



Idaho Falls Community Hospital



Orientation Booklet

For: Students, Observers, Volunteers and Contract Personnel

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Welcome to Idaho Falls Community 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 Idaho Falls Community Hospital.

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



IDAHO FALLS COMMUNITY HOSPITAL MISSION STATEMENT

We are dedicated to providing our patients with the highest level of care. We treat everyone who walks through our door with compassion, give them our undivided attention and make them feel supported on their journey toward health.

Documentation Requirements

Refer to IFCH 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 Idaho Falls Community 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 the Hospital Education Department as requested.

CODE OF CONDUCT

Refer to IFCH Policies: Idaho Falls Community Hospital's Compliance Plan

Idaho Falls Community 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 IFCH Policies: Idaho Falls Community Hospital's Compliance Plan

Idaho Falls Community 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 IFCH Policies: HIPAA Breach Staff Training Program; HIPAA Breach Response Policy, Annual Required Training Update

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

See IFCH Policies: Admissions Customer Service; Self-Evaluation of Service

Customers are among our organization’s most valuable assets. Every employee and student represents Idaho Falls Community 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 Idaho Falls Community 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 IFCH Policies: Infection Prevention and Control Program; Employee Education, Certification and Training Requirements; Infection Prevention and Control In-services; Cleaning Supplies and Chemicals; transmission-Based Precautions (Isolation Precautions); Staff Competency; Infectious Waste Management

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 IFCH Policies: Emergency Codes; Emergency Preparedness Communications Plan

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 IFCH Policies: Safety Practices; Safety and Security – Emergency Department; Safety Orientation; Safety Hazard Surveillance; Safety and Health Policies

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 (Idaho Falls Community 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 IFCH Policies: Violence Management; Workplace Violence Training Outline; Conduct to Minimize Violence; High Risk Visitors

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

Refer to IFCH Policy: Employee Conduct and Work Rules;

Personal Appearance

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

Students who work six hours or more a day will have a meal period each day of 30 minutes. Meal periods may be staggered to insure proper coverage for patient care. Breaks are limited to 15 minutes and are received one 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 on the first floor east wing. Students should use the designated break rooms or cafeteria when eating and /or making personal phone calls.

Parking

Students should park in the employee parking lot south 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 IFCH Policy: No Smoking Policy

Smoking is not permitted within 20 feet of any publicly accessible entrance or exit. Smoking is permitted only in designated areas outside the facility – patio area located just outside the cafeteria.

Substance Abuse

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

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

Patient Rights

Refer to IFCH Policy: Patient Rights and Responsibilities;

Our goal at Idaho Falls Community 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 IFCH Policy: National Patient Safety Goals; Fall Prevention; External Employee Reporting of Safety and Quality of Care Concerns; Safety Orientation; Safety Practices

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 IFCH 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 IFCH Policy: Safety Orientation;

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.

Requirements for Students, Observers and/or Interns Participating in Any Hospital Daily Activities

PURPOSE:

To define the process for obtaining permission to observe, precept, perform clinicals, or intern in clinical and non-clinical functions at any Idaho Falls Community Hospital (IFCH) department. It further explains the procedure required before an individual serves in any of these capacities on any property affiliated with IFCH.

SCOPE:

This policy is for all hospital employees, students, and faculty or contracted personnel. Each one is accountable for abiding by this policy.

DEFINITIONS:

- A. *Practicum*- Supervised practical experience for the purpose of learning to give the individual knowledge or experience to decide on a vocation, study for a vocation or continue a vocation.
- B. *Observer*- any individual on IFCH property for a period of time for the purpose of watching the performance of clinical and non-clinical duties, systems or processes. An observer can only observe. Observers may be approved by the Compliance department for a particular case. These individuals must have a background check and be approved.
- C. *Student*- any individual that is 18 years of age or older and enrolled in a university or other institutional entity and participating in a clinical practicum through a formal affiliation contract. Students who come to IFCH as part of a formal affiliation contract could be considered interns, externs, students, or preceptees depending on their specific major and aspiring degree. These students have met the clinical, medical, and immunization requirements of the university the student is attending and documentation of that is kept at the university.
- D. *Re-licensing Individuals*- these individuals may be asked by a licensing board such as the Idaho State Board of Nursing to practice at a hospital for a determined amount of hours under a preceptor. They will be performing skills and tasks that our employees would normally perform. They will be assigned a preceptor who they will work under the direction of. These individuals are not attending a university so must present to the Education Department all of the paperwork listed above plus:

1. Proof of liability insurance
2. Proof of medical health insurance
3. Current or temporary license
4. Proof of required immunizations

5. Proof of current CPR certification if working in a clinical area
6. Background check within the last year

E. *Job Shadowing*: Job shadowing is defined by IFCH as an individual that is not a student (of an IFCH recognized program), volunteer, visitor or employee. It is an individual that has requested to observe healthcare professionals performing daily tasks. Due to HIPAA compliance and an elevated risk for facility and patient exposure, job shadowing can be considered & approved on an individual basis only.

POLICY:

- A. IFCH will attempt to accommodate reasonable requests to help people obtain the necessary training which they may need. This accommodation may need to be restricted to accommodate the need for orienting the new employees of the hospital as these employees have priority over a person seeking experience for future vocations or employment.
- B. Reasonable precautions will be taken at the time of the observation, preceptorship, volunteer assignment or internship to minimize the release of protected health information.
- C. Authorizations must be obtained from patients or their legal representatives if they will be observed or if individually identifiable protected health information will be viewed.
- D. Any person here for any of these purposes must be 18 years of age or older.
- E. If the person is a student who is doing a preceptorship, internship or clinicals and/or will be performing any duties that IFCH staff would normally do, the student must be from a university that has a contractual agreement with IFCH. This can be verified by calling the education department.
- F. Any person on IFCH property to observe, precept, volunteer, job shadow or intern must have a name tag identifying their name and purpose. (i.e.- John Doe, student). If they do not have such a name tag, a generic "Student" name tag can be checked out from the education department and must be returned at the end of the individual's tenure in a IFCH facility.
- G. All visitors present to perform the above functions will be required to:

1. Sign IFCH Confidentiality Agreement. This agreement must include the organizational name that the individual is affiliated with and must be signed by the facility representative that witnesses the signature.
2. Read the "Student and Contract Labor" handbook
3. Sign the form verifying the individual has read the handbook and completed the self-assessment tool

H. It is expected that the above individuals have proof of liability insurance either through their affiliated organization, or as an individual. If there is no contract with their affiliated organization, they will be expected to show proof of insurance.

I. It is expected that the above individuals have proof of a background check completed in the last year or immediately before/during their tenure at the University which the individual is attending. (paperwork can be provided and background check run by the IFCH Human Resource Department. The organization must have a copy of driver's license or social security card to verify the individual's identification).

1. If there is a contractual agreement with their affiliated organization, the hospital will have verification of their liability insurance associated with the contract.
2. It is expected that any institution which has a contractual agreement with IFCH, have in their files proof of immunizations, licensure, health insurance and current CPR certification that are accessible at any time should IFCH require it.
3. If the individual is not affiliated with a contracted institution, the individual will be required to present the above proof to the appropriate IFCH Education representative.

PROCEDURE:

- A. Any person desiring to enter IFCH property to perform any of the above functions, must first turn in all of the above paperwork. If the person is in an undergraduate program, job shadowing or observing the paperwork will be turned in to the education coordinator or other assigned individual within the Education Department. If the person is an upper graduate student in a Nurse Practitioner, Physician Assistant, Medical Doctor, or Doctor of Osteopathy program, the paperwork will be returned to the credentialing office. **This includes all individuals whether precepting with employees of IFCH or individuals contracted with the hospital.**
- B. If the visitor's presence has not already been approved by the department manager, the education coordinator or other assigned individual will contact the department manager to get consent and verify the arrangement to be made.
- C. If the department manager is contacted first they must ensure the paperwork is completed, refer the visitor to the Education Department, or contact the education coordinator/other assigned individual to assist in completing the necessary paperwork.



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



Current Status: *Active*

PolicyStat ID: 8577609



Origination: 08/2020
Effective: 09/2020
Last Approved: 09/2020
Last Revised: 09/2020
Next Review: 09/2022
Owner: Terri Neuerburg: Infection Control Specialist
Area: Infection Prevention & Control (IC)
References:

Caring for Patients With Suspected or Confirmed COVID-19

PURPOSE:

To establish the precautions and processes related to the care of patients with suspected or confirmed COVID-19 disease.

SCOPE:

This is an organization-wide policy. It applies to all care settings and services where a suspected or confirmed COVID-19 patient will receive care or services. This policy supersedes, as appropriate, existing policies related to the care and treatment of a suspected or confirmed COVID-19 patients until such time as the COVID-19 outbreak is considered under control.

POLICY:

A. Establish Reporting within and between Healthcare Facilities and to Public Health Authorities

1. The lab and infection control will communicate any positive COVID-19 patients with public health authorities.
2. The infection control and quality dept. will be responsible for reporting data to the proper authorities (e.g, CDC, HHS, etc.)

B. Patient Placement

1. Place patients with suspected or confirmed SARS-CoV-2 infection in a single-person room with the door closed. The patient should have a dedicated bathroom.
2. Airborne Infection Isolation Rooms (AIIRs) should be reserved for patients who will be undergoing aerosol generating procedures; Personnel entering the room should use Personal Protective Equipment (PPE) as described below.
3. As a measure to limit HCP exposure and conserve PPE, Idaho Falls Community hospital (IFCH) has designated areas on the 2nd floor to care for patients with suspected or confirmed SARS-CoV-2 infection. These units will have HCP assigned to care only for these patients during their shift.
 - a. It might not be possible to distinguish patients who have COVID-19 from patients with other respiratory viruses. As such, patients with different respiratory pathogens might be cohorted on the same unit. However, only patients with the same respiratory pathogen may be housed in the

same room.

- b. For example, a patient with COVID-19 should ideally not be housed in the same room as a patient with an undiagnosed respiratory infection or a respiratory infection caused by a different pathogen.
4. To the extent possible, patients with suspected or confirmed SARS-CoV-2 infection should be housed in the same room for the duration of their stay in the facility (e.g., minimize room transfers).

C. Patient Transport

1. The movement and transport of a COVID-19 patient within the facility should be limited to medically essential purposes. Whenever possible, perform procedures/tests in the patient's room. If a patient must be moved / transported within the facility for procedures and care needs that cannot be provided in the patient's room, the following actions should be taken:
 - a. The receiving area(s) should be notified prior to transport of the patient's COVID-19 status so that appropriate precautions can be taken.
 - b. Patients should wear a face mask or cloth face covering to contain secretions during transport. If patients cannot tolerate a face mask or cloth face covering or one is not available, they should use tissues or a sheet to cover their mouth and nose while out of their room.
 - c. Patients should wear a **clean** gown with a **clean** sheet or blanket over them prior to leaving their room.
 - d. Unless necessary, do not transport patients in their bed, use a clean gurney or wheelchair instead.
 - e. Staff transporting the patient should wear appropriate personal protective equipment (PPE).
 - f. The following process will be used when transporting a suspected or confirmed COVID-19 patient:
 - i. Nursing dept. will contact security approx. 10 minutes prior to the COVID-19 patient leaving their room and let them know where the pt. is going (e.g., transfer from ICU to Med Surg, CT scan, being discharged, etc.) and if they will be transported in their bed.
 - ii. Security will contact housekeeping and escort the patient to their destination using the most direct route possible that minimizes contact with other staff, patients, or visitors..
 - iii. Housekeeping will ensure the elevator and all other potentially contaminated areas during transport are cleaned with an approved disinfectant.
 - iv. All equipment, materials, and environmental surfaces that touched the patient should be immediately cleaned with an approved disinfectant after use.
 - v. The patient should be transported immediately back to his/her room when the procedure / care is completed.
2. Once the patient has been discharged or transferred, HCP, including environmental services personnel, should refrain from entering the vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles. After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.

D. Personal Protective Equipment

1. HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level

respirator or a powered air purifying respirator (PAPR) (or face mask if a respirator is not available), gown, gloves, and eye protection.

a. Hand Hygiene

- i. HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
- ii. HCP should perform hand hygiene by using alcohol-based hand sanitizer (ABHS) or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHS.

b. Personal Protective Equipment Training

HCP must receive training on and demonstrate an understanding of:

- i. when to use PPE
- ii. what PPE is necessary
- iii. how to properly don, use, and doff PPE in a manner to prevent self-contamination
- iv. how to properly dispose of or disinfect and maintain PPE
- v. the limitations of PPE.

2. Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Refer to the policy "Personal Protective Equipment (PPE)" for proper donning and doffing procedures.

E. The PPE recommended when caring for a patient with suspected or confirmed COVID-19 includes the following:

1. Respirator or Face mask (*Cloth face coverings are NOT PPE and should not be worn for the care of patients with suspected or confirmed COVID-19 or other situations where use of a respirator or face mask is recommended.*)

- a. Put on an N95 respirator (or equivalent or higher-level respirator), a PAPR, or face mask (if a respirator is not available) before entry into the patient room or care area.
- b. N95 respirators (or equivalent or higher-level respirator) or a PAPR should be used instead of a face mask when performing or present for an aerosol generating procedure.
- c. Disposable respirators and face masks should be removed and discarded after exiting the patient's room or care area and closing the door unless implementing extended use or reuse. Perform hand hygiene after removing the respirator or face mask.
- d. PAPRs should also be removed after exiting the patient's room or care area. They must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.

2. Eye Protection

- a. Put on eye protection (i.e., goggles or a face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use strategies to optimize PPE supply.
 - i. Protective eye-wear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.

- b. Ensure that eye protection is compatible with the respirator so there is not interference with proper positioning of the eye protection or with the fit or seal of the respirator.
- c. Remove eye protection after leaving the patient room or care area, unless implementing extended use.
- d. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use unless following protocols for extended use or reuse.

3. **Gloves**

- a. Put on clean, non-sterile gloves upon entry into the patient room or care area.
 - i. Change gloves if they become torn or heavily contaminated.
- b. Remove and discard gloves before leaving the patient room or care area, and immediately perform hand hygiene.

4. **Gowns**

- a. Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.

F. **Aerosol Generating Procedures (AGPs)**

- 1. Procedures performed on a patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible.
- 2. If an AGP procedure is necessary, the following should occur:
 - a. IAGPs should be performed in an AIIR, if available. Room doors should be kept closed except when entering or leaving the room, and entry and exit should be minimized.
 - i. If an AIIR is not available, the patient should be placed in a private room with the door closed and a N95 or higher level respirator or mask provided to staff. If appropriate PPE is not available, the patient should be transferred to a facility with an AIIR.
 - b. The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support.
 - c. HCP in the room should wear:
 - i. N95 or equivalent or higher-level respirator
 - ii. Gloves
 - iii. Gown
 - iv. Eye protection. (Protective eyewear with gaps between glasses and the face likely do not protect eyes from all splashes and sprays)
 - d. Visitors should not be present for the procedure.
 - e. Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control.

3. **Examples of AGPs:**

- 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.*

G. Collection of Diagnostic Respiratory Specimens

1. When collecting diagnostic respiratory specimens (e.g., nasopharyngeal or nasal swab) from a patient with possible SARS-CoV-2 infection, the following should occur:
 - a. Specimen collection may be performed in a normal examination room with the door closed.
 - b. HCP in the room should wear an N95 or equivalent or higher-level respirator (or face-mask if a respirator is not available), eye protection, gloves, and a gown.
 - c. If respirators are not readily available, they should be prioritized for other procedures at higher risk for producing infectious aerosols (e.g., intubation), instead of for collecting diagnostic respiratory specimens.
 - d. The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support.
 - e. Visitors should not be present for specimen collection.
 - f. Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

H. Manage Visitor Access and Movement within the Facility

1. Visitation will be restricted to COVID-19 patients. Exceptions can be made for special circumstances, such as end of life situations or when it is essential for the patient's physical or emotional well-being and care.
2. Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets.
3. If visitation to a COVID-19 patient is permitted, visits should be scheduled and controlled to allow for the following:
 - a. Evaluate risk to the health of the visitor (e.g., visitor might have underlying illness putting them

at higher risk for COVID-19) and ability to comply with precautions.

- b. Instruction will be provided to the visitor(s) before entering the patient's room, including:
 - i. Proper and frequent hand hygiene,
 - ii. Limiting surfaces touched,
 - iii. To only visit the patient's room and not go to other locations in the facility.
 - iv. Use of PPE, including a gown, gloves, and a mask or an N-95 respirator or equivalent or PAPR) while in the patient's room.
- c. Visitors should not be present during AGPs or other procedures.

I. Environmental Infection Control

1. Definitions:
 - a. Non-critical medical devices - Medical devices, such as stethoscopes and blood pressure cuffs, that come in contact with unbroken skin.
 - b. Disinfection - A process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects.
 - c. Cleaning - The removal of visible soil (e.g., organic and inorganic material) from objects and surfaces and normally is accomplished manually or mechanically using water with detergents or enzymatic products.
2. Dedicated non-critical patient-care equipment (e.g. stethoscope, thermometer, blood pressure cuff and sphygmomanometer) will be provided to the patient on isolation precautions, if possible.
3. Dedicated medical equipment should be used when caring for patients with known or suspected COVID-19.
4. Patient-care equipment and instruments/devices will be handled according to Standard Precautions.
5. If a dedicated / disposable device is not available, all non-critical patient care equipment will be cleaned and disinfected before removing the device from the room and before using it with another patient.
6. Non-critical medical devices will be cleaned and then disinfected with an EPA-registered hospital disinfectant using the label's safety precautions and use directions. Ensure achievement of dilution and contact or "wet" time requirements.
7. Adequate equipment required for cleaning or disinfection will be inside the isolation room or area.
8. External surfaces of large portable equipment (e.g. X-ray machines and ultrasound machines) that has been used in the isolation room or area will be cleaned and disinfected with an approved hospital disinfectant upon removal from the patient's room or area.
9. In general, only essential personnel should enter the room of patients with COVID-19. Healthcare facilities should consider assigning daily cleaning and disinfection of high-touch surfaces to nursing personnel who will already be in the room providing care to the patient.
 - a. If this responsibility is assigned to environmental services (EVS) personnel, they should wear all recommended PPE when in the room. PPE should be removed upon leaving the room, immediately followed by performance of hand hygiene.
10. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or

objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed.

- a. Refer to <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19> on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

11. Terminal Cleaning

- a. After discharge, *terminal* cleaning can be performed by EVS personnel. They should delay entry into the room until time has elapsed for enough air changes to remove potentially infectious particles.
- b. After this time has elapsed, EVS personnel can enter the room and should wear a face mask along with a gown and gloves when performing *terminal* cleaning.
- c. Eye protection should be added if splashes or sprays during cleaning and disinfection activities are anticipated or otherwise required based on the selected cleaning products.
- d. Shoe covers are not recommended at this time for personnel caring for COVID-19 patients.

12. Staff responsible for device cleaning will receive training on cleaning and disinfecting procedures that follow the product and equipment manufacturer's instructions.

13. Monitoring the effectiveness and safety of services and quality of care will be integrated into the hospital-wide Quality Assurance/Performance Improvement (QAPI) program

14. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

J. Information about Respirators:

1. A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles, gases, or vapors.
2. HCP should be medically cleared and fit tested if using respirators with tight-fitting face-pieces (e.g., a NIOSH-approved N95 respirator) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.

K. Filtering Face-piece Respirators (FFR) including N95 Respirators

1. A commonly used respirator in healthcare settings is a filtering face-piece respirator (e.g., N95).
2. To work properly, FFRs must be worn throughout the period of exposure and be specially fitted for each person who wears one by undergoing a fit test.
3. Perform a user seal check to ensure a proper fit each time an FFR is used.
 - a. Once the particulate respirator is properly donned, place your hands over the face-piece, covering as much surface area as possible. Exhale gently into the face-piece.
 - b. The face fit is considered satisfactory if a slight positive pressure is being built up inside the face-piece without any evidence of outward leakage of air at the seal. Examples would be the feeling of air movement on your face along the seal of the face-piece, fogging of your glasses, or a lack of pressure being built up inside the face-piece.

L. Powered Air Purifying Respirators (PAPRs)

1. PAPRs have a battery-powered blower that pulls air through attached filters, canisters, or cartridges. They provide protection against gases, vapors, or particles, when equipped with the appropriate cartridge, canister, or filter.
2. Loose-fitting PAPRs do not require fit testing and can be used with facial hair.

M. Provide COVID-19 education to the patient and/or family prior to discharge.

REFERENCES:

CMS Conditions of Participation for Acute Care Hospitals, §482.42(a)

CMS Conditions of Participation for Critical Access Hospitals §485.635

Center for Improvement in Healthcare Quality, Standard IC-7

The Joint Commission, Standard IC.02.02.01

DNV, Standard IC.1

HFAP, Standard 07.00.00

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings March 10, 2020, Updated July 15, 2020

CDC's [Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008](#), Rev. 2017

Infection Prevention and Control of Epidemic- and Pandemic-Prone Acute Respiratory Infections in Health Care, World Health Organization 2014

Attachments

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

Approval Signatures

Step Description	Approver	Date
CCO	Ned Hillyard: IFCH - ADMINISTRATIVE VICE PRESIDENT [WB]	09/2020
Policy Coordinator	Wendy Bateman: Policy Coordinator	09/2020
COO	Casey Jackman: IFCH - CHIEF OPERATIONS OFFICER	09/2020
Infection Control	Terri Neuerburg: 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 *Idaho Falls Community 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



NON-EMPLOYEE COVID AGREEMENT

Welcome to Idaho Falls Community Hospital,

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 ($\geq 100^{\circ}\text{F}$), 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 Idaho Falls Community Hospital.

Non-Employee Name: _____

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

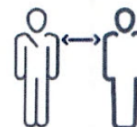
PREVENT THE SPREAD OF INFECTION BY ALWAYS DOING THE FOLLOWING:



**WEARING A
MASK**



**CLEANING YOUR
HANDS REGULARLY**



**MAINTAIN A 6 FT
DISTANCE FROM OTHERS**