



AULTMAN HEALTH FOUNDATION

2023-2024

ANNUAL SAFETY EDUCATION

Thank you for participating in the Annual Safety Education Program. This program will help you to meet mandatory safety education requirements as required by organizational leadership, the Occupational Safety and Health Administration (OSHA) and other regulatory agencies. This education is mandatory for all colleagues.

The program includes information that relates to multiple Aultman locations, and while some of the material may not apply to your location, the majority will. It is your responsibility as a colleague to read and understand these topics and apply them as needed.

In order to meet your requirements, you must complete this course through the designated electronic learning system by reading this education and completing the associated post-test with a score of 80% (or greater). If you have any questions while completing this program, please contact your supervisor or your designated Safety department.


AULTMAN
ORRVILLE
HOSPITAL


AULTMAN
WOODLAWN

 **AULTMAN**


AULTMAN
MEDICAL GROUP


AULTMAN
ALLIANCE
COMMUNITY
HOSPITAL



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HIGH RELIABILITY ORGANIZATION (HRO)

Aultman is a High Reliability Organization (HRO). This means that we do the RIGHT things, CONSISTENTLY, as INTENDED, EVERYTIME.

Our intent at Aultman facilities is to make sure that everyone who works at Aultman takes an ACTIVE role in not only keeping our patients, visitors, customers and colleagues free from harm, but also contributing to performing his or her job as intended consistently overtime.

There is a lot of harm in healthcare, and EVERYONE can make mistakes. Healthcare is complex, and there is not a healthcare facility in the U.S. that has not experienced an event that resulted in death or serious injury to a patient. Even those healthcare facilities recognized as the best are not immune to serious safety events.

WHAT ARE YOUR CHANCES?

Your chances of dying from an accident at a nuclear power plant are one in 100 million.

Your chances of dying aboard a U.S. commercial airline flight are one in 10 million departures.

Your chances of dying due to a medical error in a U.S. hospital is one in every 382 admissions. That's a patient death due to medical error every 5 minutes and 22 seconds.

What are your chances?

Nuclear power plant accident- 1 in 100 million



Airline crash- 1 in 10 million departures



Medical Error- 1 in 382 admissions



A Highly Reliable Organization reduces the chances for errors by using simple error prevention techniques, which are called the Tools and Tones.

The Tools and Tones have been applied very successfully in other industries and other healthcare facilities across the country. We CAN and ARE applying them successfully here at Aultman as well!

If you would like more information or a refresher on the Tools and Tones, go to the Employee Portal, click on the Safety tab and choose HRO. Also, if you are interested in becoming an HRO Reliability Coach, contact your manager.

We ask for your commitment to do the following:

- Commit to memorizing the Tools and Tones.
- Use the Tools and Tones every day at your work and encourage others to use them.
- Share safety success stories with your manager and colleagues when you hear about someone preventing harm or improving reliability.

By using the Tools and Tones and helping each other use them, we will make Aultman a High Reliability Organization.



CODE RED (FIRE)

In the event a fire or signs of fire (smoke, spark, etc.) occur, a **CODE RED** should be initiated. The acronyms "RACE" and "PASS" help explain the core tenets of the Code Red Fire Response Plan.

Response

R. A. C. E.

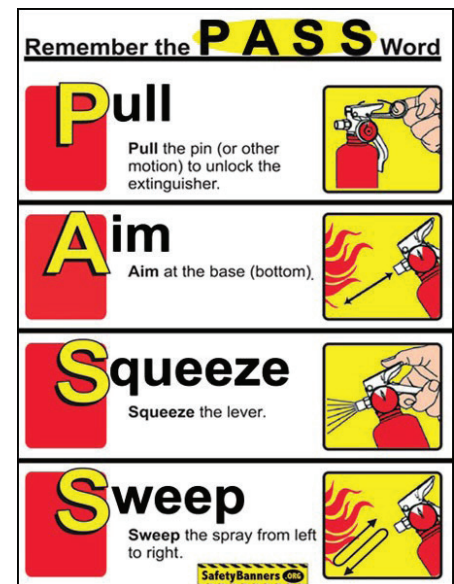
- R** - Rescue: Rescue anyone in any immediate danger by removing them from the impacted area. This may be a patient, visitor, or colleague.
- A** - Alarm: Sound the alarm by pulling down the PULL STATION nearest the location of the fire. (If no pull station, activate your facility's emergency response plan or call your local fire department by dialing 911).
- C** - Contain: Assist in containment of the fire by closing doors and windows in the impacted area and removing items from the corridors.
- E** - Extinguish: Attain and operate the proper fire extinguisher if appropriate to do so. To properly use a fire extinguisher, use **P.A.S.S.** If you are in a facility requiring evacuation, evacuate as appropriate.

Fire Extinguisher

P.A.S.S.

- P** - Pull: the pin.
- A** - Aim: extinguisher nozzle at the base of flame.
- S** - Squeeze: handle together.
- S** - Sweep: extinguisher from side to side.

Please refer to your facility-specific guidelines and procedures for additional information.



CODE ADAM (INFANT/CHILD ABDUCTION ATTEMPT)

In the event that an infant or child abduction is attempted or occurs, a CODE ADAM should be initiated. Colleagues in the impacted area should initiate their facility-specific response plan. This response may include, but is not limited to, the following:

- Activating the response plan by notifying Security/PBX/911 (based on facility-specific plans) and report the attempting infant or child abduction.
- In facilities equipped with overhead paging, an announcement stating "Code Adam is in effect" will be made. This statement will generally be stated three times and will be continued until the situation has been resolved.
- Upon hearing the initial page or after being otherwise notified, colleagues from each unit should be assigned by the supervisor and/or designee to monitor exits, stairways and/or elevators for anyone carrying an infant or child.
- Packages, bags and boxes need to be searched if large enough to contain an infant or child.
- Suspects should be questioned to verify their identity and purpose for being on campus.
- Suspicious activity or persons should be reported immediately to Security/law enforcement - do not attempt to physically detain a suspect!
- When resolved in facilities equipped with overhead paging, an announcement stating "Code Adam is now complete" will be made. This statement will generally be stated three times.

Please refer to facility-specific guidelines and procedures for additional information.



CODE BLACK (BOMB THREAT)

Colleagues answering phones may find themselves on the receiving end of a bomb threat. In preparation for such an event, colleagues should validate and verify that phones in their departments have the green "Bomb Threat Call Information" sheets.

These sheets are used to help signal to another colleague to activate the facility's Code Black emergency response plan, as well as to gather information from the caller to assist security and law enforcement in determining the credibility of the threat. Remember: All bomb threats should be taken seriously.

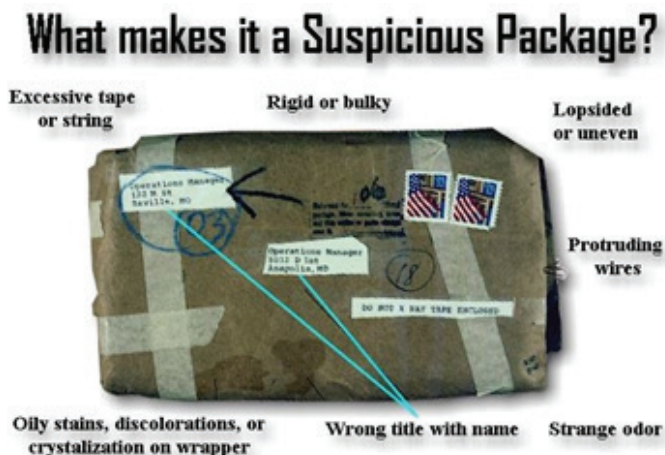
If you receive a bomb threat:

- Do not hang up.
- Remain calm.
- Keep the caller on the line as long as possible. Write down every word spoken by the caller.
- Use the green **"Code Black Call Information Sheet"** in a discreet manner to notify others around you that a bomb threat has been received.
- Activate your emergency response plan. If you are at a facility with on-site security, notify security immediately; otherwise, contact local law enforcement by calling 911.
- Complete a green **"Code Black Call Information sheet"** while you are on the telephone.
- Ask the questions on the back of the sheet.
- Provide the sheet to responding security/law enforcement.
- Be prepared to assist with facility search/evacuation as directed by security/law enforcement.

If you discover a bomb or suspicious item:

- Leave it untouched and notify security/law enforcement.
- Secure the area until security/law enforcement arrives.
- The administrator on-call/on-site, in conjunction with security and law enforcement, will work to determine the need to evacuate the building and/or take additional steps to resolve the situation.

Please refer to facility-specific guidelines and procedures for additional information.





CODE YELLOW (DISASTER)

The activation of **"Code Yellow"** indicates that a disaster has occurred that requires additional resources to effectively respond to the incident. Typically, a disaster can be categorized as the shortage or lack of "space, staff and/or stuff."

Internal disasters may include:

- Flood.
- Fire.
- Internet/network outage.
- Utility failure.

External disasters may include:

- Mass casualty incident.
- Terrorist attack.

When **"Code Yellow"** is implemented, managers and supervisors should identify any available staff and have them report to the facility-specific labor pool if appropriate.

Staff Recall/Labor Pool

- If staff is recalled from home in response to a disaster, they should be told to report directly to the facility-specific labor pool.
- They should NOT report to their normal department.
- All colleagues will park in the colleague lots unless notified otherwise.

Management and staff will receive periodic updates related to the incident through the command center specific to the facility. For additional information, see the "Hospital Incident Command System" section of this education, as well as facility-specific guidelines and procedures.

CODE BLUE (ADULT MEDICAL EMERGENCY)

A **Code Blue** is activated to obtain immediate medical assistance for an adult inpatient experiencing a cardiac or pulmonary arrest.

Activation of the Code Blue Emergency Page:

- Please follow facility-specific guidelines when calling for the Code Blue team.
 - This can include calling the operator or direct overhead paging depending on the facility.

If no Code Blue Team,

- Emergency Medical Services should be notified by calling 911.
- Provide basic medical attention.

CODE PINK (INFANT MEDICAL EMERGENCY)

A **Code Pink** is activated in the event of the need to provide evaluation, intervention and stabilization of a neonatal or pediatric patient with a cardiac or pulmonary emergency. Please refer to your entity-specific policy for details.



CODE SILVER (ARMED ASSAILANT/ ACTIVE SHOOTER OR HOSTAGE SITUATION)

Run, Hide, Fight

Colleagues identifying a Code Silver situation should immediately seek a safe location and activate their facility's emergency response plan such as notifying Security, calling the operator (PBX) or calling 911. The following information should be provided:

- Location, direction of travel and number of assailants.
- Description of assailant(s) and type of weapon(s) (weapon sounds).
- Approximate number of hostages or wounded persons (if known).

Run - Colleagues in immediate danger should leave the impacted area and move away from the assailant(s), placing rooms and/or building separations between yourself and the assailant(s).

- Visitors and other occupants in immediate danger should be encouraged to do the same.
- Once you have "run" from the immediately impacted area, consider "hiding" (see below) - especially in a facility providing direct patient care and in which others may be physically unable to "run" effectively and efficiently.

Hide - When able, consider sheltering in place out of the assailant's view. While doing so, visitors and other occupants should be encouraged to immediately take cover in an office or room. The following actions should be considered:

- Lock the door if possible; barricade the door with furniture or other items of significant weight.
- If the door has a window, cover it with available materials.
- If multiple personnel are in the room, do not huddle together; rather, separate and move to multiple locations within the room or office.
- Turn off all lights in the room or office.
- Limit noise to an absolute minimum; be sure to silence all mobile devices such as cell phones, IP phones and pagers.

Fight - Only when in imminent danger should a colleague or visitor engage the assailant. If the need arises, use anything possible to incapacitate the assailant: throwing available items, acting with physical aggression or striking at the assailant.

In facilities equipped with overhead paging, "Code Silver" will be announced three times and will be repeated throughout the event.

When the "all-clear" has been given by responding law enforcement agencies, the overhead "all clear" announcement will be announced three times.

Please refer to facility-specific guidelines and procedures, as well as workplace violence prevention and armed assailant education on the colleague portal for additional information.





CODE ORANGE (HAZARDOUS MATERIAL SPILL OR RELEASE)

In the event of a hazardous material (or an unknown substance) spill or release, the following steps should be taken to activate your facility-specific **Code Orange** response plan:

- Contact the appropriate number to activate your facilities spill “consulting” and/or “assessment” team (if equipped).
- Obtain Safety Data Sheet (SDS) for the chemical/product for reference.
- Obtain necessary spill clean-up materials or kits and personal protective equipment.
- Contain the spill – place the container in an upright position, if possible and safe to do so.
- Restrict pedestrian and/or vehicular traffic as necessary – this prevents the unintended spreading of the released substance and mitigates additional exposure.
- Complete a Variance/Spill Report and if needed, a Colleague Occupational Injury/Illness Report.



Please refer to facility-specific guidelines and procedures for additional information.



CODE GRAY (TORNADO/SEVERE WEATHER)

A **Code Gray** is activated when at least one of the below listed conditions have been met:

- Identification of a tornado warning by SkyGuard.
 - Notification includes email notification from AccuWeather SkyGuard sent to Aultman contacts based on facility and severe weather location, as well as notifications from facility-specific weather radios.
- Activation of a local jurisdictional tornado siren or warning system (not including system testing).

In facilities equipped with overhead paging, the following announcements will be stated overhead: "**Code Gray** is now in effect." This statement will generally be made three times and will be repeated until the situation has been resolved.

Should facility impact by a tornado become imminent, the following announcement will be stated (in facilities equipped with overhead paging): "**Code Gray**, tornado impact is now in effect." The statement will generally be made three times.

Once the warning has expired or the danger has subsided, the following announcement will be stated: "**Code Gray** is now complete." This will be heard overhead three times.

What to do:

- **Visitors and family:**
 - Remain in the facility through the duration of **Code Gray** operations.
 - Clear all rooms, solariums and lobby areas that have exterior walls of glass.
 - Individuals should be directed to the inner corridors, public restrooms, etc. and advised to keep away from windows.
- **Non-patient care areas:**
 - Keep all corridor doors, room doors and smoke and fire doors closed.
 - Proceed to any inner corridor, restroom or lower level.
 - Remove any items on the windowsills. Pull down all shades and drapes over the windows.
- **Patient care areas:**
 - Move patients, patient beds and visitors away from the windows and towards the interior if space allows. Move ambulatory patients to bathrooms if able.
 - Keep all corridor doors, as well as smoke and fire doors, closed. Close patient room doors if it does not affect patient awareness.
 - Remove items from the windowsills and pull down all shades and drapes over the windows.
 - Patients should be protected from flying glass and debris by using sheets, blankets and pillows.
 - Remove all loose items not essential for immediate patient care and place in drawers or cabinets..
 - Items of significant size that cannot be placed in drawers or lockers should be placed in the patient room bathroom if the situation allows (e.g. trays, carts, wheeled items not fastened to the floor).
 - Place the patient's shoes with the patient.
- All babies in the nursery should be returned to their mothers. In the NICU, babies will remain in the unit, keeping them away from windows and doorways (as applicable).
- All patient discharges will cease pending completion of the **Code Gray** scenario.
- Do not use the elevators.

Please refer to facility-specific guidelines and procedures for additional information.



CODE BROWN (MISSING ADULT PATIENT)

A **Code Brown** refers to a missing adult patient. Before identifying a patient as missing, staff should consider the following:

- Check for any scheduled events, such as PT, OT, X-ray, etc. for which that patient may have left the unit.
- Search immediate area – nursing unit (other patient rooms, bathrooms, lounges, etc.).
- Search adjacent areas (other nursing units on that level, lounges, etc.).

If the patient cannot be located, implement facility-specific procedures. This may include notifying Security and advising that a patient is missing from a patient care area. Provide the following information:

- Name.
- Age.
- Physical description.
- Clothing worn, if known.
- Approximate time patient went missing.
- Any other pertinent information, such as mental status, weapons, home address, etc.

At facilities equipped with overhead paging, the following announcement will be stated overhead: **“CODE BROWN MR. OR MRS. BROWN (Mr. = male/Mrs. = female), (GIVE LOCATION) IS IN EFFECT,”** three times. This statement will generally be made three times and repeated until the situation has been resolved.

When hearing the Code Brown notification, colleagues should complete the following:

- Check all patient rooms, restrooms, lounges, offices, storage rooms and stairways in their immediate area.
- Security will conduct a search of the premises.
- Complete Variance/Incident Report regardless of outcome.

When the situation has been resolved, notify Security, law enforcement, the patient’s family and the patient’s physician as appropriate. In facilities equipped with overhead paging, the following announcement will be stated overhead: “Code Brown is now complete.” This statement will generally be made three times.

When the patient has been returned to their room, nursing should perform a complete assessment, document findings in the medical record and notify the physician of any changes in condition.

The Interdisciplinary Plan of Care (IPC) should be updated to reflect the implementation of elopement risk precautions. *Please refer to facility-specific guidelines and procedures for additional information.*

CODE WHITE (SEVERE OR INCLEMENT WINTER WEATHER)

Code White refers to extended periods of severe or inclement winter weather conditions that may adversely impact staffing levels and the facility’s ability to provide patient care. Code White operations include the identification of critical colleagues and units, appropriate staffing levels and lodging arrangements. The facility’s administrator-on-call, in conjunction with the safety officer (or designee), has the authority to implement Code White operations. Communication to colleagues may come from one of the following ways:

- Facility-specific email group.
- Mass Notification System.
- Employee portal emergency banner.
- Overhead paging where applicable.

When Code White is activated, lodging and transportation may be made available to colleagues in accordance with your facility’s emergency response plan.

Please refer to facility-specific guidelines and procedures for additional information.



CODE VIOLET (VIOLENT OR COMBATIVE PERSON)

A **Code Violet** refers to a combative person including, but not limited to, patients, visitors, colleagues, students, contracted personnel and medical staff.

Warning signs of an escalating individual may include, but are not limited to:

- Confusion.
- Boisterous behavior.
- Irritability.
- Verbally threatening.
- Physically threatening.
- Throwing/attacking objects.

Some safety tips to help prevent yourself from being involved in a violent situation may include:

- Never allowing persons, including patients, to come between you and the exit.
- Never wear a stethoscope or similar items around your neck and lean over a patient who could grab it.
- Mentally prepare to leave a situation before it becomes physically violent.
- Ask a staff member to accompany you into the room (buddy system).
- Request a security "Patient Safety Watch."

Please refer to facility-specific guidelines and procedures for additional information. In addition, refer to the Workplace Violence Prevention portion of this education.



CODE GREEN (CLASS A INFECTIOUS DISEASE)/ INFECTION PREVENTION RESPONSE TEAM

In the event that an actual or potentially infected person or patient requires a heightened level of precautions beyond routine Standard Precautions and needs a higher level of isolation; or in unique specific situations involving a highly contagious illness or one of high lethality such as coronavirus (COVID-19), Ebola, Marburg, Lassa, etc. where extra assistance may be needed to create a detailed, safe environment, an Infection Prevention Response Team (IPRT) may be initiated. Examples may include but are not limited to:

Class A Infectious Diseases:

- Cholera.
- Measles.
- Novel Influenza A Virus.
- SARS or MERS.
- SARS-CoV-2 (COVID-19).
- Smallpox.
- Viral Hemorrhagic fever (Ebola and Marburg).
- Plague.

Suspicion of Outbreak:

- Anthrax.
- Botulism.
- Tularemia.
- Yellow Fever.
- Meningococcal Disease (outbreak of bacteremia or meningitis).
- New/novel viruses

- While the identification of a patient suspected to have a Class A reportable infectious disease may typically come from the Emergency Department (ED), Code Green/IPRT may be activated by any clinical unit.
- In the event that a patient suspected to have or meeting the screening criteria for a Class A reportable infectious disease is being transferred to an inpatient facility, the department receiving the patient should activate Code Green/IPRT.

Code Green applies to Aultman Hospital, Aultman Orrville Hospital and post-acute care facilities.

"Infection Prevention Response Team" is used at Aultman Alliance Community Hospital.

Please refer to facility-specific guidelines and procedures for additional information.



HOSPITAL INCIDENT COMMAND SYSTEM (HICS)

The Hospital Incident Command System (HICS) is an incident management system that can be used by any hospital to manage threats, planned events or emergency incidents.

As a system, HICS is extremely useful; not only does it provide an organizational structure for incident management, but it also guides the process for planning, building and adapting that structure. Using HICS for incidents or planned events helps hone and maintain skills needed for the large-scale incidents.

HICS is a flexible, scalable and adaptable system that can be used by hospitals regardless of size, location, patient acuity, patient volume or hazard type. HICS expands or contracts relative to the needs of the situation. By using HICS, hospitals adopt a nationally recognized system that promotes successful incident management within the hospital and strengthens integration with community response partners.

The activation of a facility's emergency operations plan is aligned with the implementation of a "Code Yellow." Each entity's Code Yellow policy/plan identifies those with authority to activate and deactivate the plan. Once activated, the HICS is used to manage the entity's response.

For example, when a Code Yellow is identified and overhead paged, managers and supervisors should identify available staff and send them to the facility-specific labor pool. **DO NOT REPORT DIRECTLY TO THE EMERGENCY DEPARTMENT!** (if applicable)

Labor pool locations are as follows:

- Aultman Hospital: Morrow House Auditorium.
- Aultman Orrville Hospital: AOH Conference Room.
- Aultman Woodlawn: Therapy Gym.
- Aultman Alliance Community Hospital: Colleague Relations Office

Members of the management team may be contacted by the hospital command center for potential assignment and may be requested to come to the facility command center. Facility command center locations are as follows:

- Aultman Hospital: Bedford 3 Heart Center Education Room.
- Aultman Orrville Hospital: AOH Conference Room.
- Aultman Woodlawn: Woodlawn Conference Room.
- Aultman Alliance Community Hospital: McAllister 1A Conference Room.

COMMUNICATIONS PLAN

Each entity is required to maintain an emergency "communications plan." This plan identifies several elements, including the following:

- Department rosters and contact information.
- Primary and back-up means of communication.

A critical part of the organization's communications plan involves the mass notification system. Aultman's mass notification system is an internet-based tool capable of efficiently communicating emergency information to colleagues via phone, text, email and pager. The mass notification system may be used during times of emergency, disaster or a means of communicating important information to a group of colleagues. The mass notification system uses contact information stored in the database to communicate.

For the system to accurately communicate, colleagues are expected to maintain current contact information with Colleague Relations on an ongoing basis. If your phone number and/or address changes, please update your contact information with Colleague Relations ASAP.



EVACUATION

Each inpatient facility maintains a facility-specific evacuation plan. Traditionally, each plan is designed and implemented in “levels,” ranging from a unit-specific evacuation to a building-specific evacuation, and ultimately a campus-wide evacuation.

Evacuation traditionally occurs horizontally, then vertically. Horizontal evacuation in inpatient facilities involves the identification of smoke and fire barriers and compartments, and the movement between the two during a disaster.

Larger scale evacuation measures involve the use of pre-identified staging areas prior to moving patients and colleagues to an alternate care site, either on or off campus.

See your facility-specific evacuation plan.

SHELTER IN PLACE

Each facility maintains a facility-specific shelter-in-place plan. Traditionally, shelter-in-place protocols are implemented when it is unsafe to leave a facility. Examples of situations during which shelter-in-place protocols may be implemented include, but are not limited to the following:

- Hazardous materials release in the community.
- Security incident/threat in the community.
- Tornado/severe weather (Code Gray).
- Armed assailant/active shooter/hostage situation (Code Silver).

Facility occupants may be notified of the implementation of shelter-in-place protocols through a variety of methods, including but not limited to the following:

- Overhead paging (if equipped).
- Mass notification.
- Runner.
- Colleague Portal.
- Email.
- Phone.

The method of notification will be dependent on the facility’s specific capabilities and systems.

When advised to shelter-in-place, colleagues should close doors and windows and remain in their work environment until further notice. No one should be permitted to enter or exit the facility.



LOCKDOWN

Each facility maintains a facility-specific lockdown plan. Traditionally, lockdown protocols are implemented when an external threat exists that requires additional measures/authentication to enter a department, facility or campus. Lockdown protocols are typically designed and implemented in “levels.” These levels may range from locking down a department, facility or campus. Examples of situations during which lockdown protocols may be implemented include but are not limited to the following:

- Presence of a high-risk or dangerous patient in a unit (for example – an emergency department receiving a significant trauma patient).
- External threat to a department, facility or campus.

During periods of lockdown, additional means of screening and/or authentication may be required for those attempting to enter a department, facility or campus. These means of screening/authentication may include measures such as the provision of government/employer issued identification, screening via weapons detection system and or additional validation of visitor protocols.

Facility occupants may be notified of the implementation of lockdown protocols through a variety of methods, including but not limited to the following:

- Overhead paging (if equipped).
- Mass notification.
- Runner.
- Colleague Portal.
- Email.
- Phone.

The method of notification will be dependent on the facility's specific capabilities and systems.

When advised to implement lockdown protocols, colleagues should monitor their work environments closely. Report any and all suspicious activity to security and be aware of lockdown-specific guidance issued to your facility.

SURGE PROCEDURES

Additional Emergency Management information is available by contacting the facility's Safety Department.



CONCEALED WEAPONS

In Ohio, eligible citizens 21 and older can legally carry a gun without a permit. You cannot open carry on government property such as schools and post offices or in private businesses that prohibit it. Aultman has adopted a policy to restrict the carrying of handguns or other deadly weapons, including knives, into any of its structural facilities. If legally allowed to carry a firearm, you are permitted to secure their firearm within your vehicle, in accordance with Ohio law, prior to entering an Aultman facility.

Unless specifically authorized by policy, firearms and other deadly weapons, including knives, are forbidden to be carried by colleagues during work hours (including breaks), whether or not the colleague is on Aultman premises. However, colleagues may have personal safety equipment such as Tasers®, pepper spray and Mace® in their personal possession. These items must be secured and not displayed while inside any building Aultman owns or controls. Aultman has absolute discretion in determining whether personal safety equipment constitutes an inappropriate weapon on properties Aultman owns or controls. *For more information related to concealed weapons, please reference the Aultman Colleague Handbook and the Concealed Carry Policy at your facility/entity.*

AWARE BECAUSE WE CARE

"Piggybacking" or "tailgating" – when a colleague holds a door to a secure area for an unauthorized individual, or simply does not realize who is following them into the area – is one of the most common security issues at healthcare facilities across the country. To assist in addressing this issue, Aultman colleagues are asked to remain aware of their surroundings by taking one of two actions should they find themselves being followed by someone who is unauthorized to access a restricted area: question the person or contact Security immediately (or local law enforcement if Security is not available at your facility/entity). This can be accomplished using the strategy, "Stop, Challenge and Assist," as described below.

STOP: Before going any further, stop and ask the person if you can help them. Ask if they have a hospital ID if it's not visible. Confirm whether they belong.

CHALLENGE: If they do not have a hospital ID badge, or do not have permission/authorization, tell them you are not able to let them in.

ASSIST: Help the person find a legitimate way to access the area, such as directing them to an Information Desk. You can also ask whom they are meeting or where they are trying to go, and contact the person yourself or walk them to the area and ensure they belong. If the person seems suspicious, or the situation doesn't feel right, contact Security immediately (or local law enforcement if Security is not available at your facility/entity).

If you are not comfortable doing the above, or if the person has forced their way into the locked area, contact Security immediately (or local law enforcement if Security is not available at your facility/entity). Please remember that in this type of situation, you should take one of two actions: Question the person yourself or contact Security so they can do so.

Source: Brigham and Women's Hospital "Aware Because We Care" Campaign (http://www.brighamandwomens.org/About_BWH/publicaffairs/news/BeAwareWeCare.aspx?sub=1)



SECURITY/PROTECTIVE SERVICES


Security /Protective officers help provide a safe and secure environment for facility occupants.

Some of the many services provided are:

- Response to emergency situations.
- Patient safety watches.
- Escorts to and from your vehicle.
- Motor vehicle tire inflates, jumps and door unlocks.
- Motor vehicle accident reports.
- Securing of both patient valuables and lost-and-found items.
- Support and accommodations for persons with an active protection order.

All colleagues are responsible for reporting any suspicious activities or persons to Security immediately!

"If you SEE something, SAY something!"

<p>If you SEE something. SAY something.</p> <p> AULTMAN</p>	<p>If you notice suspicious activity, please alert Security. Suspicious activity may include:</p> <ul style="list-style-type: none">■ Non-employees loitering in employee parking areas.■ Persons attempting to tailgate or follow you into the facility or a restricted area.■ Persons asking unusual questions about facility operations or other sensitive information.■ Persons loitering in the same area over multiple days with no reason.■ Persons taking pictures of or documenting information about the facility.
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In addition to reporting suspicious activity, we highly encourage colleagues to remember the following:

- Proactively use Security escort services as available at your work location.
- If Security escorts are not used, walk to and from your vehicles in groups and use connecting walkways/bridges.
- Remain vigilant and constantly aware of your surroundings, eliminating distractions such as the use of cell phones while walking.
- Be aware of the location of "emergency call boxes" located in parking areas across the main campus. There is a total of 15 emergency call boxes throughout the main campus parking lots in case immediate assistance is needed. To use them, press and hold the button to talk, and release to listen. When pressed, the call goes directly to Security to respond.
- If suspicious activity is observed, immediately proceed to a safe location and report the activity to Security; if at a facility without Security assigned, contact local law enforcement.

Locations and Hours

- Aultman Hospital - 24/7
- Aultman Orrville Hospital - 24/7
- Aultman Alliance Community Hospital - 24/7
- Aultman Massillon - 24/7



Regional Patrol Program

Aultman Security provides security services for all AHF facilities and physician practices. This program provides a proactive approach for identifying and mitigating security risks for all regional campuses and facilities. Security officers are assigned Monday - Friday, from 6:30 a.m. - 4:30 p.m., to provide rounding of these sites. The regional patrol team is available to respond upon request for non-emergency security concerns by calling 330-363-6268. This should not replace the site-specific standard operating procedures for emergency concerns.

Contact Us

- Aultman Hospital - 330-363-6268
- Aultman Alliance Community Hospital - 330-596-6000
- Aultman Massillon - 330-575-4013
- Aultman Orrville Hospital - 330-466-6483

**The Aultman Hospital main campus security office can be reached 24/7 with concerns pertaining to any facility.*



WORKPLACE VIOLENCE PREVENTION

Aultman is committed to providing a safe workplace and environment. Incidents of disruptive behavior and workplace violence such as threats, harassment, aggressive or violent behavior or any other type of inappropriate behavior will not be tolerated. Aultman will not retaliate against colleagues making good-faith reports of disruptive behavior and workplace violence. Disruptive behavior is defined as “conduct by an individual working in the organization that intimidates others to the extent that quality and safety are compromised.”

The Occupational Safety and Health Administration (OSHA) defines workplace violence as any physical assault, threatening behavior or verbal abuse occurring in the work setting. A threat may be real or implied, and harassment is considered a form of threat. Threats or harassing incidents can take on many forms including but not limited to the following:

- Telephone calls.
- Physical altercations.
- Letters.
- Vandalism.
- Face-to-face conversations.
- Following or stalking.
- Assault on a colleague or family member.

Violence is not always physical; verbal altercations may also be considered acts of violence and should be reported. If anyone feels they are being subjected to or have experienced a workplace violence incident, the following steps should be taken: Contact Security and/or local law enforcement immediately, and your director/supervisor as soon as it is safe to do so. Refer to your facility/entity’s workplace violence prevention program and Code Violet policies for additional information.

Below are some details on tools and programs intended to mitigate the risk and severity of workplace violence events.

VIOLENCE RISK PREDICTOR

The “Violence Risk Predictor” is a clinical assessment used in some areas to assess the risk of patient violence to self, others and property. The assessment is completed by nursing at many facilities and generally occurs once per shift or as previously outlined per facility-specific policy. The scoring is from zero to six.

Assessment data is then used to drive the implementation of patient and colleague safety protocols – for example, increasing security rounding on the patient and/or the use of patient safety protocols for future clinical interactions. Security conducts a review of the violent risk predictor scores and uses the information to prioritize rounding efforts.

PATIENT SAFETY WATCH

Any colleague at any time can request that a Security officer accompany them when interacting with an individual who may be exhibiting warning signs of workplace violence or makes the colleague uncomfortable in any way. To request a “safety watch,” simply contact the Security team assigned to your location and request the service. The Security team receives training in the areas of crisis prevention, de-escalation and self-defense and is authorized to intervene as appropriate to maintain a safe environment. There is a strong correlation between the use of the “safety watch” program and a reduction of workplace-violence-related injuries.



DE-ESCALATION

It's important for colleagues to know what to do when an individual begins to escalate verbally or physically. Recognizing the warning signs of an escalating situation and being prepared to use de-escalation strategies are important components of our workplace violence prevention program.

The image below demonstrates how quickly a situation can escalate. Should these behaviors be identified, consider immediately removing yourself from the environment and contacting Security for a patient safety watch, or implementing additional mitigation.

Warning signs can be both verbal and physical, and include but are not limited to the following:

- Uncooperative behavior.
- Verbal abusive
- Arguing/threatening behavior
- Refusing to obey organizational policies and procedures
- Aggressive physical contact and/or fighting
- Extreme rage



General de-escalation tools include:

- **Be empathic and non-judgmental:** Most patients and visitors only experience healthcare settings when they, or a loved one, are sick or injured.
 - **Example:** Use your HRO tools and tones. Do not get annoyed when a family member calls the unit or department multiple times to check on a loved one. They may just be truly worried, afraid and/or feel guilty for not being able to be bedside.
 - **Example:** When working with coworkers who may float to your area, do not assume they should know where everything is or who to ask. Use your HRO tools and tones to communicate positive intent of how procedures work in that area and provide opportunities for questions.
- **Respect personal space:** Healthcare is a hands-on environment; most people are not used to that. Ask or tell the person what you are going to do next to help alleviate any angst they may have. Also, respect your space in keeping quick exits clear of equipment for a quick outlet to leave the environment and request assistance as necessary.
 - **Example:** When walking into a patient room, stand in the doorway and state your name, title and what you are there to do. "Good Morning, my name is ____ and I am here to _____. Do you have any questions or concerns before I begin?"
- **Mindful body language:** Smile and be aware of body positioning and tone inflection. Remember, not everyone is comfortable in a healthcare setting, and active listening can go a long way.
 - **Example:** Again, remember to use your HRO tools and tones. When charting, try to make sure you are angled toward the patient. Yes, you may ask the same questions what feels like 100 times a day, but those questions can be personal, and you might be the first person who asks them to that patient.



- **Avoid overreacting or challenging questions:** People will try to escalate those around them as they escalate, so do not take the bait.
 - Example: You have asked a visitor to put on a mask per hospital policy. The visitor begins to shout out about vaccines and begins asking personal questions to you and judging you out loud for all to hear. Do not answer anything - rather be short, direct and to the point. Use an "if, then statement." "Sir/ma'am, if you choose to not follow hospital policy and put a mask on properly, then I will ask you to leave and get Security if needed." There is nothing left for you to say except, "Thank you" if followed, or calling Security if not.

FORENSIC EDUCATION

Aultman requires that all inpatient prisoners be guarded continuously by the custodial agency responsible for the prisoner. Upon admission, the unit should notify Security/ Protective Services to make sure that policies and procedures are followed. Patient rights will be maintained with the exception of any legal restrictions as determined and enforced by forensic staff, such as limiting visitation or phone use. Decisions affecting the care of the forensic patient will not be based on the criteria set by forensic staff. Upon discharge, the patient will be returned to the custody of forensic staff.



FIRE & LIFE SAFETY MEASURES

Construction, maintenance activities and Life Safety Code deficiencies in health care environments pose dangers to the life safety of building occupants. The dangers posed may include fire alarm system downtime, closed exits or corridors, fire suppression system downtime, smoke or fire barrier deficiencies, etc. A fire caused in an area without smoke detectors or a sprinkler system could allow the fire to spread rapidly, causing severe consequences. At any given time in the hospital, there may be patients who are unable to walk, under anesthesia or generally incapable of self-preservation.

Interim Life Safety Measures (ILSM) or Alternative Life Safety Measures (ALSM) are health and safety measures that are put in place to protect the safety of patients, visitors and staff by compensating for hazards caused by Life Safety Code deficiencies or construction activity. Preventive measures may include staff education, signage, Fire Watch, alternate exit routes, increased surveillance or other measures.

When you are informed of an Interim or Alternative Life Safety Measure (ILSM/ALSM) that may impact you, please review and be familiar with the measures put in place. These measures may alter your normal response in an emergency and could assist in mitigating severe consequences.

NEEDLESTICK/SIGNIFICANT EXPOSURE SAFETY

Standard universal precautions should be observed to prevent contact with blood or other body fluids. All body fluids shall be considered potentially infectious materials.

Sharps devices and changes in work practices are used to lower exposure to blood or other potentially infectious material. Examples of sharps devices include safety lancets, shielded needle devices and retractable angiocatheters. Examples of changes in work practices include not recapping needles and the use of surgical blade removers. If these devices and changes in work practice do not eliminate exposure, the use of Personal Protective Equipment (PPE) is required (i.e., masks, gloves, goggles, gown, head and foot coverings). Situations where most needlesticks occur in health care are:

During patient care:

- Inserting or withdrawing a needle.
- Inserting needles into IV lines.
- Handling or passing sharps.

Immediately after sharp use:

- Recapping a used needle.
- Transferring or processing specimens.

During and after sharp disposal:

- Disposing into proper containers.
- Cleaning up after a procedure.
- Sharps left on floors, tables, in linen, beds or trash

Be prepared: Prepare the patient and organize the work area with prevention in mind.

Be aware: Check sharps container fullness prior to uncapping, keep exposed sharps in view and activate safety features as soon as a procedure is completed.

Dispose with care: Be accountable for sharps you use, look for any left behind inadvertently and dispose in sharps containers. Empty the sharps container when filled to the designated line on the container.

In the event of an exposure, the following steps should be taken:

1. For punctures, cuts or abrasions: wash the affected area with soap and water, make the wound bleed. For splashes to mucous membranes (eye, nose, mouth): flush the affected area with tap water.
2. Call your supervisor immediately.
3. Fill out an Colleague Occupational Injury/Illness Report for a Significant Exposure. These forms should be completed through the "Safety" tab on the colleague portal.
 - Call the Colleague Health nurse or supervisor immediately if the exposure involved a known hepatitis or HIV-positive patient.
 - Follow-up blood work, hepatitis vaccines and tetanus vaccines are available to colleagues free of charge.
 - The patient's results will be available in Health Services within 48 hours.



SLIPS, TRIPS AND FALLS

Falls can happen in any part of the workplace, including the interior and exterior environment.

Oftentimes, human behaviors (actions we choose and control) can contribute to a slip, trip and fall-related injury. These behaviors include:

- Carrying or moving cumbersome objects or too many objects that obstruct your view, impair your balance and/or prevent you from holding on to handrails.
- Inattentive walking and distractions, to include using a cellphone or talking and not watching where you are walking.
- Taking shortcuts instead of using designated walkways and pathways.
- Being in a hurry, prioritizing task completion ahead of safety.
- Allowing clutter to accumulate and not maintaining a clean work environment.
- Not using signage and reporting potential hazards to the appropriate department (typically through the help ticket process).
- Wearing improper or inadequate footwear.

Slips, trips and falls can be mitigated and potentially prevented through a multitude of ways, to include:

- Designing workspaces and work processes that minimize hazards (i.e., cords, clutter, etc.).
- Maintaining a neat and orderly workspace.
- Wearing appropriate footwear for the task and environment (i.e., nonskid soles).
- Reporting hazards (i.e., uneven surfaces, wet floors, cluttered areas, poorly lit areas, etc.) through established processes, such as to your supervisor, help desk ticket/work order process and through Safety Suggestions on the employee portal.
- Use safe walking practices, such as verifying that your pathway and view are not blocked prior to lifting anything, using a cart to move supplies and using an elevator to go between floors when carrying items in both hands.

LADDER SAFETY

The feet of the ladder should be on stable, level ground and NEVER in front of a door unless the door is locked or guarded. DO NOT stand higher than a ladder's rated safe step. DO NOT stretch, stand on your toes or reach beyond your normal arm's length while on a ladder - use a taller ladder instead. DO NOT jump from ladders, loading docks or other elevated locations - no matter how close to the ground you are.



FALLS ASSESSMENT

It is every colleague's responsibility to promote patient safety by identifying patients at risk for falling. While walking is encouraged, those high-risk patients should not be up without assistance. If you observe a potential fall situation, do not leave the patient. Notify a staff member immediately by using the call light or pull the emergency cord in the bathroom.

Patients also can experience slips, trips or falls, including the patient slipping from chair to floor, found lying on the floor and assisted falls (lowered to the floor). The fall plan is universal. That means that the same fall assessment tool and fall protocol can be used in any location and for any age group of patients.

Yellow is the universal color for patients who are assessed to be at risk for falling. Patients who are at risk will be identified with several different yellow identifiers, including but not limited to the following items: yellow wrist band, yellow slippers, yellow magnets outside their door or inside their room and a yellow lap blanket on the foot of all fall risk patient beds. Patients may also have a chair alarm or bed alarm. These identifiers are implemented as a communication tool so every colleague can identify the patient at risk and intervene to prevent a potential fall. When patients are transferred to other departments within the hospital, it is important that the hand-off report, the ticket to treat or the verbal report identifies that the patient is at risk to fall. It is important to have a conversation with the patient/family to discuss the importance of asking for help when getting out of bed or not walking unassisted. Encourage the family to stay with the patient if they are confused, don't understand or don't follow instructions. Good lighting is essential to lower the risk of falling, and the bed cord activating the bed alarm should always be checked to make sure it is plugged in.

- When a patient falls, the nursing supervisor is to be notified and to follow facility-specific protocol for a patient fall.

WINTER WEATHER SAFETY CAUTION ICE! WATCH YOUR STEP!

The winter season can create numerous hazards for Aultman team members, visitors, and patients. Weather-related conditions may cause an increase in slip, trip and fall accidents in parking lots, sidewalks and building entrances. Colleagues can keep themselves safe and off the ground with these tips to preventing slips, trips and falls on snow and ice.

Tips to Preventing Slips and Trips on Snow and Ice

- Wear appropriate footwear to increase traction. Smooth leather soles and high heels offer little traction on ice and snow.
- Use caution when entering or exiting your vehicle, and pay attention to the surface condition.
- Walk on surfaces that have been cleared or treated when possible.
- Avoid taking shortcuts.
- Avoid carrying large or heavy loads that can throw off your balance when walking.
- Avoid stepping on uneven surfaces.
- Avoid walking with your hands in your pockets, as this reduces your ability to use your arms for balance if you do slip.
- Slow down and take shorter steps so you can react to a change in traction more easily.
- Pay attention to detail when walking on winter surfaces; minimize distractions by avoiding the use of cellphones and other electronic devices when walking.
- Report any unsafe conditions immediately.



FIRE WATCH

Fire watch is an activity used during periods of fire alarm (4 hours) and/or suppression (10 hour) system downtime. During these times, the potential for a fire to grow and spread rapidly is increased due to the lack of fire alarm, detection, suppression or any combination thereof. In order to mitigate the risk of a fire occurring, an approved fire watch is implemented.

When a fire watch is implemented, staff in the affected area may be provided with education on the fire protection system that is out of service, the area that is impacted, staff response expectations and changes to response due to the system downtime. In addition, the anticipated duration of the fire watch activities, and contact information for staff to report questions, concerns, and/or additional deficiencies is provided. This information should be completed across all shifts in the impacted area.

For more information, please refer to the facility-specific fire watch policy.

FIRE TYPES

Fires are a threat in all healthcare. According to the National Fire Protection Association, thousands of fires in hospitals are reported every year. Many patients are helpless during a fire emergency due to illness and special needs, increasing their risk of injury or death.

There are four classes of fires:

CLASS A fires involve the burning of ordinary combustibles like wood, paper, clothes, rubber or certain plastics.

CLASS B fires involve the burning of gases and liquids.

CLASS C fires involve the burning of electrical equipment such as appliances, air conditioning and heating units, motors and generators that are plugged in.

CLASS D fires involve the burning of certain metals.

CLASS K fires involve the burning of cooking materials (fats, grease and oils) in commercial cooking sites.

FIRE EXTINGUISHERS

Fire extinguishers are an important defense for putting out fires and can save lives. Make sure you know where the fire extinguishers are kept and how to operate them.

In healthcare facilities, fire extinguishers are designed to put out Class A, Class B and Class C, and Class K fires.

ABC extinguishers can be used to fight Class A, B and C fires.

If a fire starts, think and act quickly and safely.

Remember the steps associated with **RACE** and **PASS**.

Be prepared before a fire occurs:

1. Review how to move patients to another unit on your floor and how to move patients to a unit on a floor above or below your own.
2. Review exit routes.
3. Be familiar with pull station locations.
4. Keep the hallways of your work area free from obstructions, clutter, etc.
5. Be familiar with smoke and fire walls.
6. Never block smoke doors, fire doors or exits.
7. Keep calm.
8. If evacuation is necessary, first evacuate horizontally past a fire separation, then vertically if necessary.



KNOW YOUR FIRE EXTINGUISHER				
CHOOSING THE RIGHT EXTINGUISHER CAN PREVENT PROPERTY DAMAGE AND SAVE LIVES				
Extinguisher Type →	Water	Foam	CO ₂	Dry Chemical
Type of Fire ↓				
A Paper, Wood & Plastic	✓	✓	X	✓
B Flammable & Combustible Liquids	X	✓	✓	✓
C Electrical Equipment	X	X	✓	✓



FIRE DRILLS

Colleague training is an important part of a good fire prevention program. Fire drills serve to educate building occupants, assist in the evaluation of emergency plans and identify potential issues with the building's means of egress. The goal of a fire drill is to familiarize colleagues with emergency procedures and the location of means of egress components provided within the facility.

The fire drill is a tool that is used to ensure that occupants react properly in the event of an actual emergency within a facility. Individuals who have participated in drills and received training in emergency response react faster and with better decision making than those without training. Colleagues receive training, and should understand, the following:

- Code Phrase for a Fire (Code Red).
- Use of alarm equipment (manual pull stations, facility's emergency phone extension.)
- Implementation of the Fire Response Plan.
- Functionality of the fire alarm system and associated components (i.e., fire doors).

For more information, please refer to the facility-specific fire response plan.

OFFICE SAFETY

While not typically viewed upon as hazardous, there are many ways in which colleagues working in office environments can contribute to maintaining a safe, functional environment. Many common hazards can exist in office environments to include fire hazards (blocked/inaccessible fire extinguishers, pull stations, etc.), improper storage and handling of materials, clutter and other slip/trip/fall hazards, and blocked egress pathways and exit doors.

Colleagues working in office areas can mitigate safety hazards in many ways, to include the following:

- Keep phone and other cords out of aisles and walkways.
- Remove excess debris from work areas.
- Regularly inspect and report faulty carpeting and other uneven surfaces.
- Keep the means of egress clear at all times, maintaining at least 36 inches between aisleways.
- Stairways should be well-lit, free of obstructions and not used for storage in any way.
- Understanding where pull stations and fire extinguishers are located and being familiar with office evacuation procedures.
- Properly storing items on shelving, maintaining at least 18 inches of clearance between items stored on the top shelf and the ceiling (maintain at least 24 inches of clearance in areas without sprinklers).
- Using proper lifting techniques and equipment (ladders and stools) when handling equipment and materials.
- Do not use chairs to stand on in the absence of ladders and stools.
- Keep desks, chairs and other office furniture in good repair.

To resolve any identified issues or concerns, please place a help ticket via the Colleague Portal.



SITUATIONAL AWARENESS

When discussing personal safety, the term “situational awareness” is often used and referenced as a tool that may contribute to the safety of yourself and others around you.

Situational awareness can be defined as the perception of environmental elements with respect to time and/or space, the comprehension of their meaning and the projection of their status after some variable has changed, such as time.

Simply put, asking yourself what you are doing, what is around you, understanding the answers and projecting the impact that your answers have on your well-being and your future actions.

This process can assist in increasing your level of safety both in the workplace and in your personal life. Consider the following examples:

- Proactively identifying exits at work as well as places of business – and being prepared to use them in an emergency.
- Being observant of the people around you in public places – and not allowing unknown people to approach you in tight areas.
- Cross-checking expiration or “use by” dates on equipment and products (i.e., patient care products such as IV tubing, wound care dressing, food and beverage products) and reporting/removing expired products from use.
- Observing loose or unsecured oxygen tanks and securing them or contacting someone to assist. They must be kept in a carrier and always secured as they become a hazard/projectile if they fall over in any environment.
- Identifying items that may be out of place when returning to your vehicle or home (i.e., lights on, doors/windows cracked open, etc.) – and proceeding with extreme caution.
- Identifying snow, ice or other hazards in parking lots and other exterior areas – and taking action to avoid and report/mitigate the hazard.

In some cases, maintaining situational awareness may seem as simple as following your instincts and being “safe” rather than “sorry.” Either way, maintaining situational awareness is a decision that must be made at the individual level and should be maintained at all times.



HARASSMENT, ANTI-BULLYING AND INCIVILITY

Aultman Health Foundation recognizes the importance of maintaining a positive working environment free from any form of harassment and unlawful discrimination.

Aultman Health Foundation will not tolerate any form of behavior that could be reasonably interpreted as harassment, bullying or discrimination against or by any Aultman Health Foundation customers, colleagues, job applicants, patients, physicians, students, vendors, visitors or volunteers. To that end, we have adopted a policy regarding a harassment-free and inclusive work environment.

Please refer to your facility's/entity's harassment/anti-bullying/incivility policy and procedure for additional information.

Bullying is defined under this policy as repeated, health-harming mistreatment of one or more people by one or more perpetrators. Prohibited conduct under this policy includes but is not limited to:

- Verbal bullying – slandering, ridiculing or maligning a person or his or her family; persistent name-calling that is hurtful, insulting or humiliating; using a person as the butt of jokes; abusive and offensive remarks.
- Physical bullying – assault or threat of physical assault, damage to a person's work area or property.
- Gesture bullying – nonverbal gestures that can convey threatening messages.
- Exclusion – socially or physically excluding or disregarding a person in work-related activities.

Harassment is defined under this policy as intimidation by threats of or actual physical violence; the creation, by whatever means, of a climate of hostility or intimidation; unwanted touching; or the use of language, conduct or symbols in such a manner as to be commonly understood to convey hatred, contempt or prejudice or to have the effect of insulting, intimidating or stigmatizing an individual or group of individuals.

Any sexually harassing or offensive conduct is always unacceptable. Prohibited conduct under this policy includes but is not limited to:

- Derogatory, vulgar or graphic written or oral statements regarding one's sexuality, gender or sexual experience.
- Unwelcome sexual flirtation, advances or propositions.
- Unnecessary touching, patting, pinching or attention to an individual's body.
- Physical assault.
- Unwanted sexual compliments, innuendos, suggestions or jokes.
- Display of sexually suggestive pictures or objects.

Aultman also prohibits the use of racial or ethnic slurs, or statements or conduct directed toward a person's race, religion, age, gender, disability status, ethnicity, national origin or any other classification protected by federal, state or local laws that demean or diminish that person or that have the effect of creating a hostile work environment.

Signs of abuse may include but are not limited to below:

- Unexplained bruises, welts, scars, broken bones, sprains or dislocations.
- Broken eyeglasses or frames.
- Signs of being restrained such as rope marks on wrists.
- Unexplained burns, especially on the palms, feet, abdomen or buttocks and/or a caregiver's refusal to allow you to see the suspected victim alone.

Signs of emotional abuse:

- Threatening, belittling or controlling caregivers.
- Rocking, head banging, sucking or mumbling to oneself.
- Eating disorders.
- Flat or bald spots on the head.
- Weight or height substantially below normal and extreme impairments or developmental delays of speech or motor skills.



Signs of verbal abuse:

- Yelling.
- Profanity.
- Insults or put-downs.
- Public humiliation.
- Trivializing.
- Name-calling.
- Mind games.
- Manipulations.

Signs of sexual abuse:

- Torn, stained or bloody underclothing.
- Difficulty walking or sitting.
- Sore throats, yeast, or urinary infections.
- Bruising or bleeding around the breasts, genitals or anus.
- Venereal disease or genital infections.
- Pregnancy in a minor or dependent person.

Signs of neglect, including exploitation:

- Poor hygiene, untreated diaper rash, bed sores, pressure ulcers and body odor.
- Unsuitable clothing for the weather.
- Untreated injuries or illnesses.
- Lack of immunizations.
- Indications of prolonged exposure to the elements such as excessive sunburns, insect bites or frost bite.
- Begging for food or leftovers.
- Unusual weight loss, malnutrition and dehydration.
- Unsanitary conditions (such as dirt, bugs, dirty clothing).
- Unsafe living conditions such as no heat or running water.
- Abandonment in a public place.
- Using resources for personal benefit.
- Financial exploitation.

UNCONSCIOUS BIAS IN HEALTHCARE

What is unconscious bias?

- Ideas about certain groups of people that individuals have without being aware of them.
- Operates outside of our conscious awareness.
- We can hold biases against our own group.
- Prevents us from seeing fairly and accurately the information or the people in front of us.

The impact of unconscious bias in healthcare may contribute to healthcare disparities such as:

- Higher treatment dropout.
- Lower participation in screenings.
- Delays in filling prescriptions.
- Poorer perception and lower ratings of care quality.
- Avoidance of healthcare.
- Worse health and outcomes.

The impact of unconscious bias on interactions in the workplace:

- Avoiding or not interacting with each other.
- Short with responses to coworkers.
- Low morale in department.
- Frequent call offs.
- Working short staffed.
- Mistrust.
- Hostile working environment.



REPORTING ABUSE

As a healthcare worker, you have an ethical and legal responsibility to report suspected cases of abuse. Early identification and treatment can help mitigate long-term effects of abuse or neglect. If you think ANYONE could be in immediate danger, contact law enforcement as soon as possible.

DOMESTIC VIOLENCE

Domestic violence includes incidents among married couples, family members, roommates and dating couples, regardless of cultural context. In an abusive relationship, there are several tactics the abuser may use to maintain power and control. Some signs of domestic violence may include:

- Isolation, a common tactic used by jealous abusers. They may insist on the victim not seeing friends or family members. Frequent job absenteeism associated with domestic violence may increase feelings of isolation.
- Intimidation, accusations and threats made by abusers. These often include suicide or taking children away as a tactic to control victims. Abusers will sometimes accuse victims of (for example) looking at other men, wanting to be with other men, flirting or having affairs. This is used as an attempt to justify the abusers' actions.

In the case of domestic violence, law enforcement notification should be at the request of the patient unless there is serious physical harm. Serious physical harm means any of the following:

- Mental illness or condition that would normally require hospitalization or extended psychiatric treatment.
- Any physical harm that carries a substantial risk of death.
- Any physical harm that involves permanent or temporary incapacity.
- Any physical harm that involves some permanent or temporary, serious, disfigurement.
- Any physical harm involving acute pain that causes substantial suffering or serious pain.

Known or suspected domestic violence that has not resulted in serious physical harm to the patient should be reported to law enforcement only at the patient's request. To report serious physical harm suspicions of domestic violence or to report at request of the patient, call your local law enforcement agency or the national domestic violence hotline at: 1-800-799-SAFE. You can also contact the National Domestic Violence Hotline at 1-800-799-7233 and TTY -800-787-3224, or 911 if it is safe to do so. Battered women should be offered referral to the Domestic Violence Shelter (330-823-7223). The Crisis Intervention Center (330-452-6000) can be called for male victims.

ELDER ABUSE

Refer cases or suspected case of elderly abuse (patient older than 59 years) to Adult Protective Services in the county of residence of the patient. The National Center on Elder Abuse website provides reporting information for each state (ncea.acl.gov/Resources/State.aspx). Information and referral are also available from the national Eldercare Locator, a public service of the U.S. Administration on Aging. Call toll-free 1-800-677-1116. This number is available Monday through Friday from 9 a.m. – 8 p.m. (except U.S. federal holidays).

DEVELOPMENTALLY DISABLED ABUSE

Refer cases of abuse of mental and/or developmentally disabled to the Stark County Board of Developmental Disabilities at 330-477-4477 (ask for case manager). Concerns may also be referred to the Ohio Department Disabilities' Abuse/Neglect Hotline at 866-313-6733.



CHILD ABUSE

Children's Protective Services (330-455-5437) should be contacted for all cases involving children. In addition, you can call local child protective services. You may also call 1-800-4-A-CHILD. That's 1-800-422-4453. The Childhelp National Child Abuse Hotline is available 24 hours per day. The Childhelp website provides additional information and resources and may be accessed at www.childhelp.org. Law enforcement may also be notified to assist and to promote a safe patient discharge.

HUMAN/SEX TRAFFICKING

Human/sex trafficking includes the illegal trade of human beings for commercial sexual exploitation and/or forced labor. Sex trafficking is the recruitment, harboring, transportation, provision or obtaining of a person for a commercial sex act in which a commercial sex act is induced by force, fraud or coercion, or in which the person induced to perform such an act has not attained 18 years of age. The average age of entry into sex trafficking are females 12 - 13 years old.

Labor trafficking is the recruitment, harboring, transportation, provision or obtaining of a person for labor or services through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, personage, debt bondage or slavery.

General Indicators may include but are not limited to someone who:

Shares a scripted or inconsistent history.

- Is unwilling or hesitant to answer questions about the injury or illness.
- Is accompanied by an individual who does not let the patient speak for themselves, refuses to let the patient have privacy or who interprets for them.
- Shows evidence of controlling or dominating relationships (excessive concerns about pleasing a family member, romantic partner or employer).
- Demonstrates fearful or nervous behavior or avoids eye contact.
- Is resistant to assistance or demonstrates hostile behavior.
- Is unable to provide his/her address.
- Is not aware of his/her location, the current date or time.
- Is not in possession of his/her identification document.
- Is not in control of his or her own money.
- Is not being paid or wages are withheld.

Patients in a Human Trafficking situation should be offered/provided with The Harriet Tubman Organization phone number: 408-909-7233. **THE VICTIM MUST MAKE THE CALL. It may not be safe to write this number on discharge papers** (whenever possible, make an effort to partner with the patient in the decision to contact law enforcement). See policy statement for situations requiring law enforcement notification. Respect the decisions of the victims who decide not to contact law enforcement.

- Contact your local law enforcement to check for missing person, who will then contact local FBI/Violent Crime Task Force or Cleveland Homeland Security Human Trafficking Task Force if needed. If person is a minor, contact law enforcement and Department of Family and Child Services.

Note: Be mindful of your own personal safety while assisting a victim of human trafficking. Traffickers may consider victim advocates as "interfering in their business."

****If any case of abuse is suspected, notify your supervisor and consult the appropriate abuse/neglect policies for your facility for proper reporting methods.****



STROKE SAFETY

Stroke is the No. 5 cause of death and the leading cause of long-term disability in the U.S. Each year, approximately 795,000 people suffer from a stroke. Someone in the U.S. has a stroke every 40 seconds, and every four minutes, someone dies from stroke.

Risk factors for stroke that can be controlled or treated include high blood pressure, carotid artery disease, atrial fibrillation, high cholesterol, diabetes, sleep apnea, smoking, obesity, excessive alcohol use and physical inactivity.

STROKE IS A MEDICAL EMERGENCY

Every minute a stroke is left untreated, two million neurons die. Know these warning signs of stroke and teach them to others:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden, severe headache with no known cause.

Recognize when stroke is occurring and BE FAST to save a life.

BALANCE – Is the person off balance, dizzy or uncoordinated?

EYES – Ask the person if they are experiencing any changes in vision. Is one or both eyes blurry?

FACE – Ask the person to smile. Does one side of the face droop?

ARMS – Ask the person to hold both arms up evenly. Does one arm drift downward?

SPEECH – Ask the person to repeat a simple sentence. Are his or her words slurred or mixed up?

TIME – If the person shows any of these symptoms, seek emergency medical attention FAST.

If a patient is experiencing these acute signs and symptoms, activate facility-specific rapid response processes. If a visitor or colleague is experiencing any of these signs or symptoms, activate facility-specific emergency medical assistance processes.

TOBACCO AND NICOTINE-FREE POLICY

As we continue to lead our community to improved health, all Aultman facilities are tobacco and nicotine-free. Colleagues, patients, visitors, physicians, students and contractors are not permitted to use tobacco/nicotine products in the building or anywhere on the premises, including parking lots, sidewalks, streets and company vehicles. The use of electronic cigarettes, or vaping, is also prohibited on Aultman grounds.

Please contact Human Resources for information on tobacco cessation assistance for interested colleagues.



COLLEAGUE OCCUPATIONAL INJURIES AND ILLNESSES

At Aultman, safety is our top priority. As an Aultman team member, safety counts every time. Colleagues are expected to provide a safe environment, communicate safety concerns, recognize safety excellence, contribute ideas to improve safety and stop any process if a safety concern is present. The process identified below outlines the steps that should occur if a colleague experiences an injury on the job.

Colleague Occupational Injury/Illness:

A colleague injury/illness is any event or exposure occurring in the work environment that results in an injury or illness. A near miss is an unplanned event that did not result in an injury or illness but had the potential to do so.

Aultman does not discourage colleagues from reporting injuries and illnesses, and all colleagues have the right to report work-related injuries and illnesses free from retaliation.

Colleague Occupational Injury/Illness Report:

In the event of a work-related injury/illness, colleagues are required to immediately notify their supervisor and complete an "Colleague Occupational Injury/Illness Report," **even if medical treatment is not required**. This report titled "Injury Report/Exposure," is accessible under the Safety tab on the Employee Portal.

For more information related to the reporting of occupational injuries and illnesses, see the facility-specific policy

Purpose of Timely Reporting:

An "Colleague Occupational Injury/Illness Report" serves as the official documentation of a work-related incident and initiates the workers' compensation process in determining if the incident was within the course and scope of employment. Reporting also assists in notifying key personnel who identify and remove safety hazards, identify trends, implement preventive measures and initiate revisions of policies/procedures to mitigate the incident from happening in the future.



EARLY HEART ATTACK CARE/ACUTE CORONARY SYNDROME

- 805,000 people per year in the U.S. die from a heart attack. We can cut that number by 50 percent if people learn the signs and symptoms of Early Heart Attack Care (EHAC).
- Heart attacks have beginnings. Symptoms can begin about two weeks prior to a major event. This is the window of opportunity to prevent death and minimize heart damage. These “beginnings” occur in more than half of presenting individuals.

Early Heart Attack Care (EHAC)

- The goal of EHAC is to educate everyone on the early symptoms of a heart attack in order to prevent a heart attack from ever occurring. It also makes YOU and the public responsible to obtain immediate treatment for yourself or someone you see experiencing these symptoms. There are clear benefits of early treatment and activating emergency medical services.
- Early recognition of Acute Coronary Syndrome (ACS) symptoms decreases the time to treatment, which is critical in the early stages of a heart attack. If you are experiencing a heart attack, actual muscle cells are dying. Eighty-five percent of heart damage occurs within the first two hours of a heart attack. EHAC is knowing the subtle danger signs of a heart attack and acting upon them immediately. The sooner treatment is received, the less damage occurs to your heart. The less damage to your heart, the better the outcomes. TIME IS MUSCLE!

For more information about heart disease and prevention and to take the EHAC Pledge, please visit www.deputyheartattack.org.

Heart attack signs and symptoms include:

- Chest pressure, squeezing, aching, burning or stabbing sensation.
- Pain that travels down one or both arms.
- Jaw pain.
- Excessive fatigue.
- Feeling of fullness.
- Nausea.
- Shortness of breath.
- Anxiety.

Atypical symptoms:

- Pain in back or shoulder blades.
- Position chest discomfort.
- A sharp pain that occurs with coughing or breathing.
- Sweating.
- Lightheadedness.
- Confusion.
- Unusual feeling of fatigue or weakness.
- Indigestion.

Men vs women

Heart attack symptoms can be different between men and women. Women are less likely to seek immediate medical care and are more likely to die. It is extremely important to know the differences:

- Men normally feel pain and numbness in the left arm or side of chest, but in women, these symptoms may appear on the right side.
- Women may feel completely exhausted, drained, dizzy or nauseous.
- Women may feel upper back pain that travels up into their jaw.
- Women may think their stomach pain is the flu, heartburn or an ulcer.

****Elderly individuals are more likely to experience generalized symptoms that are often attributed to the aging process, such as activity intolerance. Other important symptoms include shortness of breath, sweating, nausea, lightheadedness and confusion.****

“If you think you or someone you know is experiencing a heart attack, act immediately!

- Don't wait! Quick treatment may save a life.
- If at home, call 911.
- If at an Aultman facility, implement facility-specific emergency medical assistance or rapid response processes immediately!



BACK INJURY PREVENTION AND LIFTING TECHNIQUES

Injury prevention is a major part of our commitment to providing a safe working environment. Back injuries can result when using the wrong lifting techniques. To help avoid injury to your back when lifting and moving objects, three tips on proper lifting are listed:

TIP 1: Plan Your Lift and Move

Each time you have to move an object or a patient, your first step must be to plan your move. Planning your move means making sure you have a clear path to your destination before attempting to lift and move the load. Make sure the area through which you are moving the load is clear of obstructions. If there are obstructions, be sure to clear a path before lifting and moving the load. Also, check that there are no dangerous conditions anywhere along the path, such as a wet floor or steps.

TIP 2: Test the Load

Before moving the load, you must make sure you can handle the weight comfortably. Test the load by gently trying to lift to see if it's too heavy or cumbersome to be moved. Either call for assistance in moving it, or use a device such as a patient lifting device, cart or dolly to assist you.

TIP 3: Bend the Knees, Keep Upper Body Straight

You should lift an object by bending your knees and keeping your upper body comfortably straight. Lift the object using your legs, not your back.



If a patient in the hospital requires any type of bariatric lifting equipment, please follow your entity-specific directions on safe lifting practices and requesting the equipment for the care of non-ambulatory patients.

MRI SAFETY AND YOU

There are general safety tips that can keep you and your patient safe when entering the MRI scanning area:

- Remember the MRI magnet is always ON.
- The magnet is very strong.
- The closer you get, the STRONGER the pull.
- Beware of all items that can become projectiles - such as oxygen canisters, keys, floor scrubbers, hand tools, IP phones, Caremobile units, etc.
- Medical implants such as pacemakers, aneurysm clips and TENS units (which are just some of the implants that can cause harm) can also pose hazards. Injuries related to dislodged implants can occur.
- Only use equipment that has been tested and approved for use within the MRI scan room.

ALWAYS check with an MRI technologist before entering the MRI room. All patients and personnel must be screened for metallic objects and implanted devices prior to entering the MRI environment.



MEDICAL DEVICES AND PATIENT SAFETY

Medical device reporting (MDR) is the mechanism for the FDA to receive significant medical device adverse events or malfunctions from manufacturers and health care providers – such as hospitals – so they can be detected and corrected quickly. Risk Management submits these reports to the FDA on behalf of Aultman.

Aultman is required to report any medical device that contributes to the death or serious injury or illness of a patient. Additionally, Aultman reports device malfunctions. A “malfunction” is defined by the FDA as “the failure of device to meet its performance specifications or otherwise perform as intended.” If a medical device fails to work before or during use, a colleague or the colleague’s manager must report such malfunction to Risk Management.

What should a colleague do if an event involving a medical device occurs?

A colleague must document the event of harm or injury involving a medical device factually in the patient’s medical record and complete a incident report. The variance report should include the make, model, lot number, serial number and manufacturer of the medical device, along with a description of the event. If possible, the colleague must not discard the medical device or return it to the company without approval from Risk Management. Risk Management coordinates submission of these reports to the FDA on behalf of Aultman.



RIGHT TO MEANINGFUL KNOWLEDGE

Aultman believes patients have the right to receive information about their care – including test outcomes, medical treatments and intervention whether results are positive, negative, expected or unexpected. Refer to facility-specific policy for more information.

PATIENT RIGHTS

Aultman respects and supports the patient's right to impartial access to medically indicated care, treatment and services consistent with relevant laws and regulations. No person shall be denied access to treatment or accommodations that are available and medically indicated, on the basis of such considerations as race, color, creed, national origin, sex, sexual orientation, gender identity or expression, diagnosis or nature of the source of payment for care.

Per regulatory and federal regulations, some examples of patient rights include but are not limited to:

- Receive care in a safe setting.
- Be free from all forms of abuse or harassment.
- Confidentiality of clinical records.
- Formulate advance directives and to have hospital staff and practitioners comply with these directives.
- Make informed decisions about care and participate in the development and implementation of plan of care, including the discharge plan and pain management plan.
- Know who to contact with a grievance and have prompt resolution of any grievances or complaints.

Refer to your hospital's policy for further detailed information.



RESTRAINT OR SECLUSION

Restraint is any manual method, physical or mechanical device, or material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely. These types of restraints include bed rails, geriatric chairs, soft restraints and nylon restraints. **Seclusion** is the involuntary confinement of a patient alone in a room from which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior. A **chemical restraint** is a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

Restraint Orders

A physician must see the patient in restraint or seclusion for violent/self-destructive behavior within one hour after the application of restraint or seclusion and daily for a patient in restraint for non-violent behavior. Order renewal varies by the patient's age and the reason for restraint or seclusion.

Restraint Alternatives

Alternatives may include, but are not limited to, the following:

Diversional activity - TV; videos; music therapy; audio tapes and player; relaxation tapes and techniques; small jobs the patient enjoys and agrees to attempt (i.e., folding washcloths).

Verbal interaction - speak in a clear, calm voice; frequently orient/reorient to person, place and setting; offer support and encouragement; promote interpersonal communication; reinforce safety.

Nonverbal interaction - approach in a calm, slow, nonthreatening manner; smile; listen attentively allowing time for comments, concerns or questions (answer any and all questions in a timely manner).

Supervision - move patient close to nurse's station; frequent room checks; encourage family to stay/sit with patient; bed alert, if applicable.

Exercise/ambulation - passive/active ROM; up in chair; ambulate in room or hallway with assistance.

Comfort measures - frequent position changes; pain management; pillows and other positioning aids; eliminate unnecessary tubes/lines; toileting schedule; offer snacks and warm beverages; if possible, provide companionship (i.e., a volunteer).

Modify environment - reduce sensory stimulation; provide a structured environment; appropriate lighting; keep free of clutter; encourage family to bring in limited personal possessions such as family photos or items familiar to the patient.

Promote reality - TV or newspaper; open window curtains; leave door to room open; familiarize patient to surroundings.

If options fail and restraints must be used, the least-restrictive method of restraint should be chosen. The patient's rights, privacy and protection, dignity, autonomy and physical/psychological well-being are always to be considered. Refer to Restraint and Seclusion Policy.

PAIN

Nerve and tissue damage caused by disease, injury or infection causes physical pain. Pain may also be emotional, triggered by stress, anxiety, trauma and mental illness. The management of pain involves the patient, the patient's family and the health care team. Appropriate pain management promotes recovery.

Patients view pain differently, and their actions may not reflect the behavior expected for a specific pain level. Often, the source of pain cannot be identified, but it is no less real for the patient who is suffering. Pain is rated by interaction between the patient and the clinician.

Please refer to your entity-specific requirements for patient care pain assessment.



INCIDENT (VARIANCE) REPORTING

If you have a quality or patient safety concern, please submit an incident (variance) report. To submit an incident (variance) report via the colleague portal, choose the following options under the Safety tab:

- AMG Occurrence Reporting (physician offices).
- Variance Reporting (Aultman, Orrville or Woodlawn).
- For Aultman Alliance colleagues, please follow your current incident reporting process.

Remember, you are reporting an event, not a person. It is the right thing to do to keep our patients and colleagues safe. Reporting is nonpunitive. However, colleagues are required to follow organizational policies and procedures. Any instances of retaliation for entering a report should be reported to Quality or Patient Safety.

Safety Suggestions: General safety concerns can be reported by selecting "Safety Suggestions" under the Safety tab on the Colleague Portal. Concerns may be reported anonymously, or follow-up may be received by selecting "yes" and entering current contact information.

For more information, please review the sentinel event and variance reporting policies.

Safety Values: At Aultman, safety is our top priority. As Aultman team members, we are expected to:

- Work to provide a safe environment.
- Always communicate safety concerns.
- Participate in safety education.
- Recognize safety excellence.
- Contribute ideas to improve safety.
- Immediately stop any process if a safety concern is present.

Sentinel Event: A patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches the patient and results in death, permanent harm or severe temporary harm.

Please refer to the Joint Commission website or Sentinel Event Policy for a complete list.

Serious Safety Event (SSE): At Aultman, safety is our top priority. We share the number of days since our last serious safety event in Aultman Today to keep you informed. It is something we talk about daily as we strive to keep safety our top priority. An SSE is when something we do (or don't do) causes moderate to severe harm or death to a patient. There are some generally accepted standards when it comes to caring for our patients. If we deviate from these standards or do something that is outside of typical protocol and causes moderate to severe harm or death to a patient, that is considered an SSE. Many times, patients coming to our hospital are very sick. Sometimes, despite doing everything we can for a patient, he/she can still have an unfortunate outcome. How do we determine if an event is a serious safety event?

We ask a series of questions:

- Did we follow accepted practices?
- Did we follow policies and procedures?
- Did we give the patient his/her best chance?

A root cause analysis is performed for all serious safety events. The purpose of a root cause analysis is to implement changes to improve patient safety. We track the number of days between serious safety events, which shows our progress and our dedication to patient safety.





NATIONAL PATIENT SAFETY GOALS

National Patient Safety Goals are established by The Joint Commission and are used to assist organizations in addressing identified concerns for patient safety.

Use at least two patient identifiers when providing care, treatment and services.

Aultman requires proper identification of patients by using two patient identifiers before administering medications or blood products; taking blood samples and other specimens for clinical testing or providing any other treatment or procedure. Aultman accurately identifies inpatients by first and last name and medical record number. If the medical record number is unavailable, date of birth may be utilized. Outpatients are identified by first and last name and date of birth. Trauma patients are assigned a trauma number for identification. Please refer to the policy "Two Patient Identifiers" on PolicyTech or your entity-specific policy for more specific detail.

Misidentification of specimens can lead to significant harm to patients. A distinct method of identification must also be used for newborn patients. Please make sure to follow the below steps for appropriate specimen collection:

- Use at least two ways to identify patients: patient name and medical record number or date of birth.
- NEVER use the patient's room number or physical location as an identifier.
- Obtain specimen.
- Label the specimen container in the presence of the patient.
- REMINDER: Blood bank specimens must have a handwritten label with the patient's full name, medical record number, date and time of collection and collector's ID (unless collected using the Powerchart Specimen Collection Application).
- After the specimen is labeled, compare it to the patient identification band for any discrepancies, **PAYING ATTENTION TO DETAIL.**
- Prior to sending specimens to the lab, compare the label on the specimen to the order (or requisition for areas not using the Powerchart Specimen Collection Application) to check for discrepancies.

Eliminate transfusion errors related to patient misidentification.

Before administering blood or blood products to a patient, accurately match blood products to both the order and the patient. Two qualified individuals complete verification, using two patient identifiers, in the presence of the patient before starting the transfusion.

The second individual conducting the identification verification must be qualified to participate in the process, as set by your facility-specific policy. This individual may be one of the following, but not limited to, a physician, CNP, RN, LPN, nurse aide, ED technician, student nurse or unit assistant who is qualified to read and verify the points printed on the Transfusion Record.

Report critical results of tests and diagnostic procedures on a timely basis.

- Report critical results of tests and diagnostic procedures to the provider usually within 60 minutes of the result, even if the result is unchanged, improving or expected for a patient's clinical diagnosis. The Critical Results policy includes the list of critical results. Refer to your entity-specific policy for critical results.
- Results available results reported to nursing results reported to provider.
- Document the receipt of results, communication of the results and any action in PROVIDER NOTIFICATION.

Label all medications, medication containers and other solutions on and off the sterile field. Note: Medication containers include syringes, medicine cups and basins.

- Medications and solutions MUST be labeled when:
 - The medication or solution is not IMMEDIATELY administered by the person who has prepared the medication or solution.
 - When any medication or solution has been transferred from the original packaging to another container.
 - The person preparing the medication or solution does not administer it.



- Multiple medications are being administered.
- Immediately discard any medication or solution found unlabeled.
- The LABEL must include the following information at a minimum:
 - Medication name
 - Strength
 - Quantity
 - Expiration date when not used within 24 hours
 - Expiration time when expiration occurs in less than 24 hours

Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

Education is provided to our patients for the anticoagulants prescribed by their physician, including anticoagulation therapy with Direct Oral Anticoagulants (DOACs). Video education is available. For the safety of our patients, International Normalized Ratios (INRs) should be obtained daily for all patients receiving Warfarin. Patients stabilized on their anticoagulant medication for a long period of time may be at risk when they are admitted to the hospital. Food and/or medications may affect the way patients react to anticoagulants. Blood results are periodically required while a patient receives anticoagulants. Aultman pharmacists review the effectiveness of anticoagulant medication to maintain patient safety.

Maintain and communicate accurate patient medication information.

Medication reconciliation is intended to identify and resolve discrepancies—it is a process of comparing the medications a patient is taking with newly ordered medications.

- Obtain a list of the patient's current medication information when admitted to the hospital or when seen in an outpatient setting.
- Document the list in the medical record.
- Compare home medication information to the medications provided while in the care of the organization.
- Resolve discrepancies.
- Provide the patient and/or family with written information about medications that are to be taken upon discharge from the facility or at the end of an outpatient encounter.
- Encourage patients to maintain an accurate medication list and to communicate any changes to all providers of care.

Improve the safety of clinical alarm systems.

Clinical alarms are intended to alert clinicians of a potential or existing hazardous patient condition. These alarms may be audible, visual or both. Certain medical devices have been equipped with clinical alarms to assist with patient safety. Clinicians depend on these devices for information they need to deliver appropriate care and to guide treatment decisions. However, these devices present a multitude of challenges for health care organizations. If alarms are not properly managed, instead of protecting patients, they actually can compromise a patient's safety.

Research shows that the number of alarm signals per patient per day can reach several hundred, depending on the unit within the hospital, translating to thousands of alarm signals on every unit and tens of thousands of alarm signals throughout a hospital every day. Alarm fatigue occurs when clinicians become desensitized and nonreactive to the sensory overload created by an overwhelming number of alarms, many of which are nuisance or non-actionable alarms which do not require clinical intervention.

Depending upon your role, you may come in contact with a patient who has an alarm-enabled patient care device. Here are a few tips about how alarm-enabled patient care devices should be managed:

- Staff and students may respond to and address clinical alarms based on scope and training.
- Staff and students should not silence or manage alarms if not trained or qualified in the use of the equipment.
- Remember, you all are part of a team! Request help when needed.

Patient safety is everyone's responsibility.



NATIONAL PATIENT SAFETY GOALS, CONT.

- Reminder to all staff and students, regardless of role:
 - If a patient care device alarm is activated either audibly or visually, immediately notify personnel who are trained or qualified in the use of the equipment.
 - Example: Environmental Services, Dietary, Maintenance, etc., should alert Nursing personnel if working in the patient's room and a bed alarm is activated.

Sources:

The Joint Commission, Hospital National Patient Safety Goals, 2019

The Joint Commission, Sentinel Event Alert Issue 50, April 8, 2013, Medical device alarm safety in hospitals

The National Association of Clinical Nurse Specialists (2014): Alarm Fatigue Toolkit, Strategies to Safely Manage Clinical Alarms and Prevent Alarm Fatigue <http://www.nacns.org/docs/NACNSFatigueToolkit.pdf> Retrieved 7/27/2018

Hand Hygiene

Information regarding this NPSG is included in the "Infection Prevention and Control" section.

Suicide risk - Reduce the risk for suicide.

Aultman screens patients for suicidal ideation. A standardized assessment tool, the Columbia Suicide Severity Rating Scale (CSSR-S), is used to determine the patient's risk of suicide. The CSSR-S uses plain language questions. The patient's answers to these questions determine the severity of the patient's risk to harm themselves. This helps the staff caring for the patient gauge the level of support the patient needs. It is important to minimize or eliminate environmental objects that could be used by a patient to attempt self-harm by using the Room Safety Checklist every shift. The companion will document the activity of the patient on the Companion Care Observation Safety Check Flow/Safety Sitter Sheet every 15 minutes. A companion will remain with the patient, one to one, maintaining an unobstructed view of the patient at all times. A companion must complete training and function within their scope of service while assigned one to one for a suicidal patient. A companion maintains safety by maintaining a clear, unobstructed path to the patient room door and by not engaging in any activity that takes their eyes off the patient.

Universal Protocol

Universal Protocol is a process that was established to assist in the prevention of wrong site surgeries. Universal Protocol should be used for operative and other invasive procedures that expose patients to more than minimal risk. These may include procedures performed in settings other than the operating room such as a special procedures unit, endoscopy units, at the bedside or interventional radiology suites.

A pre-procedure **VERIFICATION** process should be done to establish the correct procedure, patient and surgical site. The procedure site should be **MARKED PRIOR** to the procedure by the licensed independent practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed. This should occur with the patient's involvement when possible. A **"TIME-OUT"** is performed to provide a final verification of the correct patient, procedure and site. The **"TIME-OUT"** should be performed in the room immediately before the start of the surgery/procedure with all team members actively involved. All activities should be suspended during the TIME-OUT, unless doing so will compromise safety. ALL team members must agree on the correct patient identity, the correct site and procedure to be done. Please follow your facility-specific policies and procedures.



EMERGENCY PREPAREDNESS PLAN FOR UTILITIES

- Medical gases – In the event of a fire, the unit manager or charge person (Alliance Respiratory) makes the determination as to whether to shut-off the medical gases. If oxygen is shut off, notify facility specific departments such as: Respiratory Therapy, Maintenance, Safety and the Administrator-on-call for the facility.
- Communications – In the event of a telephone failure, use the appropriate alternatives for your facility:
 - Aultman Main: Green labeled phones.
 - Aultman Woodlawn: Two-way radios.
 - Aultman Orrville: Red labeled phones.
 - Aultman Alliance: Red phones.
 - Two-way radios are also available at these locations.
- Electric – In the event of a commercial power failure, red outlets will be powered by generators. Only life-saving equipment is to be plugged into these outlets. Coffee pots, microwaves, toasters, etc. are never to be plugged into these outlets at any time.
- Aultman Hospital, orange and brown outlets are also available and are also supported by an uninterruptable power supply (UPS).
- Aultman Woodlawn, the generator power is available for the entire facility.

PATIENT-OWNED EQUIPMENT

Patient-owned electrical appliances and medical equipment must be checked prior to use. Place a help/work ticket to the responsible department to have an item inspected. If the item is approved for use, medical devices should receive a label from Clinical Engineering. Patient-owned non-medical electrical equipment may be inspected by any hospital personnel; an inspection sticker is not required for these items.

At Aultman Alliance, non-medical electrical equipment must be checked by Facilities Management. Patient-owned electrical blankets, heating, pads, etc. are strictly forbidden.

AIRBORNE INFECTIOUS ISOLATION ROOMS

At Aultman Hospital, should an airborne infectious isolation (negative pressure) room be needed, clinical staff should place a Help Desk ticket (Heating, Cooling and Refrigeration) to have the airborne infectious isolation room's air flow tested and digital isolation monitor activated. Please document the request on the unit's negative pressure room monitoring form. This should occur prior to admitting a patient requiring airborne isolation to the room. Once the room is tested and digital isolation monitor activated, the Building Services HVAC/R team will notify the charge nurse. The Building Services HVAC/R team will document room compliance on the unit provided forms. The Building Services HVAC/R team will test the room daily according to the hospital's daily active All report, until the patient is discharged or airborne isolation is discontinued. If the room should alarm, nursing should place a help desk ticket to the Building Services HVAC/R (Heating, Cooling and Refrigeration Team) immediately for repairs.

At Aultman Orrville, if a negative pressure room is needed, clinical staff should contact the maintenance team to have the negative pressure room tested. This test should occur prior to admitting a patient to the room. Once the room has passed inspection, maintenance will advise the nurse to document room compliance and instruct clinical staff to use their keys to turn on pressure monitoring alarms (where applicable) outside the room. Clinical staff should contact the maintenance team on a daily basis to verify that the room is tested daily until the patient is released from the room. When the patient is released, clinical staff should use their keys to turn off the pressure monitoring alarms outside the room (where applicable).



AIRBORNE INFECTIOUS ISOLATION ROOMS

Aultman Alliance, if a negative pressure room is needed, clinical staff are to page Infection Prevention and Facilities Management to inform them of patient being admitted into a negative pressure room.

- Permanent negative pressure rooms: Clinical staff will use their key to turn on pressure-monitoring alarms outside of the room and validation of negative pressure.
- Temporary negative pressure units: Clinical staff will turn unit on to setting marked on unit and keep patient room door closed.
- Once the unit is installed, Facilities Management will complete daily testing of proper operation.
- When patient is released from negative pressure requirements, clinical staff will notify Infection Prevention and Facilities Management and use their keys to turn off the pressure monitoring alarms outside the room (where applicable) or turn off portable units.

ELECTRICAL SAFETY

All facility-owned medical equipment that is on a preventive maintenance schedule should have a sticker listing the inspection date and the follow-up inspection date. It is your responsibility to look for that sticker and make sure the date for reinspection has not passed. All non-medical equipment that is on a preventive maintenance schedule should have an asset tag on it showing the equipment number, model and serial number.

Personal equipment such as radios only need to be inspected and stickered upon being introduced into the facility. Maintenance no longer requires annual reinspection of these devices. The owner of the equipment will be responsible for completing a daily inspection to ensure electrical safety.

Place a help ticket/work order online if you find any past-due inspection dates on medical equipment, or have any equipment issues.

NO WIPES IN THE PIPES

When using any disposable wipes in the hospital, they should be discarded properly. It is NOT ok to empty bedside commodes with wipes into the toilets. Dispose of wipes in trash bags:

- Biohazard = red trash bags
- Non-biohazard = clear/black trash bags

Flushing of wipes in the hospital may lead to sewer line back ups. Flushing of wipes may result in rooms being removed from service for maintenance repairs. Do not flush any wipes in the toilets.

WATER MANAGEMENT PLAN

Did you know people can get sick from being exposed to stagnant water?

- Areas that have reduced occupancy or fixtures which are not used within the past seven days may contribute to water contamination (e.g., sink and shower that go unused).
- Regular flushing of faucets, outlets and showers helps to prevent contamination of the water with harmful pathogens.

ALL COLLEAGUES ARE REQUIRED TO:

- Assist in maintaining the Aultman Water Management plan.
- Participate in "Flushing Fridays."
 - Turn on both hot and cold faucets, outlets and showers in unoccupied rooms for at least two to three minutes.
 - Flush toilets in unoccupied rooms.





- **Report** problematic areas or departments to managers, which include:
 - Stagnant water.
 - Old piping that is capped at the wall and not allowing water to flow.
 - Standing water found anywhere in equipment or in the facility.
- **Verify** medical devices that require water use (i.e., BiPAP) are cleaned and disinfected appropriately.

Managers should report any problematic areas to Maintenance via a Help Desk ticket.



LIGATURE RISK: RISK OF HARM TO SELF AND OTHERS EDUCATION

Under the CMS COP standard **482.13(c)(2) - the patient has the right to receive care in a safe setting while in the hospital**. CMS requires that each patient receives care in an environment that a reasonable person would consider to be safe. For example, hospital staff should follow current standards of practice for patient environmental safety, infection control and security.

This CMS standard is intended to provide protection for the patient's emotional health and safety, as well as his/her physical safety. Respect, dignity and comfort would also be components of an emotionally safe environment.

To provide care in a safe setting, hospitals must identify patients at risk for intentional harm to self or others, identify environmental safety risks for such patients and provide education and training for staff and volunteers.

It is important to note that not all patients with psychiatric conditions or a history of a psychiatric condition are cared for in psychiatric hospitals or psychiatric units of acute care hospitals. Therefore, non-psychiatric settings of all hospitals where patients with psychiatric conditions may be cared for must also identify patients at risk for intentional harm to self or others and mitigate environmental safety risks. Psychiatric patients requiring medical care in a non-psychiatric setting (medical inpatient units, ED, ICU, etc.) must be protected when demonstrating suicidal ideation or harm to others. The protection would be that of utilizing safety measures such as **1:1 monitoring with continuous visual observation**, removal of sharp objects from the room/area or removal of equipment that can be used as a weapon.

Although all risks cannot be eliminated, hospitals are expected to demonstrate how they identify patients at risk of self-harm or harm to others and steps they are taking to minimize those risks in accordance with nationally recognized standards and guidelines as well as adhere to a risk mitigation plan and document a plan for a risk that cannot be eliminated. The potential risks include but are not limited to those from ligatures, sharps, harmful substances, access to medications, breakable windows, accessible light fixtures, plastic bags (for suffocation), oxygen tubing, bell cords, etc.

Identifying Patients at Risk

- There are evidence-based tools that can be used to help identify patients at risk for suicide. For example, the Columbia Suicide Severity Rating Scale (CSSR-S). Please refer to your facility-specific policy and escalate any concerns or questions to your manager.

Environmental Safety Risks

- An environmental risk assessment tool can be used to help identify ligature risks in the environment. Please refer to facility's policy to determine the tool to be used or ask your manager if you need further clarification.

A ligature risk (point) is defined as anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Ligature points may include:

- Shower rails.
- Coat hooks.



- Pipes.
- Radiators.
- Bedsteads.
- Window and door frames.
- Ceiling fittings.
- Handles.
- Hinges.
- Closures

The most common ligature points and ligatures are:

- Doors.
- Hooks/handles.
- Windows
- Belts
- Sheets/towels

If for any reason an item is unable to be removed from the room due to medical needs or other reasons, this should be documented.

Psychiatric patients requiring medical care in a non-psychiatric setting (medical inpatient units, ED, ICU, etc.) must be protected when demonstrating suicidal ideation. The protection would be that of utilizing safety measures such as **1:1 monitoring with continuous visual observation**, removal of sharp objects from the room/area or removal of equipment that can be used as a weapon.

Education and Training

CMS recommends initial training and then ongoing training at least every two years thereafter.

The Emergency Department and inpatient units screen patients for suicidal ideation.

RN Role

- Screening is completed using the CSSR-S.
- If a patient scores on the CSSR-S, report the suicidal risk level to the provider.
- Initiate 1:1 companion if high risk (companion can be initiated during acute situation and provider order obtained once patient is safe).
- A **safe meal tray** will be determined by the provider or nurse.
- Document the following:
 - Provider notified of CSSR-S level.
 - Room Safety Check completed. If any items left for medical care, state reason why. (i.e., monitor in room and on patient for medical care).
 - 1:1 initiated companion and maintained or discontinued per provider order.
 - RN will document a reassessment per policy. Please refer to your facility-specific policy and escalate any concerns or questions to your manager.

Provider's Role

- Complete assessment and any additional orders as needed.
- Document patients' overall level of risk for suicide and the plan to mitigate the risk for suicide upon admission and discharge.
- Consult psych as needed.

1:1 Assigned to Suicidal Patient Expectations

- To sit with the patient and provide continuous visual observation for a patient at risk of self-harm and or suicide.



- The companion focuses on the safety of the patient and will communicate safety needs to the nursing staff (never leaving the patient alone).
- The companion assists the RN assigned to care for the patient.
- Obtain SBAR from the nurse caring for the patient.
- Review room safety check sheet and safety check sheet at the beginning of every shift.
- Remove any items of harm in room that may have been missed from prior companion.
- Fill out the room safety check sheet to reflect any findings and or if nothing noted.
- Documentation is done on the companion care observation form every 15 minutes by the companion.
- Observe/inspect anything coming in and out of the room including but not limited to meal trays.
- Do not partake in any distracting activities.
- Maintain safety of the patient.
- Companions must remain with the patient and maintain an unobstructed view of the patient.
- This includes but is not limited to having an unobstructed view of the patient in the bathroom.
- Companions are to be at a distance where they can immediately intervene.
- Maintain awareness of the patient and their surroundings.
- Maintain a **CLEAR EXIT to egress if needed.**
- Sit between the door and the patient.
- Do not block the exit with a stand, chair, or computer.
- Remove the meal tray after patient is finished eating and ensure **all utensils brought in are taken out of the room.**
- Finger foods may be provided to patients who are high risk:
 - If patient requesting utensils, verify with nursing if able to use.
 - Pour can content (pop, etc.) into a Styrofoam cup.
 - Remove the can from the patient's reach
 - Do not discard the can in the patient's room as it could be used for self-harm.
- **Accompany the patient** off the unit for tests or procedures.
- **Remain with the patient as close as safety permits** and maintain an **unobstructed view** of the patient.

Companion Care Expectations if Patient Tries to Harm Self or Others

- Remove an object from the patient, if able to do safely.
- If the patient is verbally or physically threatening to harm you, stay back and call for help, do not put yourself in harm's way.
 - Stand at a safe distance from the patient until help arrives, such as the doorway.
 - Place a chair or stand between yourself and the patient if they are coming at you, or stand in the hallway looking into the room if you feel you are in harm's way (this will allow a safe distance from the patient while still maintaining visual sight on the patient).
- If the patient talks about **intentions to hurt himself/herself or others** or **plans to leave** the unit or hospital without permission, **immediately notify the nurse and security.**

It is crucial for our colleagues to understand their role to ensure safety of patients and themselves. Continue to use your tools and tones and speak up with any concerns and questions to your manager.

ORGAN, TISSUE AND EYE DONATION

Aultman Hospital is responsible to follow the Center for Medicare and Medicaid Services Conditions of Participation regarding organ, tissue and eye procurement. **The hospital is required to notify LifeBanc, the federally designated Organ Procurement Organization (OPO), of individuals who have died or whose death is imminent.** All deaths must be called to the LifeBanc donor referral line, including dead on arrival and emergency patient deaths. All calls must be made within 60 minutes of death. Document in the patient's medical record the time the call was made.



QUALITY IMPROVEMENT

What is quality? It is consistently doing the right thing at the right time in the right way to achieve the best possible results. The goal of quality is to provide the very best care to our patients and their families.

The Institute of Medicine defines healthcare quality by six attributes:

1. Safety – patients should not be harmed by the care that is intended to help them.
2. Patient-centered – care should be based on individual needs, patient preferences and values.
3. Timely – waits and delays in care should be reduced.
4. Effective – care should be evidence-based.
5. Efficient – reduced waste.
6. Equitable – care should be equal for all people.

Quality is a very high priority in healthcare because of:

- Increased consumerism – patients want to know more about their diagnosis and the care that they are receiving.
- Public reporting – we are mandated to report to the government and to the public how well we provide care based on best practices.
- National standards – we need to use evidence-based research and best-practice standards in the care that we administer. No longer can we practice medicine “like we always did it,” but rather we need to have research behind why we do what we do.
- Pay for quality – CMS and other insurances judge the amount of our reimbursement by our delivery of quality care. This is called Value Based Purchasing.

Why should quality improvement matter? Quality of care matters to us because it is a measure of our performance to understand if we are good at something, if we are improving or if we need to focus and make changes.

It also matters to our consumer. Being transparent or displaying our statistics to the community through our website or the Care Compare website communicates to our consumers how well we provide a service. Customers have a choice in healthcare.

Quality of care provides a greater financial reimbursement from the government, as well as from insurance companies. Being able to say we are a quality facility promotes pride and respect within ourselves and our community. Aultman utilizes performance improvement assessment to identify quality projects. Projects are selected and prioritized based on high risk, high volumes, and problem-prone circumstances, as well as customer service, safety issues and concerns and regulatory standards.

One way to develop performance improvement projects is by using the PDCA model:

- **Plan:** Formulate a plan for improvement and define who is responsible for the various tasks, define goals and targets, establish a timeframe, define project restraints and determine how decisions will be made.
- **Do:** Implement the plan as it is defined.
- **Check:** Measure the success of the plan.
- **Act:** Fully implement the plan or rework the PDCA cycle as needed to make further changes. When a quality project or a performance improvement project is completed, we need to roll it out and measure it to make sure that the revisions of the process are meeting the goal of the project and that we can sustain the project.

**Quality Reporting**

Measurement statistics are defined as information. The information must be meaningful, and we have to make it transparent so that everyone can see and communicate the information to make wiser choices about healthcare. The success of any organization rests on its ability to communicate information in real time so colleagues and departments within the hospital can respond more rapidly to change. Quality reporting is done through:

- Unit meetings.
- Management meetings.
- Hospital meetings.
- Nursing and medical staff meetings.
- Quality council.
- Board of directors.

The key to quality care for our patients is active participation by all our colleagues to:

- "Do it right the first time."
- Participate in process improvement projects.
- Sustain the change!
- Provide accurate and timely documentation.
- Facilitate real-time communication between staff and physicians.
- Follow facility-specific policies.

VALUE BASED PURCHASING

Value – to align price with value rather than with cost, we must provide measurable quality and patient satisfaction. Based – Reimbursement will be based on achievement points and improvement points. Hospitals can be penalized for poor-quality performance.

Purchasing – CMS and other insurance companies will be paying only for measurable quality care and satisfaction, not for volume of patients. That means EVERY patient encounter matters!

Based on the 2010 Health Care Reform Act, the government requires the establishment of the Value Based Purchasing (VBP) Program. Historically, CMS has paid for the hospital care of Medicare and Medicaid patients each time they were admitted to the hospital based on their diagnosis. In 2013, CMS began to reimburse hospital not based on the diagnosis of the patient, but rather by the quality of care provided and the satisfaction of customers.

The purpose of this change in payment was because CMS believe that focusing on outcomes, cost and patient experience would reward better value, improve patient outcomes, improve patient safety and improve quality of care.

CMS divides the care experience into four domains.

The first domain is the clinical outcomes. This domain focuses on 30-day mortality for those patients admitted with a diagnosis of acute myocardial infarction, heart failure, COPD, pneumonia and total hip arthroplasty/total knee arthroplasty complication rate. When we follow the best-practice guidelines for the treatment of these patients, we improve patient outcomes, decrease complications and shorten the patient's length of stay. Without pre-disposing co-morbidities, we should be able to decrease the overall mortality rate and complication rate for patients with this diagnosis.



The second domain is person and community engagement. Patient satisfaction is determined by the random, anonymous surveys that inpatients receive after they are discharged. Our survey process asks patients to rate their care based on:

- Communication with nurses.
- Communication with physicians.
- Responsiveness of hospital staff.
- Hospital cleanliness.
- Quiet at night.
- Communication about medications.
- Discharge information.
- Recommendation of the hospital.
- Overall rating of the hospital.
- Care transitions.

The third domain is safety. Safety measures encompass hospital-acquired infections (HAI):

- Catheter-assisted urinary tract infections.
- Central line-associated bloodstream infections.
- Surgical site infections – (colon and abdominal hysterectomy).
- Methicillin-resistant staphylococcus aureus (MRSA).
- Clostridium difficile infection (CDI).

The fourth domain is efficiency and cost reduction. Efficiency measures the hospital's spending per Medicare patient. This measurement tracks Medicare spending per beneficiary.

The data used for the scoring began March 31, 2016. This is old data, but this data gives CMS a baseline. We are awarded achievement points if we meet or exceed the national average, and improvement points if we make improvements to previous scores (the baseline).

The Value Based Purchasing Program is funded through a reduction of 2% from a hospital's DRG payments. Incentive payments are then redistributed based on a hospital's total performance score of the four domains. Higher performance scores could yield up to a 1% on every claim for the hospital, while low performance scores could result in a net reduction of payment.

As we strive to be above the national average, so do all the other hospitals across the nation. That's why we must make every encounter patient-centered, always being mindful of the quality of care we deliver, the attitude of care we exhibit and the education we provide.



HAZARD COMMUNICATIONS

The Hazard Communication Standard (OSHA 29CFR 1910.1200), known as the “Right to Know” standard, originated in 1983 in the manufacturing industry and was adopted by the health care industry in 1987.

Aultman’s “Hazard Communication Program” is available for reference through PolicyTech on the colleague portal or refer to you entity-specific policy. The Hazard Communication Program serves as Aultman’s blueprint for the five requirements of the standard, which includes the following:

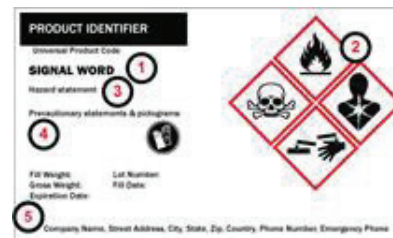
1. **Written Program:** Hazardous Communication Program is designed to provide colleagues with education to protect them from contact with hazardous chemicals at work. It can be found on the Employee Portal under the Resources Tab in the Policies & Procedures section.
2. **Safety Data Sheets (SDS):** Safety Data Sheets are technical bulletins that provide information on a product’s chemical hazards. Safety Data Sheets can be accessed through the Safety tab on the colleague portal.

The “Emergency Management Quick Reference Guide” also has the SDS search instructions under the Code Orange Section. In the event you cannot find the SDS or your computer is not working, call Security. For assistance during business hours, questions can be addressed to the Safety Department.

3. **Labeling:** Labels are required to have the six elements listed below with a GHS label example.

- a. Product Identifier (on top of the label)
- b. Signal Word (1)
- c. Pictogram (2)
- d. Hazard Statement (3)
- e. Precautionary Statements (4)
- f. Manufacturer Contact Information (5)

GHS Label Example:



If you have a concern about a label, contact the Safety Department.

4. **Inventory:** The hazardous material inventory is maintained by the hazmat coordinator. It is reviewed and revised annually, or as needed. Each department is responsible for maintaining its own hazardous material inventory. Chemicals or products not on the list should be reported to the hazmat coordinator.
5. **Training:** Colleagues receive training on the Hazard Communication Standard through the new hire orientation process. Additional training occurs at the department level, as appropriate.

Toxicologists test materials and report the level of materials of which we can work with safely. This amount is called a permissible exposure limit. Although we can work safely with hazardous materials below this limit, the best way to minimize risk is to keep our exposure as low as possible. To do this, use the lowest amount of a product necessary for the job, use good ventilation, wear the appropriate personal protective equipment (PPE) and avoid contact with your skin or eyes.



HAZARD COMMUNICATIONS, CONT.

Chemicals can enter the body through four common ways:

1. **Ingesting or eating the material:** Eating or ingesting chemicals usually occurs when food and hazardous chemicals are used or stored in the same vicinity.
2. **Through the skin:** Absorption through the skin usually requires significant contact time and can be minimized by preventing exposure, wearing protective clothing, and using good hygiene practices.
3. **Breathing or Inhaling:** Inhaling chemicals is usually the most significant route of entry. Using only the amount of chemical or product necessary for the job, keeping containers closed and maintaining good ventilation can reduce the risk of breathing or inhaling the chemical.
4. **Punctures, Cuts, Open Wounds:** Chemicals can enter the body through punctures, cuts and open wounds. If you have any of these injuries present, make sure they are adequately covered and you are using personal protective equipment.

OSHA® Hazard Communication Standard Pictogram

As of June 1, 2015, the Hazard Communication Standard (HCS) will require pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.

A partir del 1° de junio de 2015, la norma de comunicación de peligros (HCS) por sus siglas en inglés exigirá pictogramas en las etiquetas para advertir a los usuarios de los peligros químicos a los que puedan estar expuestos. Cada pictograma representa un peligro definido y consiste en un símbolo sobre un fondo blanco enmarcado con un borde rojo. La clasificación del peligro químico determina el pictograma que muestra la etiqueta.

HCS Pictograms and Hazards		Pictogramas y peligros según la HCS			
Health Hazard 	Peligro para la salud <ul style="list-style-type: none">• Carcinogen• Mutagenicity• Reproductive Toxicity• Respiratory Sensitizer• Target Organ Toxicity• Aspiration Toxicity	Flame 	Llama <ul style="list-style-type: none">• Inflamables• Piroforicos• Self-Heating• Emits Flammable Gas• Self-Reactives• Organic Peroxides	Exclamation Mark 	Signo de exclamación <ul style="list-style-type: none">• Irritant (skin and eye)• Skin Sensitizer• Acute Toxicity (harmful)• Narcotic Effects• Respiratory Tract Irritant• Hazardous to Ozone Layer (Non-Mandatory)
Gas Cylinder 	Botella de gas <ul style="list-style-type: none">• Gases Under Pressure	Corrosion 	Corrosión <ul style="list-style-type: none">• Skin Corrosion/Burns• Eye Damage• Corrosive to Metals	Exploding Bomb 	Bomba explotando <ul style="list-style-type: none">• Explosives• Self-Reactives• Organic Peroxides
Flame Over Circle 	Llama sobre círculo <ul style="list-style-type: none">• Oxidizers• Comburentes	Environment (Non-Mandatory) 	Medio ambiente (No obligatorio) <ul style="list-style-type: none">• Aquatic Toxicity• Toxicidad acuática	Skull and Crossbones 	Calavera y tibias cruzadas <ul style="list-style-type: none">• Acute Toxicity (fatal or toxic)• Toxicidad aguda (letal o tóxica)

OSHA® Occupational Safety and Health Administration

For complete information about the OSHA HCS regulations, please visit www.osha.gov

This HCS pictogram poster provided courtesy of Chesapeake Employers' Insurance Company. www.ceic.com

Chesapeake Employers' Insurance Company

Additional Hazard Communication Information

Code Orange (Chemical Spill): Orange-colored Spill Management Placards are posted in areas where spills can occur. Copies of the placard are available through the Safety Department upon request. The Emergency Management Quick Reference Guide contains the Code Orange procedure. It should be posted in your department. It is also available on the colleague portal under the Safety" tab.

Blood Spill Safety: Blood spills must be cleaned using a solution of 1:10 bleach to water, a hospital-approved disinfectant or an appropriate spill kit. Additional supplies are available for order through Purchasing.

Hazardous or Unknown Substances Policy: This is located on the colleague portal, under the Resources tab under "Policies and Procedures." Aultman does not accept, for testing or storage, any materials that are not used in routine business operations. Any person who has such material will be referred to the appropriate health department or county HAZMAT team. The procedure for treatment of contaminated individuals is located in the "Care of the Contaminated Patient with Hazardous Substances" policy, located on the colleague portal, under the Tools tab, under "Policies and Procedures." Any colleague coming across situations as described above must call Security, who will then call the appropriate personnel.



ACCREDITING BODIES

For any patient care or safety issue a colleague feels is not being addressed by management, please notify the Compliance office at ext. 33380, compliance@aultman.com or call the confidential Compliance Line at 1-866-907-6901. Colleagues can also contact the Ohio Department of Health anonymously at 1-800-342-0553.

NONDISCRIMINATION AND LANGUAGE SERVICES

Discrimination is against the law. Included in the Affordable Care Act is Section 1557, which is titled Nondiscrimination in Health Programs and Activities. It provides important protections, including prohibiting sex discrimination, and ensuring language services are available for patients who require assistance. It is important that you understand the following:

- Aultman complies with these civil rights laws and will not discriminate, exclude or treat people differently on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity/expression.
- Aultman provides FREE language services to people whose primary language is not English and aids/services people with disabilities so they can communicate effectively with the care team. These services include:
 - The Instant Remote Interpretation Service (IRIS) application for video and audio interpretation services.
 - Interpretation by Phone (IBT) is used for languages that are not available through IRIS.
 - Qualified sign language interpreters.
 - Written information in various formats (large print, audio, accessible electronic formats).

Notices of Nondiscrimination and Language Interpretation Services are posted throughout our facilities and on Aultman.org. Contact the Compliance department at ext. 33380 or email compliance@aultman.com with questions.

EMERGENCY MEDICAL TREATMENT AND LABOR (EMTALA)

EMTALA was enacted by Congress in 1986 and was designed to prevent hospitals from transferring uninsured or Medicaid patients to public hospitals without, at a minimum, providing a medical screening examination to ensure they were stable for transfer.

This law requires Medicare-participating hospitals with dedicated emergency departments to screen and treat the emergency medical conditions of patients in a non-discriminatory manner to anyone, regardless of their ability to pay, insurance status, national origin, race, creed or color.

Hospitals have three main obligations under EMTALA:

1. **Any individual who comes to the emergency department for a perceived medical emergency must receive a medical screening examination by an authorized provider to determine whether an emergency medical condition exists.** Examination and treatment cannot be delayed to inquire about methods of payment or insurance coverage. Emergency departments also must post signs that notify patients and visitors of their rights to a medical screening exam and treatment. Signage that could deter patients from seeking emergency care could be an EMTALA violation.
2. **If an emergency medical condition exists, treatment must be provided until the emergency medical condition is resolved or stabilized.** If the hospital does not have the capability to treat the emergency condition, an "appropriate" transfer of the patient to another hospital must be done in accordance with the EMTALA provisions.
3. **Hospitals with specialized capabilities are obligated to accept transfers from hospitals who lack the capability to treat unstable emergency medical conditions.**

Hospitals must keep a central log to include information on each individual who comes to the hospital seeking treatment for a perceived emergency medical condition. The central log includes patients from other areas of the hospital that may be considered dedicated emergency departments such as Labor and Delivery.

A hospital must report to CMS or the state survey agency any time it has reason to believe it may have received an individual who has been transferred in an unstable emergency medical condition from another hospital in violation of EMTALA.

The Department of Health and Human Services (HHS) Office of the Inspector General may impose a civil monetary penalty on a hospital or provider for an EMTALA violation. CMS may also penalize a hospital by terminating its provider agreement.



DRUG DIVERSION

What is drug diversion?

- Refers to healthcare workers or others taking medications that are intended for patients and using them for their own personal use or gain.
- Medications that are commonly targeted for diversion are opioids, propofol, benzodiazepines, barbiturates and anesthesia gases.
- Drug diversion can occur wherever medications are found and there is available access to the medication. Diverters tend to be secretive, and it can be difficult to identify when diversion is occurring.

What are some possible warning signs of diversion by healthcare workers?

- Frequent, unexplained disappearances during shifts.
- Coming to work when not scheduled.
- Dispensing medication near or at end of shift.
- Medicating patients not under their care or medicating patients after they are discharged.
- Ignoring patient medication management guidelines or pain scales.
- Little or heavy wasting of medications.
- Holding waste until oncoming shift.
- Improper pain documentation.
- Patterns of discrepancies in Automated Dispensing Machines.
- Medication administration for pain is higher than on other shifts.

The safety of our patients and staff is a top priority. Drug diversion has many negative effects on the institution and jeopardizes the quality of care for our patients. As an Aultman colleague, it is an expectation that you report concerns or problems to your manager, the Compliance Officer or the Aultman Compliance Line at 1-866-907-6901. Colleagues reporting compliance concerns in good faith will not be subject to retribution or discipline. Reporting may also be done anonymously. If you feel you have a drug or alcohol problem, you may seek assistance from the Employee Assistance Program (EAP). Information regarding this program can be located on the Aultman Employee Portal. Click on My Aultman, then click on Resource Center. You may also contact Aultman Employee Health Services at your facility.



PASSWORDS, PASSPHRASES AND IT SECURITY

Your password is a primary means of protecting our information from unauthorized access. **Passwords should not be shared with anyone.**

Aultman workforce members must have a unique user ID and password. They are responsible for all activity that occurs under that combination. Passwords should be strong to increase security: one that is easy for you to remember and hard for anyone else to guess. Mandatory password changes are required a minimum of every 90 days.

Users will receive a reminder from passwordreset@aultman.com up to 14 days prior to the expiration of your password. SpecOps Password Reset/uReset instructions are available on the Employee Portal by clicking Tools then selecting uReset and SpecOps.

All users are required to meet complexity requirements for passwords. Your password must meet the following requirements:

- Must contain at least 15 characters.
- Must meet at least 3 of the following character group requirements:
 - Must contain at least 1 uppercase letter.
 - Must contain at least 1 lowercase letter.
 - Must contain at least 1 digit.
 - Must contain at least 1 special character.
 - Must not contain your username.
 - Must not contain 3 or more consecutive identical characters.
 - Must not be from the list of prohibited passwords.
 - Must not be in the list of breached passwords.
 - Must not repeat any of your previous 12 passwords.
 - Must differ from your current password by more than the last character.

End users should expect that every time they log into a system that stores or processes ePHI, access is logged along with any viewing or changes they make to ePHI.

For your protection, your login account will lock after six failed attempts. This will protect you from someone trying to repeatedly guess your password.

If you find yourself locked out:

- Ask a co-worker to open a help desk ticket for you via the Colleague Portal.

Mobile devices such as laptops, tablets, smartphones and USB flash drives that contain confidential Aultman information must be password protected and encrypted.

If you have any trouble creating your new passphrase, do not hesitate to email the [help desk at help.desk@aultman.com](mailto:help.desk@aultman.com) or EPHIssecurity@aultman.com.



INFECTION PREVENTION AND CONTROL

Infection control means reducing the spread of infections to patients, families and co-workers. The prevention of infection is everyone's responsibility. Hand hygiene is the single most important action you can take to prevent the spread of infection! Please be aware of the following hand hygiene information:

Soap and water hand wash is **REQUIRED**:

- When hands are **visibly or physically soiled**.
- After any contact with a patient/environment suspected or known to disease-containing spores (<i.e., **Clostridioides difficile, Bacillus anthracis, cryptosporidium**).
- After any contact with a patient/environment suspected or diagnosed with **Norovirus**.

Hand-washing Steps:

1. First, wet hands with water and apply soap to palm of hand.
2. Lather hands by rubbing vigorously together for 20 seconds, covering all surfaces of hands.
3. Rinse thoroughly.
4. Dry hands with disposable towel.
5. Use towel to turn faucet off.

Alcohol-based Hand Sanitizer

- Hands may be decontaminated by using alcohol-based hand sanitizer when:
 - Hands are not visibly/physically soiled.
 - Situations have not occurred requiring a soap and water hand wash.
 - Be sure to cover all surfaces and repeat steps until sanitizer is evaporated.

World Health Organization "My 5 Moments for Hand Hygiene"

The World Health Organization has established guidelines indicating 5 specific moments in which healthcare workers should perform hand hygiene "at the point of care."

The 5 Moments of Hand Hygiene are:

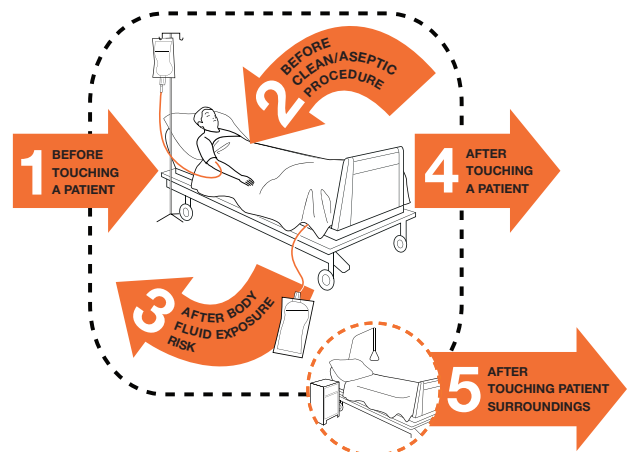
1. Before touching a patient.
2. Before clean/aseptic procedures.
3. After body fluid exposure/risk.
4. After touching a patient.
5. After touching a patient surrounding.

**NOTE: You may not touch a patient or their environment;
However, you must:**

1. Cleanse upon entering the room.
2. Cleanse upon exiting the room.

Additional times for performing Hand Hygiene are:

1. Between two procedures on the same patient.
2. Between dirty and clean portions of procedures.
3. Before and after handling medication and food or before eating.
4. After coughing, sneezing or use of tissue.
5. After removal of gloves - sterile or non-sterile.





Patient Perception of Hand Hygiene

Patients are not always able to observe the healthcare provider (HCP) performing hand hygiene, which may give a patient the perception it has not been completed. Many things contribute to this misconception. For example, hand hygiene may be performed upon exiting one patient's room immediately prior to entering another patient's room. Additionally, the location of sinks and Purell dispensers may be in areas that are out of the patient's sight - contributing to the patient's perception of the absence of hand hygiene.

As a High Reliability Organization, the ultimate goal is to provide the safest experience for our patients. Communicate positive intent to our patients, their family and their caregivers through the following strategies.

- Perform hand hygiene in front of the patient whenever possible. This allows them to recognize that this important piece of their care has been completed.
- Discuss hand hygiene while cleansing your hands, and show what HCP do to promote hand hygiene. Encourage the patient to become more active in speaking up when they see that HCP have not taken the opportunity to cleanse their hands. This increases patient awareness and perception, encourages patient recognition of the importance of cleansing his or her own hands and embeds the action of hand hygiene deeper into HCP's everyday practice.
- Discuss with the patient and family what they can do to help promote hand hygiene.
- Do not be offended if the patient asks to see you cleanse your hands.

Opening the lines of communication will often decrease the patient's anxiety with an uncomfortable conversation and may improve their confidence in the care provided. This is your opportunity to show patients the importance of hand hygiene in their safe care.

CARE OF THE ENVIRONMENT

- Clean and disinfect surfaces that are likely to be contaminated with pathogens, including those near patients.
- Use EPA-registered disinfectants that have micro-biocidal activity against pathogens most likely to contaminate the patient-care area.
- In pediatric waiting areas with child toys, select toys that can be easily cleaned and disinfected.
- Clean and disinfect large stationary toys at least weekly, plus whenever visibly soiled. Toys that are likely to be mouthed should be rinsed with water after disinfection or washed in the dishwasher.
- Multi-use electronic equipment that is moved in and out of patient rooms should be cleaned and disinfected frequently.
- Sheets, towels and patient gowns should be handled with minimal agitation to avoid contamination of air, surfaces and persons.

PREVENT HOSPITAL-ACQUIRED INFECTIONS RELATED TO MULTIDRUG-RESISTANT ORGANISMS (MDRO)

MDROs are organisms that have become resistant to many antibiotics commonly used to treat them. Proper hand hygiene and standard and transmission-based precautions are essential in preventing the transmission of MDROs. Patients who are diagnosed with an MDRO will be placed on contact precautions.

Aultman uses a method to alert staff of patients who are or have been positive for an MDRO. These patients are identified by a **"DISEASE ALERT (called VIP at Aultman Alliance)."** Disease alerts are located on the bottom left corner of the patient demographic bar in Cerner or Meditech. Multiple alerts may occur and will be in the same area. In Cerner, hover over the area to show all the alerts.



Disease alerts are available for the following organisms.

- (MRSA) Methicillin-Resistant *Staphylococcus aureus*.
- (VRE) Vancomycin-Resistant *Enterococcus*.
- (C. diff) *Clostridium difficile* (*Clostridioides difficile*).
- (ESBL) Extended-spectrum beta lactamase (An enzyme produced by certain bacteria that can break down and destroy commonly used antibiotics, rendering them ineffective).
- *Acinetobacter baumannii* haemolyticus.
- (CRE) Carbapenem-Resistant Enterobacteriaceae (Enterobacterales).

Patients with a disease alert are managed as below.

- Place patient on contact precautions until infection or colonization status can be determined.
- Review previous lab testing to identify positive results.
- Determine if patient still has an infection or colonization.
 - This may require additional testing.
 - Disease Alert Policy indicates specific timeframes and testing to be performed prior to isolation discontinuation and alert removal. This can be completed by clinical correlation for *C. difficile* (see policy).
- If appropriate testing/clinical correlation completed and is negative for infection or colonization.
 - Licensed Provider (LP) should order the specific alert removal (i.e., if multiple alerts, discontinue the specific alert for the negative result).
 - LP should discontinue isolation precautions.
 - Follow facility-specific processes to remove alerts.
- The infection preventionist nurse, under the direction of the infectious disease chairperson, may remove a disease alert (VIP) if a patient has met all criteria for removal.

*Follow your facility-specific policies regarding the isolation of MRSA and VRE when patients are only colonized.

Infection Prevention & Control monitors MDROs and healthcare-associated infections throughout the organization. Here are just a few ways everyone can assist in the prevention of these types of infections.

- Always follow proper hand hygiene.
- Observe all isolation protocols (standard and transmission-based precautions).
- Clean and disinfect equipment or items that have been used.

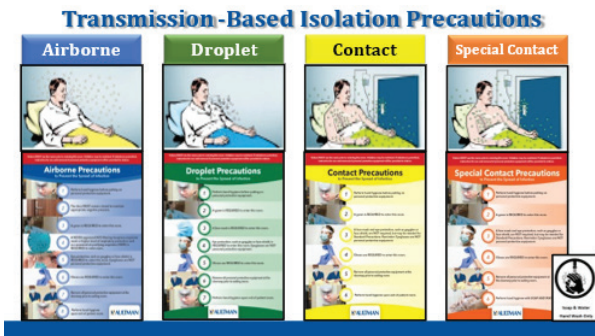
ISOLATION REMINDERS

Another important component of infection prevention and control is the practice of transmission-based isolation precautions. These precautions are used in addition to standard precautions and are for patients who are known or suspected to be infected or colonized with certain infectious agents. All healthcare personnel are required to adhere to isolation practices as per the Infection Prevention & Control policies and procedures.

Transmission-based isolation categories correspond with how the specific diseases are transmitted. Aultman uses four transmission-based isolation categories. Signage indicates required PPE prior to room entry.

REMINDER: Isolation signage is not to be removed upon discharge or transfer between units.

- Signage must remain on the doorway until the room has been cleaned and disinfected by Environmental Services (EVS).
- EVS will return the signage to the charge nurse.



Transmission-Based Precautions:

There are three categories of transmission-based precautions:

- **Contact precautions:** Minimum PPE includes gown and gloves.
- **Droplet precautions:** Minimum PPE includes gown, gloves and surgical mask and eye protection.
- **Airborne precautions:** Minimum PPE includes gown, gloves and fit-tested N95 particulate respirator or higher-level mask and eye protection.
 - A modified process for airborne precautions may be used for COVID-19. Please review your facility-specific policy regarding this process.
- **Special contact precautions:** Minimum PPE includes gown, gloves. Hands must be washed with soap and water after contact with patient or environment.

These precautions are used in addition to Standard Precautions when those precautions may not be enough to stop transmission. "Isolation" is often paired with these terms to describe the kind of precautions healthcare workers and visitors should use when entering a patient's room.

Contact is an important and frequent cause of healthcare-associated infections.

- **Direct** contact is the physical transfer of microorganisms between a susceptible host and an infected person.
- **Indirect** contact involves contact of a susceptible host with a contaminated object, such as contaminated instruments, hands or gloves that are not changed between patients.

Visitation during isolation:

Visitors MUST see the nurse prior to entering a patient's room. Visitation may be restricted (i.e., patient condition, influenza season or pandemic situations). If visitation is permitted, instruction for use and removal of personal protective equipment will be provided to visitors.

Please remember to:

- Educate and assist the visitor.
- Explain the purpose for isolation precautions.
- Review and observe compliance with isolation:
 - o If a visitor refuses to participate in isolation precautions after education and offering assistance, explain the following (communicate your positive intent):
 - Hospital policy requires healthcare personnel and visitors entering an isolation room to apply required personal protective equipment in order to prevent the spread of disease.
 - Persons who choose not to comply with isolation precautions will not be permitted to enter the patient room while the patient is in isolation.
 - Persons who are unable to abide by isolation precautions are welcome to contact the patient via phone.
 - If the situation escalates, contact Security as appropriate.



PERSONAL PROTECTIVE EQUIPMENT (PPE)

Proper use of PPE is essential to prevent the transmission of infections to patients and staff.

- Perform hand hygiene prior to applying any PPE.
- All PPE should be applied prior to room entry and removed prior to exiting an isolation room.
- Isolation signage indicates required PPE.
- Additional PPE may be indicated based on Standard Precautions (i.e., mask and eye protection may be necessary in Contact Precautions if there is a risk of splash, spray or aerosolization).
- When a mask is required for PPE during patient care, you must additionally wear eye protection.
- Eyeglasses are not personal protective equipment. Please use masks and eye protection such as goggles or face shields.

If you have any questions about isolation, please contact Infection Prevention & Control.

PREVENT HOSPITAL-ACQUIRED INFECTIONS RELATED TO CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS (CLABSI)

Central lines are intravenous catheters commonly placed into a large vein, usually in the neck, chest, arm or groin, to provide fluids or medications to patients. Central line-associated blood stream infections (CLABSI) are infections that can occur from the placement and use of a central line. CLABSIs are among the deadliest healthcare-acquired infections. Consistently following Aultman policy for insertion and maintenance of central lines can help prevent CLABSI. Clinical staff must follow the Aultman policy for the insertion and maintenance of central lines which includes some of the following infection prevention strategies:

- Provide EDUCATION to patients, and their families as needed, about ways they can help prevent line-associated bloodstream infections. This should be done both prior to insertion of a central line, and as needed while one is in place.
- Promote proper insertion techniques as stated in the Central Line Insertion Policy and Checklist.
- All participants are empowered to IMMEDIATELY stop the procedure if any of the steps are not followed.
- Chlorhexidine-based antiseptic for skin preparation should be used during insertion and dressing changes (use for patients over two months of age, unless contraindicated).
- Perform hand hygiene prior to manipulation of the catheter.
- Disinfect the ports before accessing the line ("scrub the hub"). In facilities that use alcohol-based port protector caps, place ALL IV access points and IV tubing ports if a central line is present.
- Change dressing every 7 days, and as needed.
- Change NEEDLESS CAPS every 96 hours with tubing changes, or when blood is visible in the cap.
- Evaluate the site for infection frequently.
- Review daily (with physician) the necessity of the line.
- Removal of nonessential catheters helps prevent infection.

All suspected cases of CLABSI are reviewed. When cases are identified, unit directors are notified, and an additional review of each case is completed. This information is presented to Quality and key stakeholders to determine if there are additional opportunities for improvements to our current practice.



PREVENT HOSPITAL-ACQUIRED INFECTIONS RELATED TO SURGICAL SITE INFECTIONS (SSI)

Aultman follows evidence-based practice guidelines for the prevention of SSIs. Following the appropriate guidelines decreases the risk of surgical site infections for patients. Close monitoring of targeted surgical site infections helps to quickly identify any areas of concern and assists in identifying opportunities for improvements. The following are a few strategies to help prevent surgical site infections:

- Patients should be optimized prior to surgery (healthy skin condition, no illness, resolution of potential issues that may impact the outcome of surgery, i.e., MRSA colonization).
- Patient and/or family should receive proper pre-operative education.
- Patients should be instructed about bathing and cleanliness prior to surgery.
- Hair should be removed by clipping instead of shaving.
- Appropriate skin antisepsis at the time of surgery.
- Appropriate antibiotic selection and timing.
- Additional precautions may include the following:
 - Shower with antimicrobial soap (i.e., chlorhexidine gluconate [CHG] based product) at a minimum the night before and morning of surgery.
 - Application of CHG-impregnated cloth to area of surgical procedure.
 - Nasal antisepsis completed.
- Post-operative education should be provided to the patient and/or family regarding ways to prevent infection such as hand hygiene, surgical incision care and dressing changes.

PREVENT HOSPITAL-ACQUIRED INFECTIONS RELATED TO CATHETER-ASSOCIATED URINARY TRACT INFECTION (CAUTI)

A urinary catheter is a tube inserted into the bladder through the urethra to drain urine. Patients who have urinary catheters inserted for a prolonged period are at an increased risk of developing a catheter-associated urinary tract infection (CAUTI). The following are a few of the evidenced-based guidelines to decrease the risk of CAUTI.

- Educate patients about prevention of CAUTI.
- Evaluate need for catheter daily.
 - Limit catheter use to those necessary for patient care.
 - Remove catheter as soon as it is no longer indicated per criteria.
- Perform hand hygiene prior to contact with catheters.
- Use aseptic technique for site preparation and insertion.
- Maintain sterility of equipment and supplies.
- Use soap and water to cleanse the catheter insertion area (urethra) prior to antiseptic use and insertion of a catheter.
- Use catheter securement devices to prevent obstructed urine flow and drainage.
- Maintain a closed urine collection system.
- Replace catheter system as needed.
- Catheter Care performed daily done and as needed.
 - Proper technique = SOAP & WATER ONLY » WASH » RINSE » DRY.
 - Do not use other products for catheter care.
- Do not raise catheter above the level of the bladder.
- Empty prior to transporting patient.



BLOODBORNE PATHOGENS

The CDC estimates that between 600,000 and 800,000 healthcare workers sustain injuries involving contaminated needles or sharps each year. This number is vague because the CDC believes it is likely that half of those injuries go unreported. Additionally, splashes and other non-sharp related incidents also endanger healthcare workers by putting them in proximity to potential fatal bloodborne pathogens. Bloodborne pathogens (or BBPs) are viruses or infectious agents carried in human blood or other potentially infectious materials such as semen, vaginal secretions, tissues or organs. There are several ways these infections could enter the body – generally through contact with an infected patient’s open wounds or body fluids, cleaning or working with contaminated equipment and instruments and cleaning contaminated surfaces.

Direct transmission of BBPs may occur when infectious material meets open cuts, nicks, punctures, abrasions, skin rashes or the mucous membranes of the eyes and mouth. BBPs may enter the body through an accidental injury with any contaminated sharp object such as used needles or broken glass. Indirect transmission may occur by touching contaminated surfaces, then transferring the infected material to eyes, mouth or an open sore.

The human immunodeficiency virus (HIV), the hepatitis B virus and the hepatitis C virus are all bloodborne pathogens. Signs and symptoms of HIV include fatigue and increased susceptibility to other infections. Acute hepatitis B and C can become chronic infections and cause fatigue, fever, abdominal pain and signs of liver injury such as jaundice or yellowing of the eyes or skin, which can progress to cirrhosis, liver cancer, liver failure and death.

FOLLOW THESE PROTOCOLS TO REDUCE CHANCES OF EXPOSURE

- First and foremost, all healthcare workers must treat ALL blood and body fluids as potentially infectious.
- Follow proper hand hygiene, especially before eating, drinking, applying makeup or handling contact lenses. Do not perform any of these activities in patient care areas or if you think you’ve been exposed to BBPs.
- Cover cuts and sores with bandages that seal the wound.
- **NEVER RECAP**, bend, break or shear a used needle. Use specially engineered safety devices to avoid the risk of these actions, and never dispose of sharps anywhere but in an approved sharps container. Don’t force sharps into the container. Dispose of potentially contaminated materials in biohazard containers. Tape, band aids, medicine cups and batteries DO NOT go in the sharps container.
- Use safety devices and personal protective equipment.
- Follow safe injections practices.
- Biohazard waste will be disposed of in the appropriate waste containers. Labels of biohazards containing objects will have the following symbol and/or be in a florescent orange or red bag.
- Medical or infectious waste is anything disposable that is contaminated with blood or body fluids. Only throw away medical or infectious waste in red trash bags with a biohazard symbol. DO NOT place red down the trash or laundry chutes. Place all red bags in the large, red trash barrel located in a dirty utility room as appropriate. Additionally, please remember it is not appropriate to place regular trash in biohazard bags or red barrels.





ANTIMICROBIAL STEWARDSHIP

The antimicrobial stewardship program (ASP) is a multidisciplinary team that aims to optimize antibiotic usage throughout the health system. The goal of ASP is to optimize clinical outcomes of antimicrobial use in the hospital. The ASP strives to ensure optimal patient-specific selection, dose and duration of antimicrobials while limiting side effects, risk of antimicrobial resistance and healthcare costs.

The Aultman ASP meets regularly to track usage metrics, develop antimicrobial policies and to optimize formulary status of antimicrobial medications. Members of the Aultman ASP include infectious disease physicians, pharmacists, infection control, quality, informatics and hospital leadership. The ASP physician and pharmacist prospectively review antimicrobial use daily and offer recommendations on streamlining and tailoring antibiotic choice, dosing and duration. Over the past few years, the ASP committee has implemented several policies to optimize antimicrobial use. These include restricted antimicrobial prescribing, pharmacokinetic dosing and monitoring and formulary class reviews. Antibiotic usage data are reported quarterly at both ASP and Pharmacy and Therapeutics committee meetings. Optimization of antimicrobial usage is key to reducing healthcare costs and preventing the emergence of antibiotic-resistant organisms.

TUBERCULOSIS CONTROL

Mycobacterium tuberculosis (TB) is a germ that can be transmitted to others in airborne particles. Particles are emitted into the air when persons with TB shout, speak, sing, exhale, cough or sneeze. These tiny particles can be suspended and remain in the air for several hours. Anyone can get TB; however, the highest risk is to those who are contact with someone who has infectious TB disease, those who are born in or frequently travel to countries where TB disease is common and those who work in areas at high risk for TB transmission, such as healthcare facilities, homeless shelters or jails. Area physicians may refer patients to the hospital to complete a workup to rule out the possibility of TB. Patients admitted to the hospital are assessed for signs, symptoms and potential risk of TB. Test results to determine if a patient has TB may take up to eight weeks to be completed. Anyone suspected of having or being diagnosed with TB should be placed in airborne precautions until TB is ruled out. Staff members involved in direct patient care, as well as staff members from ancillary departments who may be required to have contact with or provide services to patients suspected of having TB, should wear respiratory protection at least as protective as an N95 particulate respirator (exception: staff medically unable or restricted). Fit testing is necessary even if your department does not have a negative pressure room. You may still need to manage a patient using the appropriate PPE until the patient can be transferred. Fit testing and education on the use of particulate respirators should be completed annually. Annual fit testing may be suspended during times when national shortages persist or are anticipated.

Staff members are required to have TB testing upon hire and following an exposure to TB. Exposed staff will have TB testing at the time of the exposure and at 10 weeks following the initial test. Areas considered medium risk, high risk or areas indicated by our annual TB Risk Assessment may require staff to submit to annual or more frequent testing as necessary. Signs and symptoms of TB include unexplained fatigue, weight loss, loss of appetite, chills/fever, night sweats, a cough that has persisted longer than 3 weeks, chest pain or a cough that produces blood. Staff having signs or symptoms of this contagious airborne disease are strongly encouraged to notify Health Services and contact their private physician for evaluation/treatment.

RESPIRATORY PROTECTION PROGRAM

Aultman's respiratory protection program is intended to protect employees from respiratory hazards found in the environment. Respiratory protection is accomplished through a hierarchy of controls, including the following:

- Administrative and work practice controls – include items such as policies, procedures and training.
- Engineering controls – involve the physical environment and items such as Airborne Infection Isolation Rooms (AIIR) or negative air pressure rooms.



- Respiratory protection Personal Protective Equipment (PPE) – includes the use of respirators and other forms of PPE. Staff should not use a respirator unless they have been trained in appropriate use.

For additional information, refer to facility-based policies related to respiratory protection, isolation precautions and the use of AIIR.

PROTECTION AND PROTOCOLS

Select masks, goggles, face shields or combination of each are used to protect the eyes, nose and mouth during activities that are likely to generate **splashes or sprays** of blood or other body fluids (for example: coughing, sneezing or irrigation).

- Wear eye protection and mask during aerosol-generating procedures such as airway suctioning, intubating, open ventilating or bronchoscopy in patients who are not suspected of being infected with an agent such as tuberculosis or acute febrile respiratory illness, for which respiratory protection is recommended. Eye protection does not include corrective lenses alone.
- Separate individuals with respiratory infections by approximately 6 feet or more in common waiting areas.
- Patients being transported should wear a mask without a face shield if able. Staff should mask if patient cannot be masked during transport.
- Personnel in areas where patients will be transferred should be notified of the patient's transmission-based precautions **BEFORE** transfer occurs.