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Aultman Hospital adopted the Ohio Emergency Codes in 2003. They continue to be the standard that all Ohio hospitals use for notification of emergencies. Community first responders dedicated to public safety (police, fire, EMS) have also adopted these codes.

**CODE RED**

Fire alarm pull stations are typically located near exits and stairwells. Please locate the one closest to your unit. In the event of a Code Red, please follow the fire safety recommendations as instructed on page 3 of this newsletter. Remember RACE and PASS!

*Refer to the policy and the Emergency Management Quick Reference Guide for more information.*

**CODE ADAM**

**Infant/Child Abduction (Paged Overhead)**

Immediately dial extension 36777 if an infant or child is missing or known to be kidnapped. Upon hearing Code Adam paged overhead, volunteers should secure halls, stairwells, elevators, exits and bridges leading to and from their departments and the hospital. Any person carrying an infant or child, or carrying an object large enough to conceal a newborn infant should be stopped, and the object should be checked. If the person does not consent to an inspection, or becomes combative upon being approached, DO NOT get into a physical confrontation with the individual. Call Security immediately at extension 36777 and report the individual(s) last known location, direction of travel and provide a description of the individual.

*Refer to the policy and the Emergency Management Quick Reference Guide for more information.*

**CODE BLACK**

**Bomb/Bomb Threat**

Any volunteer that answers a phone may be on the receiving end of a bomb threat. Volunteers should validate and verify that phones in their departments have the green “Bomb Threat Call Information” sheets nearby. In the event of a bomb threat, volunteers should keep the caller on the line, and use the green sheet to signal to another employee or volunteer to call Security immediately at extension 36777. Begin asking the caller the questions from the back of the green sheet.

Remember to write down the caller’s responses word-for-word as they are provided!

Things to remember during a call:

- Remain calm.
- Keep the caller on the line as long as possible.
- Ask and write down as much information as you can.
- If near a panic button, activate it immediately.

*Information from the green “Bomb Threat Call Information” sheet is reviewed by responding law enforcement and used to assist in determining the credibility of the threat.*

**CODE YELLOW**

**Disaster (Paged Overhead)**

An overhead page stating “Code Yellow” indicates that a disaster has occurred, and that additional resources are necessary for response. Typically, there are two types of disasters; internal (i.e. flood, fire, etc.) and external (i.e. mass casualty incident in the community).

When paged overhead, volunteer leadership will ask all volunteers to leave the hospital, when applicable.

*Refer to the policy and the Emergency Management Quick Reference Guide for more information.*

**CODE GRAY**

**Tornado/Severe Weather (Paged Overhead)**

Code Gray is implemented during periods of severe weather, based on alerts from weather services – or in response to municipal tornado siren activations. This process was revised in 2012 and eliminated the use of multiple phases. At the main campus, Security monitors weather conditions and implements Code Gray, as appropriate, by completing a series of overhead pages and mass notification messages to main campus facilities.

For additional information, please refer to the policy and the Emergency Management Quick Reference Guide.
**OHIO EMERGENCY CODES**

**CODE ORANGE**

Hazardous Material Spill/Release

Code Orange refers to a hazardous material spill. All staff working with a hazardous chemical or substance are required to review the appropriate Safety Data Sheet (SDS) prior to handling, and are required to use the appropriate personal protective equipment (PPE) when doing so.

Volunteers should never be asked to handle hazardous chemicals.

*Refer to the policy and the Emergency Management Quick Reference Guide for more information.*

**CODE BLUE**

Adult/Pediatric Medical Emergency – Cardiopulmonary or Respiratory Arrest (Paged Overhead)

Code Blue is activated as an emergency page to secure immediate medical assistance for adult patients experiencing a cardiac or pulmonary arrest. To activate a Code Blue, call extension 35222 and inform the operator of the location, or activate a Code Blue button installed in designated areas; these buttons automatically alert the operator as to the location of the code.

*Refer to policy for additional information.*

**CODE PINK**

Infant Medical Distress (Paged Overhead)

Code Pink is activated as an emergency page to provide evaluation, intervention and stabilization of neonatal patients with a cardiac or pulmonary emergency. To activate a Code Pink, call extension 35222 and inform the operator of the location, or activate a Code Pink button located in the NICU or Birth Center.

*Refer to policy for additional information.*

**CODE VIOLET**

Violent/Combative Patient

Code Violet refers to a violent patient/individual. In the event that a patient, family member or other visitor becomes combative, immediately contact Security at extension 36777. Remember – warning signs of combative behavior are often present before the behavior becomes physical.

*Refer to the policy and the Emergency Management Quick Reference Guide for more information.*

**CODE SILVER**

Person with Weapon/Hostage Situation/Active Shooter Incident (Paged Overhead)

Code Silver refers to an incident involving an armed assailant (i.e. person with a weapon, hostage situation, active shooter, etc.). If identified, immediately move to a safe area and report the event to Security by calling 36777 or by activating a duress alarm.

Security will conduct an overhead page stating “Code Silver” and the appropriate location. Volunteers in the facility should remain away from the area(s) indicated in the overhead page. Security will work with responding law enforcement agencies to establish a perimeter around the impacted area(s) and to gain control of the situation.

Remember – review your “what if” plan in advance. Think through the actions you would take and locations you would use to evacuate or hide, as appropriate.

*Refer to the policy and the Emergency Management Quick Reference Guide for more information.*

**CODE BROWN**

Missing Adult Patient (Paged Overhead, Mr. or Mrs.)

Code Brown refers to a missing adult patient. Staff identifying a Code Brown should immediately notify Security at extension 36777. Security will overhead page “Code Brown, Mr. (or Mrs.) Brown”, and will identify the appropriate department and/or location. Once hearing the overhead page, staff should monitor their surroundings for the missing patient. This includes looking in empty patient rooms, public bathrooms, stairwells, etc.

If found, volunteers should immediately notify Security at extension 36777 and advise of the patient’s location.

*Refer to the policy and the Emergency Management Quick Reference Guide for more information.*

**CODE WHITE**

Severe or Inclement Winter Weather

Code White refers to extended periods of severe winter weather that may adversely impact staffing levels for critical services. When implemented, resources are dedicated to providing transportation and/or lodging to critical staff members that may be otherwise unable to make it to the hospital.

*Refer to the policy and the Emergency Management Quick Reference Guide for more information.*
CODE GREEN
Class A Reportable Infectious Disease
Code Green indicates the presence of a patient suspected to have a Class A Reportable Infectious Disease, as defined by the Ohio Department of Health. The activation of Code Green is intended to streamline the notification of key departments and leadership. Code Green can be activated by contacting the hospital operator at ext. 36888.

EMERGENCY MEDICAL ASSISTANCE
Person Appearing to Require Medical Aid
In the event that a visitor or employee requires emergency medical assistance, immediately notify Security at ext. 36777. This procedure also applies to some outpatient areas within the main campus.

Remember, if you witness someone in the hospital lose consciousness – or come across someone unconscious – you have the option to call the Code Blue team at ext. 35222.

SECURITY SERVICES
Security officers help provide a safe and secure environment for all facility occupants, including volunteers. Some of the many services provided by security are:

- Escorts to and from vehicles.
- Vehicle door unlocks.
- Response to emergency situations.
- Tire changes.
- Securing of patient valuables.

Security offices are located in the registration area of the Emergency Department, as well as the ground level of the Main Building near the stockroom.

Security should be contacted if a volunteer identification badge is lost, stolen or damaged and needs to be replaced. Security is available 24/7 for assistance with any badge issues.

All volunteers are responsible for reporting any suspicious activities or persons to Security immediately at ext. 36268. Security also provides 24-hour coverage at Aultman Woodlawn and Aultman Orrville and can be reached at the following numbers:

- Aultman Woodlawn: 330-323-8252
- Aultman Orrville: 330-466-6483

Security is available during business hours at the following locations:

- Aultman North Canton Medical Group: 330-495-8059
- Aultman Pain Management: 330-454-7237

CONCEALED WEAPONS
Ohio’s concealed carry law allows an individual to obtain a license to carry a concealed handgun in Ohio, including into private businesses. Aultman has adopted a policy to restrict the carrying of handguns or other deadly weapons onto any of its properties, excluding governmental law enforcement officers.

Firearms and other deadly weapons are forbidden to be carried by employees during work hours (including breaks), whether or not the employee is on Aultman premises. However, volunteers 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 Concealed Carry Policy on PolicyTech.
Aultman is committed to providing a safe environment for volunteers, patients, visitors and staff. As such, incidents of disruptive behavior and workplace violence will not be tolerated, and must be reported as soon as it is safe to do so. Aultman will not retaliate against volunteers or employees making good-faith reports of incidents of disruptive behavior and workplace violence. Workplace violence is defined as any physical assault, threatening behavior or verbal abuse occurring in the work setting. 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. Workplace violence incidents may involve visitors, volunteers, co-workers, patients/customers and personal relationships. If you experience any type of disruptive behavior or workplace violence, remove yourself from the situation, contact Security and/or law enforcement, and notify your unit director/supervisor. 

For additional information, please reference the “Disruptive Behavior and Workplace Violence Prevention Program” on PolicyTech.

WORKPLACE VIOLENCE PREVENTION
Step 1 - Identifying the Risk and Notifying the Security Officer

If anyone (patient, visitor or staff) ...
- Displays signs of aggression.
- Is noncompliant or argumentative.
- Makes derogatory or sexually oriented comments.
- Attempts to make inappropriate physical contact.
- Makes threatening comments.

IF A PATIENT ...
- Has a known or documented history of violence.
- Shows evidence of being in possession of contraband (weapons, tobacco products, drugs).

IF A VISITOR ...
- Has a known or documented history of violence.
- Verbally expresses anger and/or frustration.
- Displays a weapon.
- Becomes hostile toward or damages patient, visitor, hospital and/or personal property.
- Is not welcomed by a patient.

IF A STAFF MEMBER ...
- Verbally expresses anger and/or frustration.
- Demonstrates aggressive body language.
- Displays a weapon.
- Demonstrates mood swings or non-typical behavior.
- Becomes hostile toward or damages patient, visitor, hospital and/or personal property.

BLOODBORNE PATHOGENS

Dealing with contact of bloodborne pathogens is a possibility for volunteers. By using standard precautions, we treat everyone as if they have potentially infectious blood, body fluids and moist body substances. It is important that all volunteers take a moment to protect themselves by first putting on appropriate personal protective equipment (PPE) such as gloves, gowns or masks. Transmission can occur when body fluids or moist body substances of a source patient have contact with a portal of entry in the health care worker. In the health care setting, transmission usually occurs through needlesticks, sharps injuries, or splashes to the eyes, nose, mouth or open areas of skin. Our Exposure Control Plan helps to educate staff to decrease the risk of transmission and is to be used when caring for all patients. The standard precautions are a combination of universal precautions and body substance isolation that focuses on the isolation of all moist body substances including blood, feces, urine, sputum, saliva, wound drainage and other body fluids. 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 bags in a regular trash bag or send red bags down the trash/laundry chutes. Place all red bags in the large, red trash barrel located in the dirty utility room on each unit.
Infection control means reducing the spread of infections to patients, families, volunteers and co-workers. The prevention of infection is not only a volunteer’s responsibility but everyone’s responsibility. Hand hygiene is the single most important technique to prevent the spread of infection. Volunteers should 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 have spores (i.e., Clostridium difficile or Bacillus anthracus).
- After any contact with a patient/environment suspected or diagnosed with Norovirus.

HAND-WASHING STEPS:
1. Wet hands under water.
2. Apply soap, being sure to lather ALL surfaces for 15 seconds.
3. Rinse thoroughly.
4. Dry thoroughly with paper towel.
5. Use towel to turn faucet off.
6. May follow with alcohol-based hand sanitizer to reduce bacterial counts.

ALCOHOL-BASED HAND SANITIZER
- Alcohol-based hand sanitizer is readily available throughout the organization. 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.

WORLD HEALTH ORGANIZATION “MY 5 MOMENTS FOR HAND HYGIENE”
The World Health Organization has established guidelines indicating 5 specific moments in which health care workers should perform hand hygiene “at the point of care.” This approach will be used to monitor our hand hygiene compliance within the hospital. Be reminded of Your 5 Moments of Hand Hygiene:

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.

PATIENT PERCEPTION OF HAND HYGIENE
Multiple types of hand hygiene education have been presented to staff including ongoing competencies and even a video presentation about the World Health Organization’s 5 Moments for Hand Hygiene. Despite our efforts to increase staff compliance, patient perception of hand hygiene among caregivers has been noted to be less than desirable. Patients are not always able to observe the health care provide (HCP) performing hand hygiene, and therefore it gives the patient a perception that 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. The following strategies have been identified as ways to provide a heightened awareness to both patients and HCPs.

• 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 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.
• Openly discuss hand hygiene and invite the patient to become more active in speaking up when they see that HCPs have not taken the appropriate opportunity to cleanse their hands.

As a High Reliability Organization, the ultimate goal is to provide the safest experience for our patients. Please begin having conversations with your patients about hand hygiene. Invite patients to discuss any missed opportunities with you. 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. Perform hand hygiene in the view of the patient. This is your opportunity to show patients the importance of hand hygiene in their safe care.

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 bags in a regular trash bag or send red bags down the trash/laundry chutes. Place all red bags in the large, red trash barrel located in the dirty utility room on each unit.
The Joint Commission recently released new standards for hospitals to implement antimicrobial stewardship programs. Effective on January 1, 2017, all hospitals and critical access hospitals will be required to develop antimicrobial stewardship programs that aim to reduce antimicrobial usage. The main focus of the Joint Commission standards are to guide planning and development of antimicrobial stewardship programs. They require commitment from hospital leadership, a pharmacist and physician lead, and participation from various healthcare specialties. The standards also aim to encourage programs to approve policies and protocols that encourage appropriate use of antimicrobial medications. Additionally, the standards require education of both healthcare providers and patients on antimicrobial use and prescribing. The final aspect of the standards requires programs to track and report antimicrobial usage data to monitor for prescribing trends.

Aultman Hospital already has a well-established antimicrobial stewardship program (ASP). The Aultman ASP meets monthly 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. On a daily basis, the ASP physician and pharmacist prospectively review antimicrobial use and offer recommendations on streamlining and tailoring antibiotic choice, dosing, and duration. Over the past three 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. Antibiotics usage data are reported monthly and yearly at both ASP and Pharmacy and Therapeutics committee meetings. Since implementation of an antimicrobial stewardship committee at Aultman Hospital, antimicrobial usage, expenditure, and resistance have declined steadily.
Fires are a threat in hospitals. 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.

### Types of 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 health care facilities, fire extinguishers are designed to put out Class A, Class B and Class C fires. ABC extinguishers can be used to fight any type of hospital fires.

**If a fire starts, think and act quickly and safely.** Remember the steps associated with **RACE** and **PASS**:

**R** - Rescue (anyone in harm’s way)

**A** - Alarm (by activating a pull station)

**C** - Contain (the fire) by closing smoke and fire doors

**E** - Extinguish (using a fire extinguisher)

**To use the extinguisher:**

**P** - Pull the pin

**A** - Aim the nozzle at the base of the fire

**S** - Squeeze the handle together

**S** - Sweep the extinguisher from side to side

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.
8. If evacuation is necessary, first evacuate horizontally past a fire separation, then vertically if necessary.

### Fire Drills

Volunteer and employee 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 employees and volunteers 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. Volunteers receive training, and should understand, the following:

- Code Phrase for a Fire (Code Red).
- 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 Fire Response Plan policy on PolicyTech as well as the Emergency Management Quick Reference Guide.*
Slips, trips and falls can happen in any part of the workplace, including the interior and exterior environment. Often, these events result in falls and more serious outcomes, including volunteer injuries. Common types of injuries resulting from slips, trips and falls include:

- Sprains and strains.
- Bruises and contusions.
- Fractures.
- Abrasions and lacerations.

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.
- Reporting hazards (i.e., uneven surfaces, wet floors, cluttered areas, poorly lit areas, etc.) through established processes, such as to your supervisor, the help ticket process and through safety suggestions.
- 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.

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.
- Identifying a group of people between you and your vehicle in a public place – and choosing to take the long way around to your vehicle to avoid unnecessary contact.
- 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.
SAFETY

FACTS:

- 800,000 people per year in the United States die from a heart attack. We can cut that number by 50% if people will 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 over 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 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. 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, are experiencing a heart attack, act immediately!

- Don’t wait! Quick treatment may save a life.
- If at home or off hospital campus, call 911.
- Call a Medical Assist for hospital visitors and employee staff at extension 36777.
- For patients in care areas outside of the Emergency Department, CCU/ICU’s call the Rapid Response Team for patients at extension 36888.

TOBACCO-FREE POLICY

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

Please contact Human Resources for information on tobacco cessation assistance for interested volunteers.
STROKE SAFETY

Stroke is the No. 5 cause of death, behind heart disease, cancer and chronic lower respiratory diseases. Stroke is the leading cause of serious, long-term disability in the United States. Each year, about 795,000 people suffer strokes. On average, someone in the United States suffers a stroke every 45 seconds and every three minutes, someone dies of a stroke.

Risk factors for stroke that can be controlled or treated include high blood pressure, carotid artery disease, atrial fibrillation, high cholesterol, diabetes, smoking, obesity, excessive alcohol use and physical inactivity. Other risk factors that cannot be changed include family history, gender (strokes are more common in men than women), increasing age, prior stroke or Transient Ischemic Attack (TIA) and African-American race.

STROKE IS A MEDICAL EMERGENCY

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.

Many stroke patients have no idea they are having a stroke because brain cells are dying, which can affect judgment. Recognizing when stroke is occurring and reacting FAST to get lifesaving treatment can save lives.

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. Brain cells are dying.

If a patient is experiencing these acute signs and symptoms, activate the Rapid Response Team by calling ext. 36888. Call a Medical Assist at ext. 36777 if a visitor or employee is having any of these signs or symptoms. Every second counts!

At Aultman, safety is our top priority. As an Aultman team member, safety counts every time. Volunteers 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 volunteer experiences an injury on the job.

VOLUNTEER INJURIES AND ILLNESSES

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

VOLUNTEER INJURY/ILLNESS REPORT:

In the event of a work-related injury/illness, volunteers are required to immediately notify their supervisor and complete a “Volunteer Injury/Illness Report,” even if medical treatment is not required. This report titled “Volunteer Injury/Illness Report,” is available on the employee portal.

For more information related to the reporting of volunteer injuries and illnesses, please contact Volunteer Coordinator, Lee Kenny, at (330) 363-6368.

PURPOSE OF TIMELY REPORTING:

A “Volunteer Injury/Illness Report” assists in notifying key personnel who identify and remove safety hazards, identify trends, implement preventative measures and initiate revisions of policies/procedures to mitigate the incident from happening in the future.
OFFICE SAFETY

While not typically viewed upon as hazardous, there are many ways in which volunteers 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.

Volunteers 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 aisle ways.
• Stairways should be well lit, free of obstructions and not used for storage in any way.
• Understand where pull stations and fire extinguishers are located and be 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 non-sprinkler areas).
• 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.

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.

PARKING SAFETY

Volunteers are permitted to park in the parking deck free of charge. The parking deck offers a covered overpass which can be beneficial during inclement weather. Aultman’s parking deck and surface lots are well lit and offer multiple security mechanisms that are located around campus to utilize during an emergency situation. Emergency phones are located in the parking deck and emergency call boxes are available on the surface lots. We encourage all volunteers to report any safety hazards that they find around campus (burned out lighting, slip, trip and fall hazards...etc.).

In order to open the gate when entering the deck, volunteers need to scan their badge on the badge scanner, which is located before the ticket machine. Upon leaving the parking deck, volunteers need to exit through the gate on the RIGHT side. Volunteers will have to scan their badge at the scanner in order to open the exit gate.
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. Employees 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.

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, etc.
- Medical implants such as pacemakers, aneurysm clips and TENS units 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.

UTILITIES
CELLULAR PHONES
The use of cellular phones is not allowed inside the hospital and in other buildings where patient care is performed. Cellular phones are permitted for usage by the public in all waiting areas, lobbies and cafeterias. Cellular phones may interfere with medical equipment when used in patient care areas.
Aultman recognizes the importance of maintaining a standard of dress that projects an image of professional integrity and service excellence. The following guidelines apply to all areas:

**JEWELRY**
- **Earrings:** No earrings are acceptable for men. No more than three earrings per ear are acceptable for women. If a third earring is worn, the earring is to be a stud style. Large, dangling earrings are not acceptable. Ear gauges are not permitted and must not be visible to the public.
- **Other body piercing jewelry:** Body piercings should be limited to earrings or not be visible to the public.
- **Rings:** Rings, class rings, wedding sets are acceptable. No more than two rings per hand. Thumb rings are acceptable.
- **Necklaces:** No large medallions are acceptable. Two necklaces may be worn.
- **Bracelets:** Large dangling bracelets are not acceptable.
- **Pins:** Employees are required to wear the official Aultman badge with the picture visible. No pins may be attached to the identification badge. With the following exceptions, no other badges may be worn: service award pins, pins and badges in recognition of professional education or achievement, and/or pins and badges distributed in connection with official Aultman activities.

**GROOMING**
- **Hair:** Hair must neat and well groomed. Extreme hairstyles are unacceptable.
- **Hair Length:** Asymmetrical or bi-level styles are unacceptable.
  - Men: No longer than top of collar. Pony-tails are not acceptable.
  - Women: In clinical areas hair below shoulder must keep confined so it will not fall forward over face while working. Shaving of the head is unacceptable.
- **Hair Color:** No extremes in coloring or dyeing (unnatural colors) are permitted.
- **Mustaches & Beards:** Mustaches and beards must be kept neat and trimmed close to face. The maximum beard length should not exceed a ½ inch, no stubble is permitted. Employees must be clean shaven. Handlebar mustaches are unacceptable.
- **Fingernails:** Fingernails are to be clean and presentable. Artificial nails are not permitted in the clinical setting. Length of nails for men should not extend past the tip of finger. Length of nails for women is to be no longer that ¼ inch from tip of finger. Charms, decals and designs on fingernails are unacceptable.
- **Nail Polish:** No extreme or unnatural colors are acceptable (green, blue, yellow, black, orange, fluorescents).
- **Tattoos:** Tattoos should not be visible to the public.

**ATTIRE**
- **Dresses/Skirts:** Acceptable length is from top of knee to bottom of calf. Slits in skirts and kick pleats should not exceed 3 inches above knee.
- **Dress Pants:** Tailored and in good repair. Long enough to touch ankle and must be worn outside the sock. Pegging of slacks (including scrubs) is unacceptable. Loose fitting dress gauchos are acceptable. Capri pants are not acceptable.
- **Knit Slacks:** Loose fitting, non-clinging slacks are acceptable.
- **Hosiery:** Hosiery or socks must be worn at all times. Acceptable hosiery can be sheer or opaque in subdued shades that complement the outfit. Textured or fishnet hosiery is unacceptable. Hosiery with patterns or designs is unacceptable. Socks are to coordinate with the color of the pant. Subdued designs are acceptable. Socks worn in the clinical setting are to be white or coordinate with color of the pant or scrub.
- **Hats:** Acceptable only as part of the volunteer’s uniform.
- **Holiday Apparel:** Holiday apparel and jewelry may be worn beginning after Thanksgiving. Appropriateness of apparel and jewelry is to be determined by the manager/supervisor. All established guidelines for personal appearance are to be upheld.
- **Fabrics:** Unacceptable fabrics include denim, spandex, leather, metallic or transparent. Undergarments should be worn but not visible.
- **Unacceptable Apparel:** Unacceptable apparel includes stretch pants, stirrup pants, skorts, apparel that endorses sports or commercial products/services, tube tops, halters and jumpsuits, T-Shirts, shorts or sweatshirts (unless a part of approved departmental uniform) and sleeveless shirts or dresses (unless a jacket/blazer is worn).

**FOOTWEAR:**
- **Shoes:** Sandals and flip flops are unacceptable. Sling back and open toe dress shoes are acceptable. Dress boots are acceptable when worn with slacks, long skirts or gauchos.
- **Dress shoes:** All dress shoes must be polished and in good repair. Heels are to be 3 inches maximum.
- **Athletic shoes:** All athletic shoes must be white, grey, navy or black. Small color logos or trim are acceptable. Shoes must be kept clean and in good repair.
- **Clogs:** Clogs and sling backs are acceptable. Acceptable solid colors are white, grey, navy, black or matching the color of the scrub or pant.
Did you know your chance of dying in a plane crash are 1 in 10 million departures, but your chance of dying due to a medical error in a U.S. hospital is 1 in every 382 admissions? Hospitals do things right most of the time. But, even very infrequent failures in critical processes can have terrible consequences for a patient, family and even an employee. This is why Aultman has embarked on a journey toward becoming a highly reliable organization. Aultman advocates the use of five tools for reliability and five tones to promote teamwork. These tools and tones are human error prevention strategies that help us to perform our tasks as intended consistently over time. By practicing what we have learned and ingraining it into our daily routines, we become highly reliable and achieve our desired outcomes. Can we count on you every time to use the tools and tones below?

### TOOLS for HRO

1. **Pay Attention to Detail**
   - Self-check using **STAR**: Stop-Think-Act-Review.

2. **Communicate Clearly**
   - Repeat back and read back to verify.
   - Use phonetic and numeric clarifications.
   - Ask clarifying questions.
   - When communicating about a problem, use **SBAR** – Situation, Background, Assessment, Recommendation.

3. **Think Critically**
   - Use a questioning attitude to validate and verify the information.

4. **Cross Monitor**
   - Peer-checking and Peer-coaching: Be willing to check others and have others check you.
   - 5:1 Feedback - Encourage safe and productive behaviors.
   - Give advice when others use unsafe and unproductive behaviors.

5. **Speak Up**
   - Use **ARCC** – Ask Questions, Make Requests, Voice Concerns, Use Chain of Command.

### TONES for Teamwork

6. Smile and say hello.

7. Introduce yourself and your role.

8. Listen with empathy and intent to understand.

9. Communicate positive intent of your actions.

10. Provide opportunities for others to ask questions.
Protecting patient privacy is important because as health care workers and volunteers, we see and hear confidential patient information every day. The Health Insurance Portability and Accountability Act of 1996, also known as HIPAA, is the federal law which requires us to protect our patients’ health information. One part of this law is the Privacy Rule which protects an individual’s right to control the access, use and disclosure of his or her protected health information. A second part of the law is the Security Rule which addresses how we must protect patient information within our electronic systems. As volunteers at Aultman Hospital, we have a legal duty, and an ethical and moral obligation, to protect our patients’ confidentiality.

So what does HIPAA mean to a volunteer? The purpose of HIPAA is to protect all of our patients from having any of their health information or personal information shared without their direct permission. We are all responsible for protecting the privacy and confidentiality of patient information. As an Aultman volunteer, you are bound by the same rules and standards as the Aultman workforce and are not allowed to disclose ANY information you hear or learn while you are volunteering here. All volunteers must sign a HIPAA agreement during orientation and copies are available upon request.

Based on HIPAA Rules you are not permitted to:

1. Disclose the names of any patients or their family members or friends who visited them.
2. Share or discuss ANY patient medical information OR personal information you may hear or learn while volunteering.
3. Go visit someone you know who is a patient unless they gave you permission to visit them or a family member said it was ok to visit.
4. Ask any patient about their diagnosis, condition, treatment, give your opinion or offer advice to them.
5. We realize that it is tempting to share good news, such as the birth of a baby, or someone you know being discharged after a lengthy stay, but it is a violation of HIPAA to do so...UNLESS YOU HAVE THE PATIENT'S VERBAL PERMISSION. If you ask for permission to share, and the patient says YES, only then can you disclose the information.

Please note: Failure to abide by these rules may result in formal disciplinary action. The HIPAA regulations contain both criminal and civil penalties for privacy violations and individuals can be held legally responsible if a patient were to file a complaint with the Office of Civil Rights.

Your responsibilities: If you become aware of any misuse of patient information, please notify the Privacy Officer at 330-363-7448, a member of the management team in your assigned department or the Compliance Department at 330-363-3880.

If you have any questions or concerns, please contact Volunteer Coordinator, Lee Kenny, at 330-363-6368.