



Mountain View Hospital



Orientation Booklet

For: Students, Observers, Volunteers and Contract Personnel

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Welcome to Mountain View Hospital!

This Orientation Booklet contains practice guidelines which will help guide you through your clinical experience. You should familiarize yourself with the contents of this booklet as soon as possible, it will answer many questions about student, observer, volunteer, and contract personnel orientation with Mountain View Hospital.

We hope that your experience here will be challenging, enjoyable, and rewarding.



MOUNTAIN VIEW HOSPITAL MISSION STATEMENT

Mountain View Hospital strives to be the facility of choice in our community for maternity, women's healthcare services, orthopedic, and other surgical procedures. We are committed to the care and concerns of each of our patients. Our professional staff is dedicated to providing the highest quality of individualized care.

This family-centered, patient-focused approach to medicine is intended to promote long-term health and well-being, which results in a high degree of patient satisfaction.



MOUNTAIN VIEW HOSPITAL CULTURAL VISION

Imagine waking in the morning excited about going to work! You arrive at work with a positive attitude, greeting and being greeted by friends who are your fellow workers. You know that together you are providing the finest patient care available.

You understand what is expected of you and go about your duties with drive and enthusiasm knowing the results you create will be appreciated and rewarded.

Your management is a perfect balance of oversight and freedom. Allowing you to apply your talents to succeed and helping you to learn and recognize areas that could be improved to accelerate your advancement and success.

You are encouraged to look for new opportunities for your team and for the Hospital and you appreciate the opportunity to exhibit and develop leadership skills as you work.

Everyone you associate with during the day is positive, loyal, and supportive and works as a team to achieve departmental and facility goals.

Unexpected challenging situations that normally might be met with stress and contention are overpowered by cooperation and encouragement. Is it a dream you wonder?

Mountain View Hospital welcomes you to our cultural vision.
Participate in a manner that reinforces this vision and you will fit right in.

Documentation Requirements

Refer to MVH Policies: *Requirements for Students, Observers and/or Interns Participating in Any Hospital Daily Activities*

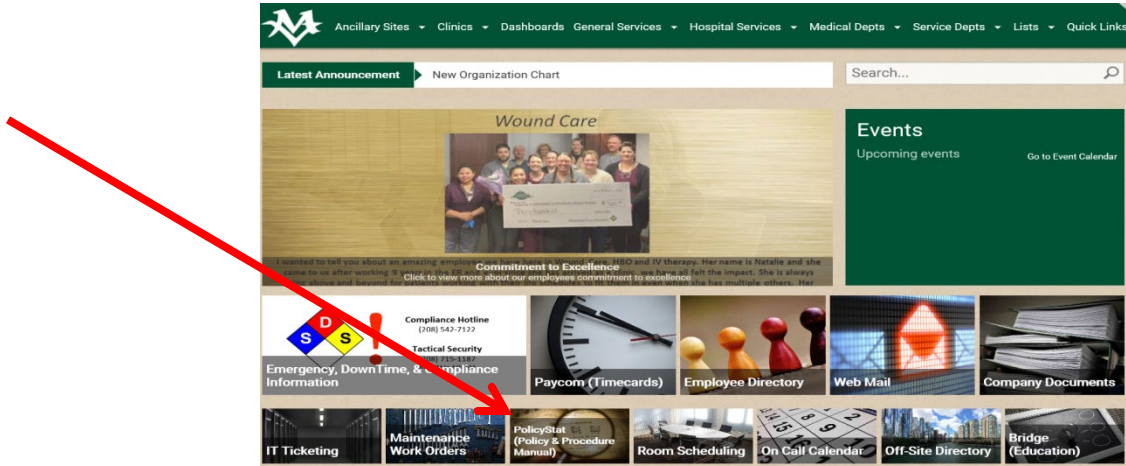
All students, observers, volunteers, contract personnel, on-site clinical faculty, interns or any other non-Employee, prior to entering Mountain View Hospital, must have completed and submitted the documentation listed below:

1. Personal health information including current immunizations (can be housed in at affiliated school in an undergraduate program)
2. Current BLS Healthcare Provider (CPR)
(Required for Clinical Students)
3. Background Investigation check (if in undergraduate program, and completed for affiliated school, this does not need to be done)
4. Signed copy of Confidentiality Agreement
5. Completed self-assessment included in this booklet
6. Signed attestation stating the Orientation Booklet has been read

For Students: All of these items and supporting documentation are maintained and kept on file by the educational institution for each student and faculty member and provided to MVH Education Department as requested.

MOUNTAIN VIEW HOSPITAL'S POLICY AND PROCEDURES MANUAL (POLICYSAT):

You will refer to the online Mountain View Hospital policy manual for all hospital related information. All associated with Mountain View Hospital have access to the hospital's policy and procedure manual located within the document management program, PolicyStat. To access PolicyStat, locate the tab "PolicyStat (Policies & Procedures Manual)" on the MVH intranet home page:



Sign into PolicyStat with your first initial last name and windows password.

You are now in PolicyStat! On your dashboard page, locate the HOME tab and the Search tool. This tab will (Google) search throughout the entire policy manual for your key word.

Type in the subject for the policy you need to search, and use either the drop down menu or click on the "Search Policies" tab to initiate.

Select the appropriate policy **title** to access the document.

Home Q Title Q Policy Area Q Owner Q References

Q PTO Search Policies

Search

☺ You may be able to improve these search results by setting your default policy area in [My Account](#)

Search results for "PTO"

2 Results **ordered by relevance**

Title	Preview
Paid Time Off (PTO)	... apply any available PTO to their leaves. Employees can request use of PTO after it is accrued. Requested PTO that would result in a negative ...
Health & Fitness Academy: Protocol For Requesting PTO	... would like to request off. From the "Type" drop-down menu, click "PTO" if Part-Time or Full-Time status and "Unpaid Leave" if PRN ...

CODE OF CONDUCT

Refer to MVH Policies: *Training and Education Guidelines, Mountain View Hospital's Compliance Plan, Disruptive and Inappropriate Behavior, Culture of Safety and Quality*

Mountain View Hospital strives to be the facility of choice for Idaho Falls and surrounding areas. Through the commitment, compassion and talent of our caring staff and physicians our endeavors are focused on improving human health and well-being through exceptional patient care. All hospital employees, as well as students, share the responsibility to make a positive and lasting impact on healthcare in our community. The following applies to all employees and students:

- Information concerning patients, employees, and other hospital business of a confidential nature must not be discussed outside the hospital.
- Interpersonal skills of healthcare providers have the greatest impact on patient's overall experience.
 1. Introduce yourself and explain your role to the patient
 2. Call patients and visitors by their preferred names.
 3. Take time to listen, explain, relate.
 4. Every time you interact with someone keep in mind our Mission --- To provide the highest quality individualized patient care.
- Discussing personal issues/problems with patients is not appropriate.
- Maintain a professional relationship with patients.

COMPLIANCE

Refer to MVH Policies: *Compliance Plan Overview, Mountain View Hospital's Compliance Plan*

Mountain View Hospital Compliance Program is designed to demonstrate the company's unyielding commitment to the highest standards of ethical behavior and conduct. This commitment is demonstrated through voluntary efforts to adopt a comprehensive compliance program. This program is based on the 3C Decision Making Model: compliance, conscience, and conduct.

Compliance. Does the situation involve a violation of a law, regulation or internal policy or procedure? Every employee has an individual responsibility to report any activity by any colleague, physician, subcontractor or vendor that appears to violate applicable laws, rules, regulations or the Code of Conduct. An employee may report through an internal path by contacting Human Resource Office or any member of management.

Conscience. Does the situation involve the violation of an ethical principle? Ethical conduct is our way of doing business. Our actions should always reflect our personal values and should not simply be a response to the many laws, regulations and policies that govern the health care arena. We should hold our colleagues and ourselves accountable to foster and maintain an environment of the highest ethical standards. Achieving this goal will help assure our success as a preeminent health care provider.

Conduct. There are multiple roles as a member of a service-oriented organization: individual, care giver, team member, financial steward, and law abider. The responsibility of these roles includes avoiding conflicts of interest, maintaining confidentiality, continuous improvement and quality care, assurance of accurate and complete billing and patient records, and adherence to all laws and regulations of the healthcare industry.

Policies and detailed explanations of the above concepts can be obtained from the Human Resource Office. This information is contained in the compliance folder and includes but is not limited to:

sexual harassment, use of electronic communication, drug policies, and regulatory statutes.

HIPAA

Refer to MVH Policies: *HIPAA Breach Staff Training Program, HIPAA Breach Response, Workstation Security for HIPAA, Sanction HIPAA Policy*

The Health Insurance Portability and Accountability Act was enacted in 1996 and is the most comprehensive set of anti-fraud provisions to affect health care. It mandates the establishment of a National Fraud and Abuse Program to coordinate federal, state and local law enforcement programs; conducts investigations related to health care payments; and facilitate the enforcement of statutes applicable to health care fraud and abuse. The basic principles for staff education include confidentiality, privacy, and information security. All patients must be offered a copy of the facilities Privacy Practice Notice.

Confidentiality. The minimum necessary standard should be applied in all aspects of patient care. Reasons to provide individual healthcare information are: provisions of patient care, management of financial obligations of the patient, and to conduct healthcare operations. Individual authorization is needed for the release of information with some exceptions. These include instances as required by law for law enforcement purposes, disclosure of victims of abuse or neglect, workers compensation, public health activities, and others as outlined in the HIPAA. Confidential information includes name, address, birth date, diagnosis, medical history, and social security number.

Privacy. All patients have a right to privacy. Maintaining these rights can be achieved by following these guidelines:

- Never discuss patient conditions with an unauthorized individual
- Never discuss patient information in a public area
- Speak quietly when discussing necessary patient information

- Close door when performing procedures or discussing treatment
- Assure white boards are out of public areas
- Do not leave personal health information on answering machines
- Do not fax to public access areas
- Do not overhead page with identifying patient information

Information Security. Special care must be taken to ensure that patient information is kept confidential. Some security measures include:

- Keeping computer screens turned away from public access areas
- Using passwords to access patient information on computers
- Using special computers screens to avoid public viewing of information

How Does HIPAA Affect You?

Patient information should only be accessed if there is a **need to know** – that is, are you assisting in the treatment of that patient and the information accessed is needed to perform your professional duties.

You may **NOT** discuss a patient’s care or treatment with friends or family members without patient consent.

Faxing is permitted for immediate patient care (a cover sheet should always be used).

PHI should not be discussed in public places like the cafeteria, elevators, or public hallways.

Remember that all patient information must be kept confidential and secure!

- Treat all information as if it were about you or your family □ Access only those systems you are officially authorized to access.
- Access only the information you need to do your job.
- Only share sensitive and confidential information with others who have a “**need to know.**”
- Access only the records of patients assigned to you.
- Don’t engage in casual conversations about patients.
- Notify the charge nurse if you see someone you don’t know looking at the medical record.
- Dispose of any material with a patient name on it (change of shift reports, handwritten notes, etc.) in the shred receptacles.

Customer Relations

Customers are among our organization's most valuable assets. Every employee and student represents Mountain View Hospital to our customers and the public. The way we do our jobs presents an image of our entire organization. Customers judge all of us by how they are treated with each employee and student contact, therefore one of our first priorities is to assist any customer or potential customer. **Nothing is more important than being courteous, friendly, helpful, and prompt in the attention you give to customers.**

Our personal contact with the public, our manners on the telephone, and the communications we send to customers are a reflection not only of ourselves, but also of the professionalism of Mountain View Hospital.

Customers are generally defined as patients, the general public or vendors. Please also consider that physicians, co-workers, and fellow students are our customers as well.

Key Points of Guest Relations:

- Your behavior influences the behavior of the customer. Have a positive attitude in all customer interactions. Place the customer first. Be responsive and attentive.
- Get it right the first time. There's no such thing as being too careful. Commit to excellence through continuous improvement. Strive to be the best at what you do.
- Treat others, as you would like to be treated. Be open and honest. It is important to communicate a caring and empathetic attitude.
- Good service begins internally. If you're not helping customers, help someone who is. Provide high-quality customer service by utilizing the best resources possible.
- No news is not good news. Most unhappy customers don't complain – they just don't come back. Providing customers with excellent service encourages them to come back and utilize your services.

Infection Control

Refer to MVH Policies: *Standard Precautions – CDC, Infection Control Surveillance Plan, Guidelines for Isolation Precautions, TB – Exposure Control Plan, New Employee Infection Prevention and Control Orientation; Infection Prevention and Control Measures for Surgery Related Services; MRSA-VRE Active Surveillance Program; Hand Hygiene – CDC Guidelines*

Infection control in the health care setting is based on the key principles of hygiene, cleanliness, and sterility. It includes an understanding of the six components necessary for the spread of infection: implementation of Standard Precautions and Additional Precautions, hand washing guidelines, choice and type of equipment used (sharps reduction, cleaning, and sterility), occupational health and safety considerations, and effective and ongoing education and training programs for all levels of staff.

Links of Infection

Infectious Agents are those agents such as bacteria, viruses, protozoa, etc., capable of causing disease. Rapid accurate identification of bacterial agents by the microbiology laboratory would be one way to eliminate this link of infection.

Reservoirs are those locations where infectious agents survive. These agents can be found in the hospital environment, supplies used with the patients, and personnel who care for patients who have a potentially communicable disease. Correct sterilization of patient care equipment such as respiratory therapy supplies is an example of a way to eliminate this link.

The **portal of exit** is the area from which the organisms leave the reservoir. All food items are capable of transmitting organisms to people if they are not cooked at high enough temperatures. Therefore, serving food to the patients at the hottest temperature for hot foods and coldest temperatures for cold foods would be a method to control the portal of exit for organisms.

The **means of transmission** is the method of transport for the infectious agent from the portal of entry. The elimination of the means of transmission is where most of the effort for prevention of infection takes place. There are numerous examples available, such as surgical scrub suits and isolation gowns that are worn when contamination of the environment by either personnel or patients is likely. Another example would be wearing gloves when handling contaminated items. Certainly, hand washing would be a frequently used example of one way to eliminate this link to infection.

The **portal of entry** is the area where the infectious agent enters the body of the susceptible host. An example of ways to eliminate this link would be wearing a N95 masks when caring for a patient with active TB.

The **SUSCEPTIBLE HOST** is anyone susceptible to the particular communicable disease. Health care providers need to be concerned with their own health as well as their patients. If you, for example, have not had chicken pox, then he/she would want to take precaution if they were to be assigned to care for a patient with disseminated herpes. Patients on corticosteroids, antibiotics, or chemotherapy agents, and the young and elderly are at greater risk for acquiring infection. Vigilant care by all health care providers must be taken to limit or control their risks.

Standard and Additional Precautions:

Standard Precautions apply to work practices that assume that all blood and body substances are potentially infectious and should be used as a first line approach to infection control. It applies to all patients receiving care in the Office, regardless of their diagnosis or presumed infection status. Standard Precautions include use of protective clothing (gloves, gowns, masks and eye protection) and regular hand washing. Standard Precautions reduce the risk of nosocomial transmission of infectious agents from patient to patient, protect the healthcare worker from exposure to patients infected with blood borne and non-blood borne pathogens, and protect patients from exposure to infected health care workers. Additional Precautions apply in

those situations where Standard Precautions may be insufficient to prevent transmission of infection, and are used in addition to Standard Precautions.

Airborne Precautions are designed to reduce the risk or eliminate the airborne transmission of infectious agents. Special air handling and ventilation reduces the risk of transmission.

Droplet Precautions are designed to reduce the risk of droplet transmission of infectious agents. Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets containing microorganisms generated from a person who has a clinical disease. Droplets are generated by the source person during coughing, sneezing, or talking and/or during the performance of certain procedures such as suctioning. Transmission is via large-particle droplets and requires close contact between source and recipient persons. Since droplets do not remain suspended in the air, special air handling and ventilation are not required to prevent droplet transmission. Use of personal protective equipment (PPE) such as masks, gloves, and gowns is indicated.

Contact Precautions are designed to reduce the risk of transmission of epidemiological important microorganisms by direct or indirect contact. Direct contact transmission involves skin-to-skin contact and physical transfer of microorganisms to a susceptible host from an infected or colonized person. Indirect contact transmission involves contact of a susceptible host with a contaminated intermediate object in the patient's environment. If a patient is known or suspected to be infected with these organisms, gloves should be worn.

Hand Washing

Hand washing is the simplest act of infection control. It is imperative to prevent the spread of infection from the patient to the caregiver and from the caregiver to another patient. **No other act of isolation is as effective as simple hand washing.** The Center for Disease Control publishes a Personnel Health Guideline that is updated when new research is conducted. It includes information on all aspects of infection control in the hospital including disease specific controls. This guideline can be found at the website documented in the reference section. The following is a summary of the hand hygiene guidelines:

- When hands are visibly soiled with blood or other body fluids, wash hands with soap and water
- If hands are not visibly soiled, use an alcohol-based hand rub for routine decontaminating
 - Decontaminate hands before having direct contact with patients or performing procedures
- Decontaminate hands after removing gloves
- Remove gloves after caring for patient; do not use the same pair on more than one patient
- Keep natural nail tips less than ¼-inch long
- When washing hands with soap and water, wet hands, apply product, and rub hands together vigorously for at least 15 seconds. Rinse hands and dry thoroughly with a disposable towel.

Tuberculosis Control

In 2005, the Centers for Disease Control (CDC) published a report which updates TB control recommendations in the **Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings**. These guidelines form the basis for the prevention and control of tuberculosis. With the institution of effective administrative controls (i.e. rapid identification, isolation, and treatment of TB cases), engineering controls (i.e. negative pressure rooms), and proper respiratory protections for healthcare workers, the nosocomial transmission of TB can be halted.

Screening is the first step in the prevention of TB transmission. Each employee in patient care areas at Independent Family Practice is required to get a PPD or Montoux skin test upon hire and annually as defined in the Exposure Control Plan. This test determines exposure to tuberculosis. Testing is done in the office manager office. Contact the office manager with any questions regarding testing. The risk assessment for Independent Family Practice places us in the **low risk** category as defined by the Centers for Disease Control and Prevention and OSHA.

Early Detection is critical to prevent transmission. Common symptoms of TB include:

- Persistent cough for 2-3 weeks or more
- Bloody sputum
- Night sweats
- Weight loss
- Anorexia
- Fever

Groups with a higher prevalence of TB infection include:

- Foreign-born persons from areas of the world where TB is common (Asia, Africa, Central and South America, and the Caribbean)
- Medically underserved, low-income populations, high-risk racial and ethnic groups (some African-Americans, Hispanics, Asians and Pacific Islanders, American Indians, and Alaskan Natives)
- Close contacts of a person with infectious TB
- Elderly
- Homeless persons
- Persons who may have occupational exposures to TB
- Current or past prison inmates

Isolation, including Airborne Precautions, helps prevent the spread of TB. Tuberculosis is a microorganism that is transmitted by airborne droplet nuclei (small-particle residue 5µm or smaller of evaporated droplets), which can remain suspended in the air for a long

Other Infection Control Guidelines



Clean up spills promptly.

Use an approved disinfectant and proper PPE.

Handle linen and laundry with care.

Use proper labels or color-coded bags or containers, if required.

Sterilize or disinfect patient-care equipment properly.

This must be done after each use.

Dispose of infectious wastes properly.

Use the right containers or bags to prevent leaks or spills. Containers and bags must be properly labeled or color-coded.

Report all exposure incidents right away! In case of chemical exposure:

- Follow general first-aid procedures for the type of exposure (splash, burn, inhalation, etc.)
- Check the label and MSDS for specific first-aid advice for the chemical involved.
- Report the incident to your supervisor/preceptor.

In case of exposure to blood or other body substances:

- Wash or irrigate exposed areas immediately.
- Report the incident to your supervisor/preceptor or infection control supervisor.
- Follow proper procedures for getting medical evaluation and treatment. (A blood sample may be taken, but you must give informed consent for it to be tested.)

Report all health problems, injuries and other mishaps. In addition, remember to report all:

- “near misses” and “close calls”
- security hazards
- equipment problems

Why reporting is essential:

- Government regulations require it, in most cases.
- It ensures prompt medical care and treatment, if necessary (which can reduce the risks of serious injury and illness).
- It provides information so that steps can be taken to protect you and others from future harm

Emergency codes **(Dial 2222 to call overhead)**

Refer to MVH Policy: *Emergency Codes*

Code Blue will be called overhead if there is a patient cardiac emergency. You should **NOT** attempt to respond to this code. Continue with whatever you are doing.

Code Red will be called overhead in case of a fire emergency. Close any doors near you. Report to the nearest nursing station or to your supervisor and wait for instructions.

Code Yellow will not be called overhead in case of a bomb threat. If you answer the telephone and it is a bomb threat, keep the suspect on the telephone by asking question and getting as much information as possible and let someone near you that you have a bomb threat.

Code Pink will be called in case of an infant abduction. Report to the nearest nursing station or to your supervisor and wait for instructions.

Code Green will be called in case of a violent patient or visitor. You should **NOT** attempt to respond to this code. Continue with whatever you are doing.

Code Black is called in case of internal or external disaster (earthquake, etc.) Report to the nearest nursing station or to your supervisor and wait for instructions.

Active Shooter is called when someone is threatening violence with any type of weapon. Notify the hospital via an intercom by dialing 2222 and making an announcement of “Active Shooter” and stating a location. Run and take cover in a safe area. Call law enforcement as soon as possible, if safe to do so.

Safety

Refer to MVH Policies: *Safety Orientation; Safety Practices; Equipment Safety; Fire Safety Plan – Hospital/Organizational Wide; Patient Safety Plan; General Hospital Safety and Patient Management Safety; Body Mechanics Training*

Under the Occupational Safety and Health Act and its implementing regulations, an employer must provide a workplace that is free from recognized hazards that could cause injury or death and to ensure that employees comply with OSHA's specific standards and rules. In addition, the employer (Mountain View Hospital) is required to make sure that employees receive all necessary training in this regard.

Fire and Electrical Safety

The key to prevention is early detection of major sources of fire and electrical hazards.

- Flammable liquids should be stored in safety cans and disposed of in designated containers. Gas cylinders should be stored and secured properly.
- Combustible storage should be away from heat producing equipment like boilers and furnaces.
- **No portable heaters should be in use.** Keep heat lamps away from paper materials.
- Never keep fire doors wedged open. The purpose of a fire door is to separate and protect areas of the building. These doors must be left closed to be effective.
- In the event of a fire in your work area, practice **RACE** (Rescue, Alarm, Contain, and Extinguish).
- Activate **Code red** as explained in the Policy & Procedure.
- Extinguish the fire using the **PASS** (Pull the pin, Aim, Squeeze, Sweep) method.
- Always stay between the fire and your exit.
- If the fire is **not** in your area go to the nearest fire extinguisher. And go to the location of the fire and extinguish flames using the PASS.
- Fire extinguishers
 - ❑ All extinguishers should have a tag with a date on it and a plastic seal around the pin. If the plastic seal is missing, the extinguisher should be replaced or recharged immediately.
 - ❑ If an extinguisher is used in the Office for anything, it must be replaced. Contact Office manager regarding replacement.

Electrical

- Check electrical appliances, outlets, and cords for wear and tear regularly.
- Inspect electrical devices prior to use. Check for bent prongs, loose areas where cord and plug join or for split frayed wires.
- Check outlets for overloaded circuits.

- Keep area near electrical equipment dry. Do not use any electrical equipment with wet hands. Be sure electrical equipment is placed on dry surfaces. Do not place liquids on top of electrical devices.
- No cords should be stretched or laid across doorways, windows, or under rugs.

General Safety

Careful observation and awareness of your surrounding is a major aspect of prevention. Once awareness of a potential hazard is noted, steps should be taken to change the situation. This section includes general safety rules as well as the Employee Right to know (MSDS), PPE and spills. Additional information can be found in the Policy & Procedure manual.

General Safety Rules

- Maintain clean and clear utility rooms.
- Report buildup of trash to be removed or remove it yourself.
- Keep storage at least 18" from ceiling.
- Keep doorways, stairs and hallways unobstructed.
- Exits should be marked with lighted signs. Report all exit signs that are not lit.
- Become familiar with fire exits and pull stations in the building.
- Never use exits, hallways, or aisles for storage. All exits must remain clear to allow exit.

Hazard Communication Plan

It is your right to know about the chemicals and job hazards in your workplace. Employees at Independent Family Practice are trained on hire and have updates as needed. OSHA's Hazard Communication Standard applies to all employees who may potentially be exposed to hazardous chemicals known to be present in the workplace.

MSDS

Employees are notified of hazardous chemicals through container and package labeling and the material safety data sheets (MSDS). The MSDS is located on the intranet and is available 24 hours a day. All hazardous chemicals at the Office have an accompanying MSDS. Ordinary consumer products such as window cleaners, household cleaners, and the like, are exempt from OSHA's Hazard Communication Standard, if their use in the workplace is the same as that of a typical consumer. The MSDS contains the following information about a chemical:

- Identity – name, address, and telephone number of the manufacturer
- Hazardous Ingredients – personal exposure limits (PEL)
- Physical/Chemical Characteristics – chemical's normal appearance, odor, and physical states
- Health Hazard Data
- Precautions for Safe Handling and Use
- Fire and Explosion Hazard Data, Reactivity Data, and Control Measures

Spills in a nutshell – clean it up if it is small, contain and evacuate if large.

Personal Protective Equipment is located in each work area. Training in the use of PPE is done in the office upon hire. Please discuss the use of specific items with your office manager if it is unfamiliar. Some examples of PPE are gloves, masks, gowns, and shoe covers.

Body Mechanics

Health care workers perform a variety of movements during the course of the day: standing, sitting, reaching, bending, turning, lifting, pushing and pulling. Body mechanics is using the body in an efficient and careful way. It involves the use of good posture, balance, and the strongest and largest muscles of the body to perform work. If done with proper body alignment your work will be easier and you will reduce the chance of injury to your patient and yourself.

Body Alignment allows the body to move and function with strength and efficiency. It allows you to **maintain balance** and **reduce muscle strain** by distributing the total body weight around the individual center of gravity. A weight-bearing line, called the line of gravity passes through the ear, the shoulder, the hip and the ankle. If each of these points is in alignment the body parts are in balance and can work most efficiently because the minimum amount of work is required of the muscles.

Guidelines for body mechanics

- Avoid twisting your back by keeping your feet pointed in the same direction as you move, use a pivot motion.
- Push, slide, or pull heavy objects whenever possible rather than lift them.
- Keep objects close to your body when you lift, move, or carry them.
- Stand in good alignment and with a wide base of support, legs slightly apart.
- Standing
 - Keep feet in a parallel position about 6-8” apart, directly under your shoulders
 - distribute your weight evenly on both feet
 - keep knees slightly bent
 - keep the abdomen up and in and head erect
- When sitting, shift positions often to prevent back fatigue
- Use a footstool when retrieving objects on high shelves
- Squat to lift heavy objects from the floor. Push against the strong hip and thigh muscles to raise yourself to a standing position.
- Get help from a co-worker to move heavy objects or patients.

In Case of Fire Remember R.A.C.E.

Rescue/Remove

Move patients and others away from immediate danger.

Alarm

Follow the facility’s procedures for sounding the fire alarm and alerting other staff.

Confine

Close doors and windows to help prevent smoke and fire from spreading.

Extinguish

Only try and put out small fires—and only if you have been trained and have a clear escape route. Otherwise evacuate.

Violence Prevention

Refer to MVH Policies: *Violence Intervention and De-Escalation; Violence Management; Workplace Violence*

Violence can happen in any department or area

This includes admissions, parking lots, elevators and stairways. It can occur at any time of the day or night.

Violence in the workplace can take many forms.

- Verbal threats or abuse
- Threatening behavior, such as shaking fists
- Physical attacks, such as slapping, hair pulling or beating
- Use of weapons
- Sexual assault
- Property damage or theft
- Terrorist acts

Anyone may become violent

It depends on the situation. However, certain personal factors can increase the likelihood of violence. These include:

- A history of violence or aggression
- Alcohol or other drug abuse
- Head injuries or chronic pain
- Certain brain disorders.

Before Violence Strikes, There Are Usually Warning Signs. These Include:

- Making threats
- Talking about or carrying weapons
- Screaming or cursing
- Challenging authority
- Restlessness or pacing
- Violent gestures, such as pounding on a desk.

You Can Help Prevent Violence

- Treat everyone with respect
- Check patient charts and records ahead of time if possible.
- Trust your gut feelings. Watch for warning signs. Try to
- Spot - and head off - trouble before it turns to violence.
- Stay calm if someone starts to lose control. Don't let your escape path get blocked. Follow proper procedures for how to Handle the situation.

Report All Incidents Promptly To Your Supervisor And The Security Department.

EMPLOYEE INFORMATION

Personal Appearance Refer to MVH Policy: *Employee Dress and Appearance Policy*

To ensure the professional appearance and environment of our Hospital, it is expected that students and employees maintain a neat, clean, and presentable appearance at all times, meeting the standards of dress appropriate to their position as determined at the sole discretion of the hospital. Students must wear their approved school uniform and identification badge during clinical time.

Meals & Breaks Refer to MVH

Policy: *Employee Conduct and Work*

Rules

Students who work six hours or more a day will have a 30 minute meal period each day. Meal periods may be staggered to insure proper coverage for patient care. Breaks are limited to 15 minutes and are granted for each four hour period worked. The break should be taken only when it does not interfere with the quality of patient care. The Cafeteria is open 7:00 am to 3:00 pm, Monday – Friday, and is located in basement of IFCH. Students should use the designated break rooms or cafeteria when eating or making personal phone calls.

Parking Refer to MVH Policy: *Parking Traffic and Parking Regulations*

Students should park in the employee parking lot southeast of campus. There is a shuttle that takes employees from parking to the Hospital Entrance (as well as back to parking) in the morning and in the evening.

Smoking Refer to MVH Policy: *No Smoking Policy*

Smoking is not permitted within 25 feet of any publicly accessible entrance or exit. Smoking is permitted only in designated areas outside the facility. **Substance Abuse** Refer to MVH Policy: *Intoxicating Beverages and Illicit*

Drugs – Use Of; Impaired Medical Staff

Member

Because the Hospital is strongly committed to providing a safe and healthy work environment with high standards of performance and safety for employees, we want to provide a brief outline of our drug and alcohol policy. A copy of the full policy is available through the Human Resources Department. The possession, sale, transfer, attempt to sell, or use alcohol or illegal drugs is inconsistent with our objective of operating in a safe and efficient manner. Accordingly no student shall use or have in his or her possession alcohol, illegal drugs, or drug paraphernalia during working hours or on hospital property, or in vehicles on Hospital property at any time. Additionally, no student shall report to work while under the influence of illegal drugs or alcohol. If the Hospital has reason to believe that student is impaired or has in his or her possession alcohol, illegal drugs, or drug paraphernalia during working hours or on Hospital property, or in vehicles on Hospital property at any time the student will be removed from the Hospital and the school faculty will be contacted immediately.

Harassment/Discrimination Refer to MVH

Policies: *Harassment, Sexual (Either Sex); Anti-Bullying*

Policy; Employee Conduct and Work Rules

Sexual harassment or discrimination of any form is not tolerated at MVH.

Patient Rights

Refer to MVH Policies: *Patient Rights and Responsibilities; Patient's Rights to Safe Administration of Medications; Informed Consent*

Our goal at Mountain View Hospital is for staff and students to recognize and respect the rights of all of our patients.

Patients Have The Right To:

- Reasonable access to care and continuity of care.
- Care that is considerate and respectful of personal values and beliefs.
- Be informed and participate in care decisions.
- Receive the name of the person in charge of their care.
- Complete, current information concerning diagnosis, treatment options, and expected outlook in understandable terms.
- Participate in ethical decisions that might arise.
- Request or refuse treatment.
- Have a family member and physician notified promptly of admission.
- Expect reasonable safety insofar as the hospital's practices and environment are concerned.
- Be free from all forms of abuse or harassment.
- Be free from restraints or seclusion that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation.
- Privacy and security to the extent consistent with adequate medical care and confidentiality of all records pertaining to treatment, except as otherwise provided by law or third party payment contract.
- Request an itemized explanation of charges.
- Know about the facility's rules and regulations that apply to conduct.
- Reasonable response to the request for services.
- Make advance health care decisions

- Information about pain and pain relief measures provided by staff.
- Treatment without discrimination regardless of race, color, religion, sex, national origin, source of payment, political belief, or handicap, including services for hearing and speech impaired.
- Access a patient representative to express grievances and suggestions to the organization.
- Information necessary to provide informed consent prior to any procedure and/or treatment.
- Access protective services, which include assistance relative to guardianship and advocacy services, conservatorship, and child or adult protective services.
- Access pastoral care and other spiritual services
- Effective communication including services without cost for hearing and speech impairments.
- Request transfer to another facility.

Patients Have The Responsibility To:

- Provide complete and accurate information about medical history, present complaints and other matters relating to his/her health.
- Report unexpected changes in his/her condition.
- Report whether he /she clearly comprehends a contemplated course of action and what is expected of him/her
- Follow the hospital's rules and regulations
- Follow the treatment plan
- Provide accurate financial information
- Show respect and consideration to other patients and hospital personnel.

Patient Safety

Refer to MVH Policies: *Patient Safety Plan; National Patient Safety Goals*

Their Safety And Well-Being Are In Your Hands! Help

Prevent Slips, Trips and fall

- Be alert when you assist patients. Follow procedures to help them keep their balance.
- Inspect patient areas for hazards (cords, loose carpeting or flooring, etc.). Report any hazards promptly.
- Clean up spills promptly, following proper procedures.

Guard Against Burns

- Be especially careful around hot liquids (soup, coffee, etc.).
- Use electrical equipment properly, and show patients how to do the same.

Enforce Smoking Rules

- Do not allow patients (or visitors) to smoke, except where permitted. (Outside patio, next to cafeteria, 20 ft. away from building).

Lift and Move Patients Safely

- Use assistive devices, such as lifts or slings whenever possible.
- Assess the patient and the move. Make sure you have help and any equipment needed for the move.
- Inform patients of what you plan to do and how they can assist. Let them know what you are doing and what they should do each step of the way.
- Position and secure the wheelchair, gurney, etc., as close to the patient as possible. Make adjustments such as raising or lowering the bed level.
- Slide the patient gently to minimize the move. Stand as close to the patient as you can.
Keep your feet apart and firmly planted. Use your arms and legs to lift, not your back.

Prevent Medication Errors

- Check all orders carefully
- Read the label 3 times.
Check it:
 1. Against the order
 2. When preparing the medication
 3. Just before giving the medication
- Follow proper procedures for identifying the patient. Be sure you have the right patient and the right medication.
- Be alert for possible reactions.

Once students have been deemed competent by their respective instructors, they are allowed to administer medications in the hospital, but must do so under the direct supervision of an MVH Registered Nurse.

Limit Restraints

Follow proper procedures for their use. In general, restraints should be used only;

- When properly authorized
- When other alternatives are not possible or effective.

Restraints should not be used as part of routine care.

Effective Communication Helps You Care For Patients Properly and Safely.

Ergonomic Safety

Refer to MVH Policies: *Ergonomics Program*

Adapting equipment, procedures and work areas to fit the person helps prevent injuries and improve efficiency.

Help Avoid Ergonomic Injuries

- Make sure lighting is good
- Keep floor dry and paths clear
- Change positions often
- Adjust equipment when possible to avoid bending, twisting or reaching

Lift and Move Things Safely

- Plan the move. Check for tripping hazards
- Assess the object (weight, sharp edges, etc.)
- Get help or use a mechanical lifting aid if the object is too heavy or an unusual shape
- Get a good grip. Use gloves if necessary.
- Lift with your legs, not your back. Bend your knees and keep your back straight. Don't twist.
- Use equipment on wheels to lessen strains when moving items and push instead of pulling.



Mountain View Hospital

Origination:	09/2020
Last Approved:	09/2020
Last Revised:	09/2020
Next Review:	09/2022
Owner:	<i>Michelle Bowman: Infection Control Specialist</i>
Policy Area:	<i>Infection Prevention & Control (IC)</i>
References:	

Universal Infection Prevention and Control (IPC) Practices during the COVID-19 Pandemic

PURPOSE:

To establish the precautions and processes that should remain in place as part of the ongoing response to the COVID-19 pandemic.

SCOPE:

This is an organization-wide policy. It applies to all care settings and services to help prevent the spread of COVID-19. This policy will remain in effect until such time as the COVID-19 outbreak is considered under control.

POLICY:

This interim guidance has been updated based on currently available information about COVID-19 and the current situation in the United States. In accordance with guidance from local and state officials, there are precautions that should remain in place as a part of the ongoing response to the COVID-19 pandemic. Mountain View Hospital (MVH) will continue using additional infection prevention and control practices during the COVID-19 pandemic, along with standard practices recommended as a part of routine healthcare delivery to all patients. These practices are intended to apply to all patients, not just those with suspected or confirmed SARS-CoV-2 infection. **These additional practices include:**

- A. **Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19**
 1. Although screening for symptoms will not identify asymptomatic or pre-symptomatic individuals with SARS-CoV-2 infection, symptom screening remains an important strategy to identify those who could have COVID-19, so appropriate precautions can be implemented.
 - a. Ensure everyone adheres to source control measures and hand hygiene practices while in a healthcare facility
 - i. Post signs at the entrances and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide instructions about wearing a cloth face covering or facemask for source control and how and when to perform hand hygiene.
 - ii. MVH will provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand sanitizer (ABHS) with 60-95% alcohol, tissues, and no-touch receptacles for

disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.

- b. Points of entry will be limited and monitored.
- c. Staff at all access points will be trained on identifying potentially at risk patients at the time contact is established.
- d. Everyone (patients, healthcare personnel (HCP), visitors) entering the healthcare facility will have their temperature taken and be screened for symptoms consistent with COVID-19 and/or any exposure to others with COVID-19. Patients who display or respond affirmatively to any of the following should be considered at risk until such time as confirmatory testing can occur.
 - i. Symptoms of COVID-19:
 - a. Fever >100.0°F or chills
 - b. Cough
 - c. Shortness of breath or difficulty breathing
 - d. Fatigue
 - e. Muscle or body aches
 - f. Headache
 - g. New loss of taste or smell
 - h. Sore throat
 - i. Congestion or runny nose
 - j. Nausea or vomiting
 - k. Diarrhea
 - ii. History of COVID-19
 - iii. Reported contact with anyone who has COVID-19. Symptoms may appear 2-14 days after exposure to the virus.
- e. Properly manage anyone with symptoms of COVID-19 or who has been advised to self-quarantine:
 - i. **HCP** should return home and should notify employee health services to arrange for further evaluation.
 - ii. **Visitors** should be restricted from entering the facility.
 - iii. **Patients** should don a mask until they are isolated in an examination room with the door closed. If an examination room is not immediately available, such patients should not wait among other patients seeking care.
 - a. Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies. In some settings, patients might opt to wait in a personal vehicle or outside the health care facility where they can be contacted by mobile phone when it is their turn to be evaluated.
 - b. If a presumptive or confirmed case of COVID-19 is identified, the following notifications should be made:
 - i. Administrator On-Call

- ii. Departments and staff who will be caring for the patient
- iii. Eastern Idaho Public Health department

B. Re-evaluate admitted patients for signs and symptoms of COVID-19

1. While screening should be performed upon entry to the facility, it should also be incorporated into daily assessments of all admitted patients. All fevers and symptoms consistent with COVID-19 among admitted patients should be properly managed and evaluated. Place any patient with unexplained fever or symptoms of COVID-19 on appropriate Transmission-Based Precautions and evaluate.

C. Visitation

1. Visitation will be limited and/or restricted according to the community transmission of COVID-19.
 - a. **Limited visitation** - One (1) individual visitor is permitted per patient with the exception of both parents allowed for pediatric or disabled patients.
 - b. **Restricted visitation** - Visitation may also be restricted to no visitors with the exception of 1 parent for pediatric or disabled patients. In some cases, visitation will be evaluated on an individual basis, such as end of life situations or when it is essential for the patient's physical or emotional well-being and care.
2. Visitor access to the facility shall be limited to the front lobby and the Emergency department with screeners at each entrance.
3. Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets.
4. **Non-Patient Visitors** - Individuals whose presence in the facility are not essential for the organization's operational and clinical needs are prohibited from visiting. Other visitors will be screened in accordance with this policy. Individuals who do not pass screening will not be permitted to visit. Visitors will be expected to adhere to the following:
 - a. Visitors are to only be in area(s) consistent with their purpose for being in the facility. Visitors are not to go to other areas of the facility and should leave the facility as soon as possible.
5. **Patient Visitors** - Patient visitation will be limited only to those individuals who have been screened in accordance with this policy. Individuals who do not pass screening will not be permitted to visit. Visitors will be expected to adhere to the following:
 - a. Visitation to vulnerable patient populations (e.g. immunocompromised, elderly with underlying medical conditions, etc.) is limited to immediate family only. Visitation may be further restricted at the discretion of the clinical staff.
 - b. Visitors are not permitted to enter areas where aerosol-generating procedures are being performed
 - c. Visitation is limited to the patient's room only. Visitors are not to go to other locations in the facility.
 - d. Visitors are to leave the facility immediately upon conclusion of the visit.

D. Face Coverings for Universal Source Control

1. Source control refers to use of facemasks or cloth face coverings to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control

measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19.

- a. Patients and visitors should, ideally, wear their own cloth face covering upon arrival to and throughout their stay in the facility. If they do not have a face covering, they will be given a facemask as supplies allow.
 - i. Patients may remove their face covering when in their rooms but should put it back on when around others (e.g., when visitors enter their room) or leaving their room.
 - ii. All visitors must agree to wear a cloth or simple/surgical mask throughout their stay.
 - iii. Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- b. Employees are required to wear a face covering at all times while in any MVH facility, **including in breakrooms or other spaces where they might encounter co-workers.**
 - i. Employees with NO patient interaction may wear either a cloth or simple/surgical mask.
 - ii. Employees with patient interaction must wear a simple/surgical facemask as supplies allow. Simple/surgical facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
 - iii. To reduce the number of times HCP must touch their face and potential risk for self-contamination, HCP should consider continuing to wear the same respirator or facemask throughout their entire work shift.
 - a. Respirators with an exhalation valve are not recommended for source control, as they allow unfiltered exhaled breath to escape.
 - iv. HCP should remove their respirator or facemask, perform hand hygiene, and put on their cloth face covering when leaving the facility at the end of their shift.
- c. **Educate patients and visitors about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering.**

E. Encourage Universal Physical Distancing

1. Healthcare delivery requires close physical contact between patients and HCP. However, when possible, physical distancing (maintaining 6 feet between people) is an important strategy to prevent SARS-CoV-2 transmission.
 - a. Scheduling appointments to limit the number of patients in waiting rooms.
 - b. Arranging seating in waiting rooms so patients can sit at least 6 feet apart.
2. For HCP, the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas. Examples of how physical distancing can be implemented for HCP include:
 - a. Emphasizing the importance of source control and physical distancing in non-patient care areas.
 - b. Designating areas for HCP to take breaks, eat, and drink that allow them to remain at least 6 feet apart from each other, especially when they must be unmasked.

F. Implement Universal Use of Personal Protective Equipment

1. **HCP working in facilities located in areas with moderate to substantial community transmission** are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is NOT suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis).

They should also:

- a. Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters.
- b. Wear an N95 or equivalent or higher-level respirator, instead of a facemask, for:
 - i. Aerosol generating procedures (AGP) - APG are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing and put HCP and others at an increased risk for pathogen exposure and infection. Commonly performed medical procedures that are often considered AGPs, or that create uncontrolled respiratory secretions, include, but are not limited to :
 - a. Open suctioning of airways, such as nasopharyngeal Suctioning/Oropharyngeal Suctioning/Tracheostomy Suctioning (any suctioning not done in a closed system)
 - b. Sputum induction
 - c. Cardiopulmonary resuscitation
 - d. Endotracheal intubation and extubation
 - e. Non-invasive ventilation (e.g., BiPAP, CPAP)
 - f. Bronchoscopy
 - g. Manual ventilation
 - h. Aerosol Treatments
 - i. Metered Dose Inhalers (MDI)
 - j. Dried Powder Inhalers (DPI)
 - k. Percussion and postural drainage
 - l. Nebulizer administration*
 - m. High flow O2 delivery*

*It is uncertain whether aerosols generated from these procedures may be infectious.
 - ii. Surgical procedures that might pose higher risk for transmission if the patient has COVID-19 (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract).
- c. Respirators with exhalation valves are not recommended for source control and should not be used during surgical procedures as unfiltered exhaled breath would compromise the sterile field.

2. **For HCP working in areas with minimal to no community transmission**, HCP should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses.

G. Optimize the Use of Engineering Controls and Indoor Air Quality

1. Optimize the use of engineering controls to reduce or eliminate exposures by shielding HCP and other patients from infected individuals. Examples of engineering controls include:
 - a. Physical barriers and dedicated pathways to guide patients through triage areas.
 - b. Remote triage facilities for patient intake areas.
 - c. If climate permits, outdoor assessment and triage stations for patients with respiratory symptoms.
 - d. Vacuum shrouds for surgical procedures likely to generate aerosols.

Attachments

[MVH Visitor Agreement.pdf](#)

Approval Signatures

Approver	Date
Ned Hillyard: Chief Compliance Officer [WB]	09/2020
Wendy Bateman: Policy Coordinator	09/2020
Marian Walker: Director Nursing	09/2020
Terri Neuerburg: QA coordinator	09/2020
Michael Brooks: Manager	09/2020
Michelle Bowman: Infection Control Specialist	09/2020



Mountain View Hospital

Origination: 09/2020

Last Approved: 09/2020

Last Revised: 09/2020

Next Review: 09/2022

Owner: *Michelle Bowman: Infection
Control Specialist*

Policy Area: *Infection Prevention & Control
(IC)*

References:

Caring for Patients With Suspected or Confirmed COVID-19

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REFERENCES:

CDC - Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings - March 2020, Updated July 15, 2020

Attachments

[MVH COVID-19 Patient-Family Education Handout.pdf](#)

Approval Signatures

Approver	Date
Ned Hillyard: Chief Compliance Officer [WB]	09/2020
Wendy Bateman: Policy Coordinator	09/2020
Marian Walker: Director Nursing	09/2020
Terri Neuerburg: QA coordinator	09/2020
Michael Brooks: Manager	09/2020
Michelle Bowman: Infection Control Specialist	09/2020

Welcome to Mountain View and Idaho Falls Community Hospital(s). We are excited that we have an opportunity to take part in your educational experience and hope that it is a truly rewarding one. Before starting your educational experience, we ask that you complete an orientation process to help you understand the culture and expectations of our organization(s). This process can take up to 30 days.

The first part of the orientation process is to ensure that we are providing a safe environment for you, our employees, patients, and other stakeholders. This commitment to safety requires that we obtain and maintain very specific documentation from each student. These requirements are listed below:

- Background Check / Drug screen - Completed within last year or current school copy accepted.
- Read Orientation Handbook / Self-Assessment Quiz - Must obtain 100%.
- Signed Attestation / Confidentiality Agreement / Covid Monitoring Agreement - All must have valid signatures.
- Badge Photo - Must be a neutral background, headshot, and submitted in JPEG format.
- BLS Certification - Must have current certification throughout entire rotation **(Clinical areas only)**.
- Fit Test for N-95 Mask - Proof that a fit-test was completed; student supplies mask during experience **(Clinical areas only)**.
- Malpractice Insurance/Liability - Proof required if part of school program **(Clinical areas only)**.
- Vaccinations - Official proof of vaccinations or immunity required; no school attestations.
- MMR Vaccination - Must provide proof of two vaccinations **or** a positive titer to all three components of the vaccine.
- TDAP - Must have been completed within the last 10 years and be valid through the entire rotation.
- Varicella - Must provide proof of two vaccinations **or** have a positive titer showing valid immunity.
- Hepatitis B - Must provide proof of your complete series of vaccinations **and** a titer.
- Negative TB test - Negative 2-step PPD skin, T-spot or QuantiFERON-TB Gold Plus TB Test: For more information visit <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>
- Influenza Vaccine - **This is required between October 1st and March 31st.**

We hope you have an exciting and rewarding experience while visiting our facility. If you are working directly with our Student Services Department, and have any questions about the orientation process, please contact us at: studentservices@mvhospital.net. However, if you are working directly with your school, please contact your school's representative.

Student Orientation Quiz

School and Program:

Name:

- | | | |
|---|------|-------|
| 1. It is necessary to use standard/universal precautions when caring for all patients. | True | False |
| 2. It is okay to recap needles after each use. | True | False |
| 3. Bags or containers used for disposing of infectious waste should be properly labeled or color-coded. | True | False |
| 4. You should inspect equipment for hazards before each use. | True | False |
| 5. To apply ergonomics to work areas, adapt procedures or equipment to fit the worker. | True | False |
| 6. Planning is the first step when lifting or moving heavy objects. | True | False |
| 7. R.A.C.E. stands for Report, Assess, Confirm, Evaluate. | True | False |
| 8. Many people in crisis will exhibit warning signs prior to losing control. | True | False |
| 9. Security hazards increase the risk for violence. | True | False |
| 10. To help prevent medication errors, read the label 3 times. | True | False |
| 11. Restraints are the first option for difficult patients. | True | False |

Student Orientation Quiz

School and Program:

Name:

- | | | |
|--|------|-------|
| 12. Reporting all safety and health incidents benefits everyone. | True | False |
| 13. Safety and health screenings and assessments help prevent injuries and illness. | True | False |
| 14. Treating patients with suspected contagious disease requires the use of transmission-based precautions. | True | False |
| 15. Providing a safe environment for employees also helps ensure quality patient care. | True | False |
| 16. Patient information should only be accessed if there is a “need to know.” | True | False |
| 17. Only healthcare workers are responsible for protecting patients’ individually identifiable health information. | True | False |
| 18. Any piece of paper that has PHI on it must be disposed of in a “Shred” receptacle. | True | False |
| 19. Code Pink will be called in case of a internal or external disaster. | True | False |
| 20. Customers are defined as patients, general vendors, physicians, fellow students and co-workers. | True | False |

I have read the *Mountain View Hospital Orientation Booklet*. I understand and agree to abide by its contents.

Name *(Please Print)*

Student/ Intern/Contractor Signature

Date

Educational Institution/ Program of Study

**Mountain View Hospital
Confidentiality Agreement**

Agreement made on this day of _____

between Mountain View Hospital an

Date
of/from _____

Individual's Printed Name

Name of Organization Represented

Whereas during the course of employment, or when conducting business/patient services at Mountain View Hospital, herein after referred to as the Facility, professional, employee, contractor, vendor or others, shall gain access to certain sensitive information, including proprietary data, documents, methods, practices, and procedures with which the Facility conducts its business, hereinafter collectively referred to as "proprietary information," as well as privacy-protected patient, employee, or vendor information.

Now therefore, in consideration for employee, contractor, vendor or others continued employment, business whereby the Facility and/or the parties agree as follows:

1. I will not at any time, either during my employment or course of business will or thereafter, use for my own benefit, or divulge, furnish or otherwise make available, either directly or indirectly, to any person, firm, corporation or other entity any proprietary information used by the Facility. Further, I shall keep all proprietary and privileged information strictly and absolutely confidential.
2. Upon cessation of work for the facility, or upon termination of employment/privileges, whichever applies to my situation, I will immediately surrender and deliver to the facility, all lists, books, records, memoranda, documents, and data of every kind relation to proprietary information of the facility and all other property belonging to the facility.
3. I acknowledge that a breach of any provision of this agreement may result in continuing and irreparable damage to the facility for which there may be no adequate remedy. The Facility, in addition to all other relief available, shall be entitled to the issuance of an injunction restraining me from committing or continuing any breach of this agreement.
4. Information shall not be deemed proprietary and I shall have no obligation with respect to any information that is (a) already or becomes publicly known through no wrongful act of my own, or (b) approved for release by written authorization of the facility.
5. If any provision of this agreement shall be determined by a court having jurisdiction to be invalid, illegal or unenforceable, the remainder of this agreement shall not be affected but shall continue in full force and effect as though such invalid, illegal, or unenforceable provision were not originally part of this agreement.
6. This agreement shall be construed in accordance with and governed by the laws of the State of Idaho, irrespective of the fact that a party hereto may not be a resident of the State.
7. I understand that this agreement is perpetual and applies to any patient procedures/activities I may be involved in/observe/ or have access to, at Mountain View Hospital.
8. **ALL** information regarding patients (even their names) is legally privileged information and absolutely confidential. Medical information obtained by a physician is confidential and may not be discussed with anyone except those responsible for patient care and treatment, without the full consent of the patient. Information may not be released to an insurance company (unless to secure payment) or another party without written permission by the patient.

Intending to be legally bound, the parties executed this agreement as of the date first above written

Vendor/Student/Contractor Signature

Witness Signature Required

NON-EMPLOYEE COVID AGREEMENT

Welcome to Mountain View Hospital and its affiliated clinics,

Due to the Covid-19 pandemic, we've made changes for everyone entering our facility. These changes have been made to better care for our community and to honor our commitment of providing safe and compassionate care.

- Masks must always be properly worn by everyone, at all times, in all areas and rooms in the hospital. This is to ensure we are all protecting one another from droplets, which can carry infection from person to person.
- Everyone entering the hospital will be screened, which may include questions about recent travel, recent Covid-19 exposure, and any symptoms you may be experiencing such as a cough, shortness of breath and fever.
 - International or domestic travel may prohibit you from entering the premises.
 - You may be asked to leave the premises if you have any symptoms of Covid-19 such as fever ($\geq 100^{\circ}$ F), chills, shortness of breath, sore throat, cough, vomiting, diarrhea, or loss of taste or smell.
- Non-employees agree to:
 - Clean their hands frequently with hand sanitizer or by washing their hands.
 - Avoid touching surfaces and to clean their hands with hand sanitizer if they do.
 - Practice "social distancing" by remaining at least six feet away from staff and others whenever possible.
 - Not shake hands or hug others.
 - Follow the direction of clinical staff for any specific needs, such as isolation precautions, use of PPE, etc.

The precautions outlined above will be followed in order to reduce the risk of virus transmissions to you and staff. Failure to comply with these changes can lead to an unsafe environment and put everyone in the hospital at risk.

Thank you for your understanding during these uncertain times.

I agree to comply with the precautions outlined above while I am working or learning at Mountain View Hospital or one of its affiliated clinics.

Non-Employee Name: _____

Non-Employee Signature: _____ Date: ____ / ____ / _____

PREVENT THE SPREAD OF INFECTION BY ALWAYS DOING THE FOLLOWING:

