundles used and monitored.

7. Universal Protocol or "Time Out" will be used for bedside procedures.

8. Identify Patient Safety Risks
    a. Elopement and fall risk are done on admission. Fall risk are monitored daily.
    b. Psychosocial risk are also done on admission to reduce the risk of suicide.
    c. Patients are screened for dysphagia and Risk for Aspiration and placed on proper precautions, such as not eating while lying flat, use of straws, and supervising meals.

Occurrence Reporting

- An event, regardless of the degree of seriousness at the time of occurrence should be reported in RMPro by the end of your shift. Examples of occurrences for employees, medical staff, patients, students, visitors, and volunteers, include complaints, personal injury (falls), medication error, property damage, and theft.

- If you are involved in/become aware of an occurrence, please notify the charge nurse immediately.
- Occurrence reporting is not punitive! It is a process of identifying:
    - Opportunities for improvement
    - Potential claims
    - Sentinel events
    - Peer case review
- If you are injured while working you should report immediately to your charge nurse / supervisor to obtain instructions for completing the Worker Injury Process.

Sentinel Events
A sentinel event is an unexpected patient occurrence that results in, or could result in, death or serious harm to the patient. The purpose of reporting and investigating sentinel events is to improve the quality of patient care by focusing attention on underlying causes and risk reduction and to increase the general knowledge about sentinel events, their causes and prevention. This reporting is not punitive.

Clinical Ethics
An ethical issue is when there is a conflict in values concerning the care decisions being made regarding a particular patient. These conflicts may arise regarding such issues as patient decision-making capacity, informed consent, refusal of treatment, advanced directives, DNR status, and termination of life support. Conflicts may arise between/among patients, family, physician, and/or caregivers. If an ethical issue arises, Post Acute has a Clinical Ethics Committee. To contact the committee, notify your charge nurse or the CNO, Administrator-on-call, or Quality /Risk Management.

Policies and Procedures
Company policies and procedures are available on PAM's intranet: PAM Central. Departmental policies and procedures are available in the respective department.

Management of Information
Protecting the Confidentiality of Patient Information

When a patient enters the hospital, we assume an obligation to keep in confidence all that pertains to him/her and his/her personal affairs. Every person shares this responsibility. Reason for admission, diagnosis, and all treatment of patients are confidential information and must be guarded.
Release of Medical Information should only occur after proper authorization.
There are many ways we can protect the confidentiality of patient information:
• Confidentiality policy and procedure;
• Confidentiality statements (initial and annual);
• Don't discuss patient medical information in public areas;
• Don't release medical records without the patient's consent; and
• Don't display a patient's full name or diagnosis on a room board.

Post Acute Medical protects on-line information patient information in the following manner:
• Information Security policies and procedures;
• Information Security Agreements (initial and annual);
• Access to the system is granted on a need to know basis;
• Logging on with passwords;
    - Your password should be protected.
    - You never give your password to another person.
    - Never allow anyone to document under your password.
    - Passwords expire on a scheduled basis.
    - If you suspect someone has your password, you should call Kodiak Service Desk (1-908-687-4101, option 3) immediately and ask for a password reset.
    - Logging off after data entry or when leaving a system unattended.

HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) is a federal law for which a hospital must pay penalties if they fail to comply. There are a few terms that you need to be familiar with when talking about HIPAA.

• PHI – Protected Health Information
• AOD – Accounting of Disclosures
• TPO – Treatment, payment, healthcare operations

The following items are considered protected health information (PHI):

• Name
• Fax Numbers
• Electronic e-mail addresses
• Social Security Number
• Address including street, city, county, zip code
• Medical record number
• Names of relatives
• Health plan beneficiary number
• Name of employers
• Account number
• Date of Birth
• Web Universal resource Locate (URL)
• Telephone numbers
• Internet Protocol (IP) address number
• Certificate/license number
• Finger or Voice prints
• Any vehicle or other device serial number
• Photographic images

Patient information should only be accessed if there is a **need to know**. When discarding patient information, all protected health information will need to be place in a shred container. These containers are located throughout the building.

➢ Post Acute Medical must provide adequate Notice of Privacy Practices (NPP) to patients. The NPP will be distributed to patients upon registration. The NPP will be covered in detail with the patient. The NPP addresses patient rights such as: right to amend, right to access, right to privacy restriction, right to opt out of directory.

➢ Patients have the right to access and have hard copies of their records including billing record if requested within 30 days of request. All requests for patient information should be handled through the Health Information Management Department (HIM). Patients also have the right to amend their records. This must be requested through the Director of Quality Management Office.

➢ All disclosures made to external entities must be logged except when authorized by the patient; used for treatment, payment, or healthcare operations; released to individuals themselves; and used for national security or intelligence purposes.

➢ Patients have the right to request restriction of their Protected Health Information (PHI). Request must be made through the Quality Officer in writing and it can be approved / denied.

➢ Patients have the right to opt out of the hospital directory at any time during their stay.

➢ If they opt out, you **may not** acknowledge the patient is in the facility or give information about the patient to friends, family, or other who may inquire. You can release information about the patient if the person gives you the 4 digit pass code as defined in the Post Acute Medical policy.

➢ All privacy complaints must be routed to the Director of Quality. The Director of Quality must maintain a log in accordance with complaint process. Disposition of the compliant must be consistent with the facility's Sanctions for Privacy Violations.

Under no circumstances are any materials with patient information to leave the building. No documents may be Xerox copied. If you encounter any HIPAA issues, please contact your charge nurse immediately, and they will contact our Director of Quality.

Any person who inappropriately discusses protected health information with patients, volunteers, contracted or regular employees, or persons outside of the hospital is engaging in a breach of ethics of Post Acute Medical. *Violations of this policy are subject to disciplinary action up to and including termination of employment or assignment.*

Code Identification

Code Blue– Medical Emergency

Code Red - Fire

Code Black – Bomb Threat

Code Green – HazMat Incident

Code Orange – Security Emergency

Code Brown – Command Center

Code Pink – Missing Patient

Code Yellow – Mass Casualty/Disaster

Code Purple – Hazardous weather

Code Silver – Active Shooter

Rapid Response – Rapid Response Team needed

Bracelet Colors

Pink – Aspiration precaution

Green- Limb alert

Red – Allergy

Purple – Do Not Resuscitate

Yellow – Fall Precaution

Dress Code

All clothing should be conservative and in keeping with the nature of the hospital image and appropriate to nature and scope of position. No jeans, sandals or open toed shoes are allowed in patient care areas. Appropriate ID badge must be visible at all times. The published Appearance Guidelines will be followed at all times.

Harassment & Discrimination

It is the policy of the company to maintain a work environment in which all individuals are treated with respect and dignity. Harassment whether verbal, physical, or environmental is unacceptable and will not be tolerated by the company. Each person working in the company has a right to work in a professional atmosphere in which discriminatory practices based on race, color, religion, gender, marital status, national origin, age, disability, military service, or sexual orientation are strictly prohibited and not tolerated.

Orientation Attestation

Welcome to Post Acute Medical. Thank you for helping us to provide quality care to our patients. This orientation packet is designed to help prepare you to work in our facility.

I HAVE READ THE ABOVE INFORMATION PROVIDED TO ME BY POST ACUTE MEDICAL AND AGREE TO ABIDE BY ALL RULES AND REGULATIONS WHILE PROVIDING SERVICES TO THE HOSPITAL.

_____

Name of Employee   Title   Date

All completed, signed copies of this packet should be delivered to the Charge Nurse. For any questions, please call the local Chief Nursing Officer or your manager.

Name:_____ Dept:_____

***** *All Immunizations Must Be Up to Date******

- ➤ Confidentiality Statement
- ➤ Mission and Values Statement
- ⏱ Self Study Orientation Guide
    - ⏱ Patient Care
    - ⏱ Patient Bill of Rights & Responsibility
        - o Emergency codes
        - o Fire Response Plan
        - o SDS/Hazardous Materials
    - ⏱ Waste Disposal Guidelines
    - ⏱ Disaster Plan
    - ➤ Infection Prevention/Bloodborne Pathogens
    - ⏱ Safe Body Mechanics
    - ⏱ Codes/RIT
    - ⏱ Patient Safety
        - ⏱ Risk Management
        - o Occurrences
        - o Clinical Ethics
        - o Policies & Procedures
        - o Management of Information
        - o HIPAA
        - o Dress Codes
        - o Harassment in the Workplace Policy
- ⏱ Post Acute Medical Forms & Policy Review
    - ➤ Assessment of Patient: Documentation Guidelines
    - ➤ Fall Prevention Protocol
- ⏱ Restraints Policy
- ⏱ Complete and pass comprehensive orientation test

_____
Signature of Agency Contractor   Date

Post Acute Medical - Agency Orientation Test Packet

Name: _____   Date: _____

Emergency Preparedness
1. What are these codes:
    Code Red_____
    Code Blue _____
    Code Black _____
    Code Orange _____
    Code Gray _____
    Code Purple _____

Hazardous Communications
1. List 2 of the 5 ways that a hazardous chemical can enter the body (was to become exposed).
    _____
2. Where are the SDS sheets located?
    _____
3. List 2 types of PPE.
    _____

Fire Safety
1. RACE protocol stands for:
    a. Run, Alarm, Control, Evacuate
    b. Remove, Alarm, Confine, Extinguish
    c. Rescue, Alarm, Control, Extinguish
    d. Read, All, Controls, Execute
2. How should others be alerted of a fire, when patients must be rescued immediately?
    a. Transfer the patients and then go to the pull station
    b. Extinguish the fire and then tell a supervisor
    c. Transfer the patients and then call the switchboard
    d. Call out so that others can hear
3. Pull, aim, squeeze and sweep (PASS) refers to which of the following?
    a. How to use a fire extinguisher
    b. The steps involved in a horizontal evacuation
    c. How to use a pull station
4. Which patients should be evacuated first?
    a. Patients in the room of fire origin, as well as others who are directly exposed to the fire.
    b. Patient in the ICU
    c. Patients that are asleep
    d. Patients in the patient gym

Bloodborne Pathogens
1. The most common way that healthcare workers are exposed to blood or body fluid is by:
    a. Blood transfusions
    b. Mucous membrane contact

    c. Broken skin contact

    d. Puncture wounds from sharps

2. You might be exposed to blood or body fluid on the job by:

    a. You're not wearing gloves to sort contaminated laundry.

    b. A patient blowing his nose next to you.

    c. You're putting clean sheets on a bed.

    d. Your wearing gloves to touch a patient.

Airborne Transmitted Diseases

1. How is it determined to place a patient on airborne precautions?

    a. A healthcare professional decides if the patient is infectious.

    b. All infectious patients are placed on airborne precautions for the duration of the illness.

    c. The patient refuses to take medication.

    d. Symptoms of the illness are present.

2. How is TB most likely to be transmitted?

    a. Touching a TB patient

    b. Having contact with a TB patient's blood

    c. Using the same toilet as a TB patient

    d. Breathing the same air as a TB patient

Infection Control

1. Standard precautions should be used with which of the following Transmission Precautions?

    a. Direct contact

    b. Droplet

    c. Indirect contact

    d. All the answers here

2. What is the most effective and efficient means of controlling the spread of disease-causing organisms?

    a. Stay home when you feel sick

    b. Don't take care of ill patients

    c. Wash your hands

    d. Wearing gloves

3. When using equipment on a patient with contact precautions, you should:

    a. Use it on the patient with contact precautions last.

    b. Clean and disinfect equipment before and after each patient use.

    c. There is no need to worry about it as long as the equipment is not visibly soiled.

    d. As long as all the patients are on contact precautions you don't need to worry, you are just cohorting equipment

Age Specific & Cultural Care

1. Involving family in care can be helpful with patients of all ages. T or F

2. Assessment of patients needs to include:

    a. cultural and spiritual values

    b. age related needs

    c. family & other social situations

    d. all of the above

Event Reports

1. What type of event constitutes completing an Event Report?

_____

_____

Patient Rights

1. Name 2 rights of a patient.

_____

2. Name 2 ways to give the patient respect and dignity?

_____

Patient Arm Bands

Name the colors of the following arm band:

   DNR   _____

   Allergies   _____

   Fall Risk   _____

   Swallowing   _____

Therapy Services:

1. Dysphagia is difficulty
   - A. Talking
   - B. Thinking
   - C. Swallowing
2. T/F An orange wristband indicates difficulty with swallowing.
3. Aspiration, the involuntary inhalation of gastric secretions, liquids, or solids into the lungs can cause which of the following?
   - A. Hypoxic Injury
   - B. Pneumonia
   - C. Death
   - D. Airway obstruction
   - E. All of the above
4. For a patient on aspiration precautions, which of the following should be avoided:
   - A. Patient laying flat
   - B. Straws
   - C. Supervision with intake
   - D. A & B
5. T/F Aspiration can be silent. Just because a patient "appears" to be tolerating intake does not mean they are not aspirating.

Name: _____ Date: _____

Test Score: _____/25
(Must get 20/25 correct to pass)