



Job Shadow General Orientation Handbook



Regulatory Compliance Education

2018 Revision

OSS MISSION and VISION STATEMENT

OSS Health will continually strive to be the healthcare leader in quality, innovation and value. We will make every effort to understand and exceed the expectations and needs of our patients as well as to provide an environment of safe, respectful and dignified care at all times.

- **Our first commitment is...to provide our patients with the highest quality health care possible.** Our services are responsive to patient needs and adhere to the highest level of medical ethics. We strive to be forward looking and innovative in acquiring and utilizing the most current medical technologies and procedures within our practice. We value our patients and attempt to provide comfort, convenience, and confidence in the service we offer.
- **Our second commitment is...to establish an environment for our employees that promote professionalism, encourages each person to achieve his or her highest potential while allowing individual creativity and responsibility.** These measures include open and honest communication, fair and timely assessment of performance, and equitable compensation within a framework of equal opportunity. We will maintain a climate of mutual respect, integrity, and professional relationships at all times.
- **Our third commitment is...to create an ethically trusted environment—one in which we give our best effort to protect the rights of patients and employees to confidentiality, courtesy, and respect.** We recognize the trust and confidence placed in us by our patients, employees, and the community and act with integrity and honesty in all situations in order to preserve that trust and confidence
- **Our fourth commitment is...to the community we serve.** We must constantly strive to improve the quality of life through the services we provide. By the appropriate use of our resources we will work to provide a wide range of services that endeavor to meet the needs of the community especially in times of crisis or social need.
- **Our fifth commitment is...to our organization and owners.** We will strive to maintain the position and reputation of being the premier provider of orthopaedic and musculoskeletal care in South Central Pennsylvania. We will do this through the use of innovative techniques, emerging technologies, wise investments, growth, and a variety of revenue streams that allow us to more effectively and efficiently support our mission and vision.

5-Star Customer Service Excellence

- As healthcare providers, OSS and all related entities are committed to providing a **5- Star Customer Service experience** for all patients, families and visitors who visit and/or interact with our organization.

- **OSS, as an organization, is committed to providing an environment for our staff that promotes professionalism, encourages each person to achieve his or her highest potential while allowing for individual creativity and responsibilities.**
- **OSS is committed to creating an ethically trusted environment...one in which we give our best effort to protect the rights of our employees to: confidentiality, courtesy and respect.**
- ***Simply stated...let's all be polite and be kind to each other and respect the other person's feelings, opinions and privacy.***

OSS Disease Specific Certifications

OSS is very proud that we have achieved disease specific certifications from the Joint Commission in the following specialty areas:

1. Total Shoulder
2. Total Joint (Hip and Knee)
3. Spine Surgery (Cervical and Lumbar)

There are clearly defined clinical pathways for patients who are undergoing these procedures. You will find them on PolicyStat (on the OSS Intranet Home Page):

- SP-03 Spine Clinical Pathway
- TSP-01 Total Shoulder Clinical Pathway
- TJP-02 Total Joint Clinical Pathway

TEAMWORK

How do teams improve patient care?

Medical practice has traditionally focused on the individual physician as solely responsible for a patient's care. However, patients today are rarely looked after by just one health professional. Patient safety, in the context of a complex medical system, recognizes that effective teamwork is essential for minimizing adverse events caused by miscommunication with others caring for the patient and misunderstandings of their roles and responsibilities.

Good teams have the following in common:

1. *Common purpose* - Team members generate a common and clearly defined purpose that includes collective interests and demonstrates shared ownership.
2. *Measurable goals* - Teams set goals that are measurable and focused on the team's task.
3. *Effective leadership* - Teams require effective leadership that set and maintain structures, manage conflict, listen to members and trust and support members. The authors also highlighted the importance of teams to agree and share leadership functions.
4. *Effective communication* - Good teams share ideas and information quickly and regularly, keep written records as well as allow time for team reflection
5. *Good cohesion* - Cohesive teams have a unique and identifiable team spirit and commitment and have greater longevity as team members want to continue working together.

6. *Mutual respect* - Effective teams have members who respect the talents and beliefs of each person in addition to their professional contributions. In addition, effective teams accept and encourage a diversity of opinion among members.

Your Role while at OSS:

While at OSS the expectation is that you work as a team with all OSS employees and providers. Additionally it is expected that everyone who is at OSS, whether employees or non-employees, follow the mission statement and provide 5 star customer service with each patient interaction.

Corporate Compliance

In recent years, government agencies have started to look more closely for healthcare fraud and misconduct. Laws and regulations for healthcare are:

- Medicare Regulations
- Federal False Claims Act
- Stark Act
- Anti-Kickback Statute
- Sections of the Social Security Act
- Mail and wire fraud statutes
- EMTALA
- HIPAA
- "Red Flags" Rule

MEDICARE REGULATIONS - Any facility that participates in Medicare must follow Medicare regulations. For example, facilities must:

- Meet standards of quality of care
- Not bill Medicare for unnecessary items or services
- Not bill Medicare for costs or charges that are significantly higher than the usual cost or charge
- Follow other rules for claims and billing

FEDERAL FALSE CLAIMS ACT - The Federal False Claims Act makes it illegal to submit a falsified bill to a government agency. This applies to healthcare because Medicare is a government agency. The Act allows a citizen who has evidence of fraud to sue on behalf of the government. There are also state laws that apply.

STARK ACT - The Ethics in Patient Referrals Act is commonly known as the Stark Act. This act makes it illegal for physicians to refer patients to facilities or providers:

- If the physician has a financial relationship with the facility or provider
 - If the physician's immediate family has a financial relationship with the facility or provider.
- The relationship must be disclosed to the patient.

ANTI-KICKBACK STATUTE - The Medicare and Medicaid Patient Protection Act of 1987, this act makes it illegal to give or take kickbacks, bribes, or rebates for items or services that will be paid for by the government. This law does not apply in certain specific cases.

SECTIONS OF THE SOCIAL SECURITY ACT - The Social Security Act makes it illegal for hospitals to:

- Knowingly pay physicians to encourage them to limit services to Medicare or Medicaid Patients.
- Offer gifts to Medicare or Medicaid patients to get their business.

MAIL FRAUD AND WIRE FRAUD STATUTES - Mail and wire fraud statutes make it illegal to use the U.S. Mail or electronic communication as part of a fraud. For example, these statutes make it illegal to mail a fraudulent bill to Medicare.

EMTALA - The emergency Medical Treatment and Active Labor Act is commonly known as the Patient Anti-dumping Statute. This statute requires Medicare hospitals to provide emergency services to all patients, whether or not the patient can pay. Hospitals are *required* to:

- Screen patients who may have an emergency condition
- Stabilize patients who do have an emergency condition

HIPAA - The HIPAA Privacy Rule (Health Insurance Portability & Accountability Act) is a federal regulation. The HIPAA rule:

- Sets standards for patient privacy and confidentiality
- Sets severe civil and criminal penalties for people who violate a patient's privacy.

To comply with HIPAA:

- Share protected patient information only with people who are directly involved in the patient's care.
- Discuss a patient's case only with people who are directly involved.
- Do not gossip about patients.
- Discuss cases in private.
- Do not leave patient charts out where they may be seen.
- Do not display protected patient information where it might be seen (computer screens).

Be observant of your surroundings when discussing a patient. Be sure not to discuss patients in the cafeteria, restrooms, or hallways where your discussion might be overheard.

"RED FLAGS RULE" - The red flags rule protects patients from identity theft. "Red flags" are warning signs that signal the risk for identity theft.

IF THE PROVIDER IS CONVICTED OF BREAKING ANY OF THE LAWS DESCRIBED ABOVE, PENALTIES CAN INCLUDE:

- Criminal fines
- Civil damages
- Jail time

- Exclusion from Medicare or other government programs
- A conviction can also lead to serious public relations harm.

To help prevent misconduct, OSS has a corporate compliance program. The goal of our program is to reduce the risk of error or fraud. The program gives guidelines for how to do your job in an ethical and legal way. The policy is FIN-14 Corporate Compliance plan. Reports can be made to the OSS Health Compliance Officer x2035. Reports can also be made to the **Corporate Compliance hotline 24/7: 1-877-647-3335**

Your Role while at OSS:

- While at OSS you are expected to follow all compliance regulations and report any suspected or actual violations to the OSS Health Compliance Officer
- **Compliance hotline - Internal extension X2035**

MEDICAL ETHICS

The four basic concepts of medical ethics are:

- **BENEFICENCE.** This means that healthcare providers have a duty to do good; act in the best interest of their patients; act in the best interest of society as a whole.
- **NON-MALEFICENCE.** This means that healthcare providers have a duty to do no harm to their patients and do no harm to society.
- **RESPECT FOR PATIENT AUTONOMY.** This means that healthcare providers have a duty to protect the patient's ability to make informed decisions about his or her own medical care.
- **JUSTICE.** Justice means that healthcare providers have a duty to be fair to the community.

In particular, providers have a duty to promote the fair distribution of healthcare resources. Some of the important issues in medical ethics today relate to the patient-provider relationship; care of the patient near the end of life; peer relationships; ethics of practice and responsibilities to society.

ETHICAL DUTIES:

1. Be professional and responsible in the care of patients.
2. Treat patients with compassion and respect.
3. Maintain appropriate boundaries with patients.
4. Expect to be paid fairly for your services. Remember that your duty to patients comes before money.
5. Protect the confidentiality of your patients.
6. Fully disclose patient health status and their treatment option. This makes it possible for patients to exercise the right to give informed consent or refusal for treatment.
7. Expect your workplace to limit your risk of infection by having an infection control program.
8. Providers need to also take responsibility for their own protection by using Standard Precautions with all patients.

9. It is unethical to refuse to treat a patient because of his or her infectious state.
10. End-of- life decisions. Patients have the right to refuse life-sustaining treatment.
11. Patients should be made aware of the option to donate organs and tissues.
12. Patients have the right of protection from incompetent providers.
13. It is ethical to display respect for peers.
14. Providers should advocate for the health and well-being of the public.
15. Report infectious diseases as required by law.
16. Providers must work to ensure that all members of the community have access to healthcare.

HARRASSMENT and/or OFFENSIVE WORK ENVIRONMENT

OSS is committed to providing a work environment that is free of discrimination and unlawful harassment. Actions, words, jokes or comments based on an individual's sex, race, ethnicity, age, religion, disability or any other legally protected characteristic will not be tolerated. Workplace-bullying and/or intimidation (whether related to a legally protected characteristic or not) will not be tolerated.

Any associate who believes they are a victim of harassment and/or any associate who learns of an incident of harassment, whether by witnessing the incident or by being told about it is responsible to report it to their immediate Manager/Supervisor, to any OSS Director, to the Director of Human Resources and/or their designee, the COO, the CNO and/or CEO.

PATIENT RIGHTS:

- **Confidentiality.** Always use a private place for discussion and consultation, examination and treatments. Medical records can only be shared with clinicians directly involved in the patient's case, regulatory agencies looking into the facilities quality of care and other people with a legal or regulatory right to see the records. You will read more on HIPAA later.
- **Patient participation in treatment decisions.** Patient has the right to know their diagnosis, prognosis, and treatment options and to set the course of their treatment or refuse treatment. For each treatment they must know the risks, benefits and potential medical consequences.
- **Disclosure and informed consent.** To make informed decisions, patients must be given full and accurate information in a manner they can understand.
- **Advance directives.** A legal document that helps protect the patient if they cannot speak for themselves can be a living will or Durable Power of Attorney for Healthcare. A living will documents the patient's wishes for future treatment in the event of terminal illness. A Durable Power of Attorney allows the patient to select a representative to make healthcare decisions when they lose the ability to communicate his or her own decisions.
- **Access to emergency services.** This refers to EMTALA; we must screen and stabilize all patients who come to us with a possible emergency, regardless if they can pay.

- **Respect, safety, and nondiscrimination.** Patients have the right for environmental safety, infection control, and security.
- **Patient visitation rights.** A patient has a right to decide who his or her visitors are. OSS does not have visiting hours, the patient can have visitors at any time.
- **Grievances.** Patients have the right to complain about the quality of their healthcare. Complaints must be addressed quickly, if not they may file a grievance (a formal complaint). They may file a grievance with OSS or state agency or accrediting agency.

PATIENT CARE AND PROTECTION

- Care givers must provide developmentally appropriate care and consider the chronological age, developmental age and maturity level of the patient.
- Care givers must provide culturally competent care. Cultural competence means providing care in a way that takes into account each patient's values, beliefs, and practices.
- OSS is a restraint free facility.
- Patient abuse by a healthcare provider is a breach of medical ethics and is a crime punishable by jail time and fines. Be aware of the warning signs of abuse and report suspected abuse immediately.

Healthcare providers are in a unique position to identify victims of abuse. The Joint Commission requires that accredited facilities:

1. Identify victims of abuse or neglect
2. Educate healthcare staff
3. Assess and refer victims to available resources
4. Report abuse and neglect. (domestic, elder and/or child)

The State of PA requires that all licensed staff receive a minimum of 2 hours of approved child abuse education each license cycle in order to renew their license. If you suspect child abuse call **Child Line: 1-800-932-0313**

Your Role while at OSS

- While at OSS you are expected to follow ethical practices. If you have concerns you can contact the manager of the area you are working in or any senior manager.
- While at OSS you are expected to act professionally and not participate in any activities that could make another worker uncomfortable. If you feel you are experiencing such activities you should notify to any OSS Director, to the Director of Human Resources and/or their designee, the COO, the CNO and/or CEO.
- While at OSS you are expected to know and follow patient rights.

If you discover a breach of the patient's privacy, contact the **Privacy officer at ext. 6801.**

IT Security
IT Helpline: Ext. 4848

All network rights and applications use rights of users will be limited to the necessary level of access to perform assigned duties and responsibilities. A valid user name and password is required to access the OSS Health network.

- Computers, software, voice mail, e-mail and internet use is limited to business related activities.
- The above shall not be used for discriminatory, harassing or obscene materials.
- Confidential information shall never be transmitted or forwarded to outside companies or individuals not authorized to receive such material.
- Each individual is responsible for the context of all text, audio or images that they place on or send over the OSS computer system.
- To help prevent the spread of computer viruses, the download of unauthorized software is not permitted. Attachments to e-mail should only be opened if you know and trust the sender.
- OSS reserves the right to access and monitor all messages and files.
- To prevent the spread of computer viruses, do not use thumb drives or downloads from your home computer. Do not install software.
- Should your role require a password, do not share your password with anyone. Do not leave your computer unattended.

Any employee who abuses the privilege of company facilitated access to e-mail or the internet will be subject to corrective action up to and including termination.

Your Role while at OSS:

- While at OSS you are expected to keep all protected health information secure and to report any violations, even accidental violations to the HIPAA Privacy Officer **x6801**.

DIVERSITY

- Workplace diversity refers to the variety of differences between people in an organization. That sounds simple, but diversity encompasses **race, gender, ethnic group, age, personality, cognitive style, tenure, organizational function, education, background and more.**

Diversity Defined

- Diversity can be defined as acknowledging, understanding, accepting, and valuing differences among people with respect to age, class, race, ethnicity, gender, disabilities, etc. (Esty et al. 1995).
- Companies need to embrace diversity and look for ways to become inclusive organizations because diversity has the potential to yield greater work productivity and competitive advantages (SHRM 1995).

There are challenges to managing a diverse work population. Managing diversity is more than simply acknowledging differences in people. It involves recognizing the value of differences, combating discrimination, and promoting inclusiveness.

Diverse work teams bring high value to organizations. Respecting individual differences will benefit the workplace by creating a competitive edge and increasing work productivity. Diversity management benefits staff by creating a fair and safe environment where everyone has access to opportunities and challenges. Open communication and acceptance is key to diversity success.

GENERAL SAFETY

Healthcare facilities have many potential hazards. The Occupational Safety and Health Administration (OSHA) separate these hazards into 5 general categories.

- Biological
- Chemical
- Psychological
- Physical
- Environmental/mechanical

OSS has taken appropriate measures to eliminate as many of these hazards as possible and to safeguard against exposure to the hazards that cannot be eliminated.

It is every employee/student/intern etc. responsibility to maintain a safe environment for those in our facilities. Report any unsafe conditions to management immediately.

BIOLOGICAL HAZARD – Infectious agents

Examples: HIV, VRE, MRSA, HBV, TB

Safeguards: Infection control measures (patient placement, PPE, Hand hygiene, etc.)

CHEMICAL HAZARD – Toxic or irritating materials

Examples: Detergents, solvents, disinfectants, sterilizing agents, waste anesthetic gas, hazardous drugs

Safeguards: Detergents, solvents, disinfectants, sterilizing agents, waste anesthetic gas, hazardous drugs

PSYCHOLOGICAL HAZARD – Factors that create or increase emotional stress

Examples: Working with terminally ill patients, patient deaths, overwork, understaffing, tight schedules, equipment malfunctions

Safeguards: Stress management, relaxation exercises, HR evaluation of staffing needs

PHYSICAL HAZARD – Agents with the ability to cause physical harm

Examples: Radiation, lasers, noise, electricity and electrical equipment, extreme temperatures

Safeguards: Varies- depends on the hazard. For example, lock-out tag-out procedures.

ENVIRONMENTAL AND MECHANICAL – Factors that cause or increase the risk of accident, injury, strain or discomfort

Examples: Lifting and moving patients, tripping hazards, poor air quality, slippery floors, cluttered or obstructed work areas or passageways.

Safeguards: Maintenance of a safe work environment, prompt reporting of hazardous conditions.

FIRE SAFETY

Prevention is the best defense against fire. To help prevent fires facilities have no smoking policies. To help prevent fires related to the common cause of electrical malfunction:

- Remove damaged or faulty equipment from service.
- Submit malfunctioning equipment for repair.
- Inspect all equipment prior to use.

To help prevent fires related to the common cause of equipment misuse, do not use any piece of equipment that you have not been trained to use.

CODE RED

When you hear a fire alarm you will not know if it is a drill or a true emergency. Respond using the R.A.C.E protocol:

- R= remove or rescue
- A= Alarm or alert
- C= Confine or contain
- E= Extinguish or evacuate

To operate a fire extinguisher, use P.A.S.S.

- P=Pull the pin
- A=Aim the nozzle at the base of the fire
- S=Squeeze the trigger
- S= Sweep from side to side at the base of the fire

At OSS each department has procedures specific to their area. Locate the fire pulls, extinguishers and fire doors in your area. Notice exits.

Your Role while at OSS

- While at OSS, if a code red is called you are expected to know this is a fire code, remove any of your belongings or equipment from the hallways to keep paths free for evacuation and take direction from the manager in the area.
- If you are required to leave the area you are expected to evacuate to the far end of the parking lot, be prepared to have restricted access to your vehicle if emergency responders need access to the area.

ELECTRICAL SAFETY

Most equipment in the healthcare setting is electric; this means there is a risk of electric shock. Remove and report electrical hazards. Use electrical equipment properly. Maintain, and test equipment regularly. Learn proper equipment operation before use. Do not use damaged equipment. Do not use equipment on which liquid has been spilled. Do not operate electrical equipment with wet hands or when standing in water. Do not stack anything on or behind electrical equipment. Turn equipment off before plugging in or unplugging. OSS Biomedical

engineering department (ext. 2158 or 2073) performs regularly scheduled testing on medical electrical equipment which will have a tag indicating that they have been inspected and are safe for use. Nonmedical electrical equipment is inspected by the facilities department.

OTHER ELECTRICAL SAFETY CONSIDERATIONS:

- Do not use cords or outlets with exposed wiring.
- Report damaged outlets and cords.
- A hot outlet can be an indication of unsafe wiring.
- Do not bend, stretch or kink power cords.
- Do not jerk cords from outlets. Pull on the plug.
- Do not staple, tack or nail power cords.
- Do not use adapters, two-prong plugs or broken three prong plugs.
- Do not overload circuits.
- Place electrical equipment at a distance from patients.
- Do not touch patients and electrical equipment at the same time.

RADIATION SAFETY

Exposure to radiation can increase the risk of cancer. The 3 key factors for limiting exposure are:

- Time. Minimize the amount of time that you are exposed.
- Distance. Maximize your distance from the radiation source.
- Shielding. Use appropriate shielding to absorb the energy of radioactive particles.

The goal is to keep your radiation exposure As Low As Reasonably Achievable (ALARA). OSS requires those that work with or in the area of radiation wear dosimetry tags to measure exposure.

MRI SAFETY

Ferromagnetic objects are attracted to the magnet at the center of the MRI system. They can become dangerous projectiles. Electronic devices that enter the magnetic field can malfunction due to interference. Metal implants or wires can conduct electrical currents resulting in burns. **DO NOT ENTER THE MRI AREA WITHOUT APPROPRIATE SCREENING FROM THE MRI TEAM.**

ERGONOMICS

Means designing work equipment and tasks to fit the “natural laws” of the human body. Good ergonomic practices can lead to fewer work related injuries. Ergonomic best practices are:

- Avoid fixed or awkward postures
- Avoid lifting without using proper devices or equipment
- Avoid highly repetitive tasks
- Avoid forceful exertions
- Provide support for your limbs
- Use proper posture and body mechanics when sitting, standing or lifting.
- Keep tools close to you, to avoid reaching, twisting and bending.

BACK SAFETY

- Wear good comfortable shoes
- Stand up straight
- When sitting form 90 degree angles at the knees and hips
- Lifting static load vertically: bend at the hips and knees, keep the head up; maintain the 3 natural curves of the spine; hold the load close to the body; lift with the muscles of the legs.
- Maintain good posture.

SLIPS, TRIPS AND FALLS: PREVENTION

To help prevent slips:

- Keep floors clean and dry
- Rugs should be secured with skid-resistant backing
- Choose slip-resistant shoes with patterned soles
- Post safety signs around slip hazards (icy sidewalks, wet floors, etc.)

To help prevent trips:

- Keep floors clean and uncluttered
- Repair uneven flooring, or post safety signs
- Use proper lighting

To help prevent falls:

- Keep stairways clean and well lit. Staircases should have sturdy handrails on both sides. Take one step at a time.
- If using a ladder choose the height you need, lock the spreader into position, climb straight up and do not lean to either side, hold onto the side rails with both hands.

When conditions are hazardous (wet floors, icy sidewalks), avoid slipping and falling by walking like a duck:

- Keep your feet flat and slightly spread apart
- Point your toes slightly outward
- Take slow, short steps
- Keep your center of balance under you
- Make wide turns at corners
- Keep your arms at your sides

LATEX ALLERGY

Latex allergy results from hypersensitivity to specific proteins or chemicals in the latex product. Most reactions to latex are mild, but some can be life threatening.

Screening questions provide good tools for identifying patients at risk for latex allergy. Screening questions will appear on the next page. If a patient answers “yes” to one or more of these questions, the patient may be at risk for latex allergy.

LATEX ALLERGY SCREENING QUESTIONS

- Surgery- Have you ever had an unexplained problem during surgery?
- Dental Exams- Have you ever experienced breathing problems during a dental exam?

- Balloons- Have you ever experienced swelling or wheezing when blowing up balloons?
- Food Allergies- Are you allergic to any foods, especially bananas, avocados, or kiwis?
- Medical Exam/Condoms- Have you ever developed a rash or discomfort after having a medical exam or using a condom?
- Allergy/Skin Problems- Do you have a history of allergy or skin problems?

To help protect a patient from exposure to latex in the healthcare setting, clearly indicate “latex allergy” in the medical record. Do not use any latex products, including latex cleaning gloves, in the patient’s room.

If **you** have a latex allergy you should avoid all contact with latex. Wear a medical alert ID. Inform OSS HR (ext. 4811) , employee health (ext. 4016) and your manager. Use silk or plastic tape instead of adhesive tape. Use non-latex gloves only.

Your Role while at OSS

- Your Role when working at OSS
- When working at OSS you are expected to follow all safety principles to keep yourself and others safe. If you see a violation you should report it to the manager in the area you are working.

HAZARD COMMUNICATION

Under its Hazard Communication Standard, OSHA requires all employers to develop written hazard communication programs. OSS Policy EOC-21 Hazard Communication Program can be found on PolicyStat located on the OSS Intranet home page.

To protect workers from exposure to hazardous chemicals, manufacturers, employers and employees have hazard communication duties.

What is GHS? GHS is the **G**lobally **H**armonized **S**ystem of Classification and Labeling of Chemicals adopted by the United Nations. All chemicals must have the same format and symbols that identify hazards.

OSS maintains a Material Safety Data Sheet (MSDS) also called SDS, system via the internet. The system can be accessed via the OSS Intranet Home page, you will find it on the menu on the left side of the page. In the event of a system failure, can be accessed using cell phones.

Employees who work with hazardous chemicals must:

- Know which hazardous chemicals are used in their work area (the department supervisor keeps a list).
- Know how to access the SDS and how to read them. (SDS sheets can be accessed through the OSS Intranet home page menu).
- Inform themselves of all relevant safety procedures before starting to use hazardous chemicals.

- Read product labels carefully. Follow all instructions. Heed all warnings!

Examples of Pictograms:

| | | |
|---|---|---|
| <p>Health Hazard</p>  <ul style="list-style-type: none"> • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity | <p>Flame</p>  <ul style="list-style-type: none"> • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides | <p>Exclamation Mark</p>  <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) |
| <p>Gas Cylinder</p>  <ul style="list-style-type: none"> • Gases under Pressure | <p>Corrosion</p>  <ul style="list-style-type: none"> • Skin Corrosion/burns • Eye Damage • Corrosive to Metals | <p>Exploding Bomb</p>  <ul style="list-style-type: none"> • Explosives • Self-Reactives • Organic Peroxides |
| <p>Flame over Circle</p>  <ul style="list-style-type: none"> • Oxidizers | <p>Environment</p>  <ul style="list-style-type: none"> • Aquatic Toxicity | <p>Skull and Crossbones</p>  <ul style="list-style-type: none"> • Acute Toxicity (fatal or toxic) |

Your Role while at OSS

Safety Data Sheets are readily available for any supplies in your area. Simply ask an OSS Health staff member to access MSDS Online. You are expected to report any spills or issues with any products that could be considered hazardous.

SECURITY AND WORKPLACE VIOLENCE

To help keep your workplace safe from violence:

- Recognize aggressive behavior and warning signs of potential violence
- Respond appropriately to the level of aggressive behavior
- Report all unsafe situations immediately. Code Green! *Open OSS Outlook Email, and send email with your location to "Code Green" email address.*

| Aggressive Behavior | Response |
|---------------------|---|
| Tension | Remain calm. Listen. Acknowledge the person's frustration. Try to resolve the problem |
| Disruptiveness | Set clear limits. Remain calm and choose your words |

| | |
|-----------------|---|
| | carefully to avoid aggravating the situation. Activate Code Green privately if the disruptive behavior continues. |
| Loss of Control | Remove yourself from danger and get help. Do NOT try to restrain the person yourself. |

OCCURRENCE REPORTING/PATIENT SAFETY

Mistakes and problems can happen in the healthcare setting. A breach in safety is known as an incident or occurrence. These incidents can range from an equipment malfunction, to a medication error, to a patient or guest fall. *All* incidents must be reported immediately, even if it is a “near miss” or no harm has come to anybody. OSS promotes a culture of safety and you are encouraged to report, you will not be punished for reporting, in fact you will be commended! You can access the reporting system from the OSS Intranet home page, left side menu “Incident Reporting”. **The Leadership of OSS Health supports an integrated patient safety system that includes but is not limited to the following: A culture of safety, validated methods to improve processes and systems, standardized ways for interdisciplinary teams to communicate and collaborate, and safety integrated technologies.**

EMERGENCY PREPAREDNESS

OSS must be prepared to respond to disasters such as natural disasters, technological disasters, major transportation accidents, terrorism, and nuclear, biological, chemical and radiological events. We have developed strategies for dealing with each event. Policy DIET-37 Disaster Emergency Preparedness can be found on PolicyStat, OSS intranet home page. The Emergency Operations Plan (EOP) includes plans for communication, resources and assets, safety and security, staff responsibilities, utilities and clinical activities.

An Emergency Operations Plan (EOP) describes who will do what, when with what resources, and by what authority- before, during, and immediately after an emergency.

Your Role while at OSS

- While at OSS you are expected to wear an ID badge (or Visitor badge) at all times and report any security situation to the manager in the area you are working.
- If you are involved in an unusual event you should report it to the manager in the area you are working.
- If there is an emergency situation you are expected to take direction from the manager in the area you are working.

OSS HEALTH EMERGENCY CODES

- CODE RED: FIRE (Policy EOC-07)
- CODE BLUE: MEDICAL EMERGENCY (CARDIAC/RESP) (Policy CN-14)
- CODE ORANGE: HAZARDOUS MATERIAL SPILL OR RELEASE (Policy EOC-06)
- CODE GREY: INCLEMENT WEATHER (Policy EOC-04)

- CODE BLACK: BOMB THREAT (Policy EOC-02)
- CODE YELLOW: DISASTER (EMERGENCY MANAGEMENT PLAN IN EFFECT) (Policy EOC-10)
- CODE AMBER: INFANT/CHILD ABDUCTION (Policy EOC-01)
- CODE BROWN: MISSING ADULT (Policy EOC-3)
- CODE GREEN: SECURITY ASSISTANCE Disruptive Person (Policy EOC-05)
E-mail codegreen@osshealth.com the location of the event. This e-mail will alert the staff trained to respond to a code green. All available trained staff will respond to the location. Once the situation has been resolved, greeter will be notified by the team to email "all clear" to codegreen@osshealth.com
- CODE SILVER: PERSON WITH WEAPON/HOSTAGE SITUATION (Policy EOC-08)
- CODE "U": UTILITY FAILURE (Policy EOC-09)
- CODE CLEAR: SITUATION HAS BEEN CLEARED

Your individual responsibilities in a code situation will be defined for you during your department specific orientation. You should also actively seek out what your responsibilities will be. You can find the OSS Policies relating to emergency codes on "PolicyStat- OSS Health" found on the OSS intranet home page. If you have questions, ask the department supervisor.

Your Role while at OSS

If there is an emergency code situation while working you are expected to know what the code situation is and take direction from the manager in the area you are working.

INFECTION CONTROL

Healthcare-associated infection (HAI) is an infection that develops after contact with the healthcare system. HAI can be very costly in terms of patient life and health and healthcare dollars.

Infectious organisms may come from environmental sources (dust, et.), patients, staff members and visitors.

The Joint Commission emphasizes that *"the activities of infection prevention and control should be practical and involve collaboration between staff. Everyone who works in the organization should have a role and hold each other accountable."*

The Joint Commission requires accredited hospitals to implement evidence-based practices to prevent HAI. These practices must focus on:

- Central line-associated bloodstream infections
- Infections due to multidrug-resistant organisms
- Surgical site infections
- Catheter-associated urinary tract infections (CAUTI)

Best practices for preventing HAI are related to:

| | |
|--|--|
| Hand Hygiene | Environmental Hygiene |
| Environmental Hygiene Blood borne Pathogens | Antibiotic Use Airborne Precautions |
| Contact Precautions | Droplet Precautions |
| Personal protective equipment | Personal responsibility. |

HAND HYGIENE

THE SINGLE MOST IMPORTANT FACTOR FOR PREVENTING THE SPREAD OF INFECTION IS PROPER HAND HYGIENE! Follow the manufacturer’s instructions when using hand sanitizers. OSS Health follows the World Health Organizations (WHO) 5 moments for hand hygiene.

- 1. Before patient contact**
- 2. Before aseptic/clean procedure**
- 3. After patient contact**
- 4. After blood or body fluid exposure**
- 5. After contact with patient surroundings.**

Hand hygiene also should occur after gloves are removed.

Use soap and water for washing visibly soiled hands and alcohol-based hand rubs for routine decontamination of hands between patient contacts.

Hands should also be washed and gloves changed when moving from a “clean” part of the patient to a “dirty” area of the patient, and vice versa.

ENVIRONMENTAL HYGIENE

Best practices for environmental hygiene are:

- Maintain a visibly clean environment (no visible dust or soiling)
- Clean, disinfect, or sterilize medical equipment after each use. For example, use an OSS approved disinfectant to wipe down a blood pressure cuff between patients. Or wipe down an exam table: allow disinfectant to be in contact (wet) with the surface the product’s recommended period of time and allow to dry before use on the next patient. Read the directions on the disinfectant’s label.
- Safely dispose of clinical waste.
- Launder used and infected linens safely and effectively.
- Follow appropriate guidelines for kitchen and food hygiene.
- Maintain an adequate pest-control program.

INVASIVE PROCEDURES

The most common type of HAI is urinary tract infection associated with indwelling urinary catheters. Indwelling urinary catheterization should be performed only when absolutely necessary and removed as soon as possible. See OSS Policy CN-76 Catheter Insertion/CAUTI Prevention found on PolicyStat.

Instruments and equipment used for invasive procedures should be properly sterilized before use. They should be used with aseptic technique. Sterile package integrity must be inspected before use. Sterile equipment must be stored properly and kept separate from contaminated equipment.

ANTIBIOTIC USE: ANTIBIOTIC RESISTANCE

Widespread use of antibiotics began in the 1940's. Penicillin and other antibiotics were hailed as miracle drugs. They were able to cure previously untreatable illnesses. However, bacteria are very adaptable. They have the ability to change genetically to resist the effects of antibiotics. The more antibiotics are used, the more common resistant strains of bacteria become.

Examples include: MRSA, VRE, DRSP and MDR-TB

Antibiotic resistance is a significant health problem; it adversely affects drug choice, patient health, and the entire healthcare system.

Healthcare professionals must take an active role in preventing the spread of antibiotic resistance. Strategies include:

- Preventing infection
- Diagnosing and treating infection effectively
- Using antibiotics prudently
- Preventing the spread of infection.

Patients should be current on appropriate vaccinations as should healthcare workers. OSS has an active antimicrobial stewardship program designed to prevent over use of antibiotics.

BLOODBORNE PATHOGENS

Blood borne diseases are spread from person to person as a result of unprotected exposure to infected blood and other bodily fluids, non-intact skin and moist body tissue. Important blood borne diseases include HIV infection, AIDS, Hepatitis B and Hepatitis C. Any fluid contaminated with blood can be potentially infected as can saliva, semen, vaginal secretions, pleural fluid, cerebrospinal fluid, amniotic fluid, peritoneal fluid, pericardial fluid, and any fluid that is not easily identifiable.

The Blood borne Pathogens Standard helps protect workers from exposure to blood borne pathogens. OSS requires all staff to adhere to the principles of standard precautions.

STANDARD PRECAUTIONS SHOULD BE USED IN THE CARE OF ALL PATIENTS REGARDLESS OF THEIR DIAGNOSIS.

It is safest to assume that every patient has the potential to infect you. The next page has a chart that offers the guidelines for Standard Precautions.

If you have any questions regarding Blood Borne Pathogens, Standard Precautions of infection control, please call the **Infection Preventions Coordinator at Ext. 2095.**

| | |
|---|--|
| HANDWASHING | <p>Wash or decontaminate hands:</p> <ul style="list-style-type: none"> • Before and after each work shift • Before and after physical contact with each patient • Before donning sterile gloves • Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices • When moving from a contaminated body site to a clean body site during patient care • After handling contaminated items such as bedpans, dressings, or urinary drainage bags • After removing gloves • After using the toilet, blowing the nose, covering a sneeze, etc. • Whenever hands become visibly dirty • Before eating, drinking or handling food |
| GLOVES | <ul style="list-style-type: none"> • Wear gloves when touching blood, other bodily fluids, or contaminated items • Put on clean gloves before touching mucous membranes or non-intact skin • Change gloves between “dirty” and “clean” tasks on the same patient • Remove gloves promptly after use and perform hand hygiene |
| MASK, EYE PROTECTION, FACE SHIELD, GOWN | <ul style="list-style-type: none"> • Use personal protective equipment (PPE) as necessary to protect against splashes or sprays of blood or body fluids. • Use masks for catheter insertion or injection into spinal or epidural spaces |
| PATIENT CARE EQUIPMENT AND LINENS | <ul style="list-style-type: none"> • Equipment and linens soiled with blood or other bodily fluids should be handled in a way that prevents cross-contamination. • Clean and reprocess reusable equipment appropriately before use on another patient • Discard single use items appropriately |
| ENVIRONMENTAL CONTROL | <ul style="list-style-type: none"> • Environmental surfaces should be cleaned and disinfected on a routine basis. • Use sharps carefully and appropriately and use safe injection practices, take care to prevent accidental sticks. |
| PATIENT PLACEMENT | <ul style="list-style-type: none"> • Patients who contaminate the environment should be placed in private rooms. |

NEEDLESTICK PREVENTION

- Use OSS approved needle safety devices.

- Contaminated needles and other contaminated sharps should not be bent or recapped.
- Shearing or braking of contaminated needles is prohibited.
- Contaminated sharps should be placed in appropriate puncture resistant and properly labeled containers. Containers should never be filled more than $\frac{3}{4}$ full.

AIRBORNE PRECAUTIONS

Airborne diseases are transmitted from person to person via infectious droplet nuclei while an infected person sneezes, coughs or talks and can remain suspended in the air for a long period of time. These droplets can travel long distances on air currents. These diseases include chickenpox, measles, SARS and tuberculosis. Healthcare staff must wear personal respirators whenever they enter an airborne isolation room. At OSS a PAPR respirator is used (see policy IC-01 Airborne Precautions). PAPR units are located in room 316 of the inpatient unit and in the store room of the hospital pre-op department. A surgical mask will not protect. Patients should wear a surgical mask if they must be transferred outside of their room

CONTACT PRECAUTIONS

Contact transmission of disease occurs via direct or indirect person-to-person contact. This is the most common cause of HAI. Patients on Contact Precautions are isolated in private rooms. Healthcare staff must don a gown and gloves when entering the patient's room. Hands should be decontaminated immediately after removing gloves. Patient transport should be limited as much as possible. Non-critical equipment should be dedicated to a single patient on contact precautions.

DROPLET PRECAUTIONS

Droplet transmission happens via large respiratory droplets. These diseases are mumps, rubella, influenza and many others. Healthcare staff should don gloves and a mask when entering the room of a patient on droplet precautions. A gown and eye protection may also be needed. Hands should be decontaminated as soon as gloves are removed and patients should not be transported if at all possible.

PPE: PERSONAL PROTECTIVE EQUIPMENT

PPE helps prevent spread of microorganisms from patient to healthcare worker and from healthcare worker to patient. PPE includes gloves, masks, goggles, gowns and respirators. OSS provides PPE to all employees.

PERSONAL RESPONSIBILITY

As a healthcare worker, you have a personal responsibility for infection control at OSS. You should maintain immunity to vaccine-preventable diseases. Report all unprotected exposures, such as accidental needle sticks. And stay home from work if you are ill.

Your Role while at OSS

While at OSS you are expected to follow infection prevention guidelines including:

- Hand hygiene

- Keep your work area clean and use low level disinfection to clean your work area
- Follow directions for any patients who are in isolation
- Be aware of PPE needed for the job you are performing and wear the appropriate PPE
- Notify the manager in the area you are working if you need special PPE
- Report any exposures to blood borne pathogens or exposures to the manager in the area you are working.

NUTS AND BOLTS

How do I find OSS Policies?

OSS uses a program called PolicyStat. It is found on the Intranet Home Page menu as either “Policy Stat OSS Health” or “Policy Stat Home Health”. It will link you to the most current version of every policy. The search is very much like a Google search, just type in what you are looking for and all policies that may relate will pop up on your search. Just look through the list and choose the one that you are looking for. If needed, a staff member can assist you with this.

How do I complete an incident report?

Open the OSS Intranet home page and search the menu on the left side of the page for “Incident Reporting”, click on the link and it will take you to the proper document. Remember, it is important to report even near misses. If needed, a staff member can assist you with this.

How do I find a telephone number for staff or an OSS department?

Open the OSS intranet home page; choose “Phone Directory” from the menu on the left side of the page. You can choose how you want to search, by department, by first name or by last name. If needed, a staff member can assist you with this.

How do I reach the infection preventions coordinator? Call ext. 2095

How do I report a breach in corporate compliance, code of conduct, patient confidentiality, or any other compliance concern?

OSS Health Compliance Officer
 Carla Parker 717-718-2035 or x2035
 HIPAA Privacy Officer
 Scarlett Denman 717-718-2048 or x6801

Confidential and Anonymous Compliance Reporting
 Client Code is “OSS”

Internet: www.RedFlagReporting.com
 Text: RFR to 234-231-9005
 Call: 1-877-647-3335
 Fax: 330-572-8146
 Email: redflag@redflagreporting.com
 Mail: RFR, P.O. Box 4230, Akron, Ohio 44321



Job Shadow Program

General Orientation Handbook Signature page:

Once you have read this packet entirely, please complete the bottom of this form and return to the HR Department of OSS Health.

As an OSS Health Job Shadow Candidate, I understand that I must complete the job shadow application and comply with all OSS Health rules and policies.

By signing below, I acknowledge that I have read, reviewed and understand the Job Shadow General Orientation Handbook that was provided to me.

All questions/concerns that I had have been answered clearly, and I know that I can ask my shadow mentor questions should I need clarification or need to reference the information.

Name (printed): _____

Signature: _____

Date: _____