



CONTRACTED SERVICES ORIENTATION HANDBOOK

The Safety and well-being of our patients and the quality of the care they receive is every employee's top priority.

It is why we exist as a hospital.

It should be the first thing each of us thinks about when we come to work and the last thing we review and think about before we go home

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INTRODUCTION

Welcome to Olean General Hospital (OGH), a member of the Upper Allegheny Health System. We are happy to have you here. The information which follows has been drawn from OGH's Policy and Procedure manuals and other resources to help you understand the OGH environment and what is expected of you at our institution. In addition to what you read here, your OGH department manager or Division Head will inform you about any departmental policies which you will need to follow.

MISSION AND VISION

The mission of Olean General Hospital is to provide excellent patient care in response to the healthcare needs of the community. In support of our mission, we are committed to:

- Compassion – our sympathetic awareness of each person's needs
- Integrity – our dedication to honesty
- Innovation – our pursuit of creativity
- Respect – our commitment to treat everyone with dignity
- Community – our understanding that we exist to serve those among us
- Education – our belief that knowledge fosters excellence

Olean General Hospital's vision is to be recognized as a progressive, innovative, rural community hospital that is acknowledged for the development of programs and services which enhance the health status of the community. We will exceed the expectations of those served, maintain standards of the highest quality and promote a rewarding work environment for staff and physicians.

POLICIES AND STANDARDS

ABUSE

- Upon admission to the hospital for care, all patients are assessed for signs and symptoms of potential neglect, mistreatment and abuse.
- In the case of potential child abuse, licensed personnel are mandated reporters and must call the Child Protection Services hotline (1-800-342-3720).
- In addition, anyone who thinks that a patient has been neglected, maltreated, or abused must report their suspicion to a manager or supervisor.
- Investigations (if required) are only completed after a report to the NYS Department of Health has been made.

ACCIDENTS

Any accident you are involved in must be promptly reported. You will need to complete an incident report and report to the Employee Health Department, even if you are covered by workers' compensation under another employer. Reporting every incident protects you and alerts us to situations which might hurt others.

ADVANCED DIRECTIVES

Olean General Hospital exercises care and compassion through the stages of the end of life. Information on Advanced Directives is offered to all patients. OGH supports patients advanced directives.

COMMUNICATION

Open communication is essential. Do all that you can to keep vital communication lines open.

To handle special concerns: Adhere to policies and utilize the appropriate chain of command when dealing with conflicts or concerns. If a problem arises in a staff or patient interaction or situation, you will be expected to go through the appropriate chain of command and to follow OGH's policies

while seeking a solution.

COMPUTER ACCESS

You may be given a computer access authorization code, you will be held responsible for protecting its use and accountable for patient confidentiality. If you believe another person knows your access code, notify IT immediately and change your password on the computer. You will be responsible for all areas accessed under your personal user name and password. You may access only the information that applies to your patient or information that is needed for your practice or department.

CONFIDENTIAL INFORMATION

Your experience at OGH will expose you to information which is strictly confidential and may concern patients and employees. Such information may also include private information concerning OGH internal operations. Divulging any such information is a serious breach of confidentiality and can lead to termination of your relationship with OGH. Due to the Health Insurance Portability and Accountability Act you may also receive civil and criminal penalties.

CORPORATE COMPLIANCE/STANDARDS OF CONDUCT

Olean General Hospital's "Standards of Conduct" was adopted in connection with our overall Corporate Compliance program. OGH's compliance plan is available on the Intranet. These standards represent our commitment to providing quality care, conducting our business with integrity and to remain compliant with all laws and regulations.

Everyone is expected to follow these standards and use them to guide their conduct when working for our organization. The standards do not cover every situation, but they do provide broad guidelines which are reinforced in greater detail by other policies and procedures.

If you are aware of violations of the Standards of Conduct, policies or procedures, law or regulations, you have an obligation to report them. OGH policy prohibits any retaliation or intimidation toward anyone for reporting problems in good faith through the regular channels of communication. The Corporate Compliance Hotline number is 1-716-375-7404.

CULTURAL DIVERSITY

Culture is the pervasive and continuous force that influences and shapes lives of human beings in significant ways. Healthcare workers need to recognize the influence of culture on health beliefs and practices. OGH encourages everyone to be sensitive to the cultural values of the patients and clients we serve.

GRATUITIES

You are not permitted to accept tips or other gratuities from patients or visitors, their families, visitors or vendors.

IDENTIFICATION BADGE

While you are at OGH, you will be required to wear an identification badge. You must wear the identification badge at all times while on duty. Badges should be worn in the upper left part of the body, attached to the left shirt pocket, side of your coat collar, or pinned on the upper left of a dress or shirt. Lending your identification to anyone else for their use is a violation of OGH policy and will lead to termination of your relationship with OGH. If you lose your identification badge, it is your responsibility to notify the Human Resource Center immediately. They will notify security.

INMATE SECURITY

No information is to be given out to anyone regarding the presence, condition or treatment of any prisoner or inmate who is a patient at OGH. Information can be shared only with other healthcare professionals directly caring for the patient. Absolutely no information can be disclosed to anyone over the telephone. All requests for patient information need to be cleared with the OGH supervisor and the inmate's warden.

PATIENT SATISFACTION

- OGH strives to provide the best in patient satisfaction. The Press Ganey Corporation sends survey questions to our patients and provides information on where we need to improve our services.
- At the federal level we are required to survey at least 300 patients annually. These scores are then compared to other hospitals.
- Our goal is to be in the top 10% of hospitals in order to retain our full Medicare reimbursement but more importantly, to assure our patients are satisfied with the care and services that we provide.

SECURITY

Security in our Hospital is difficult because of our need to be available to the public at all times. Personnel to assist with security are available and closed circuit TV monitors continually scan all entrances and hallways. Please help us safeguard our patients, employees, and our Hospital by immediately notifying security or the switchboard operator of the presence of suspicious persons or anyone in an unauthorized area.

SEXUAL HARASSMENT

It is the policy of Olean General Hospital to maintain a working environment free from all forms of sexual harassment or intimidation. Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature are serious violations of Title VII of the Civil Rights Act.

If you believe that you are subject to sexual harassment or intimidation, you should immediately report the matter to the Senior Vice President of Human Resources or the Vice President of Patient Care Services/Chief Nursing Officer.

SMOKING

OGH is committed to the promotion of health, which includes prevention as well as treatment of diseases. Smoking and the use of tobacco products which include, but are not limited to, cigarettes, cigars, chewing tobacco, pipe smoking, and snorting snuff are banned both indoors and outdoors to promote employee wellness and safety and to promote individual rights to not be exposed to second hand smoke as much as possible. Smoking or the use of any tobacco products is not permitted within one hundred (100) yards of any hospital property to include but not limited to, hospital grounds, sidewalks, parking lots, and in vehicles parked on campus. Smoking and the use of tobacco products by employees, contract personnel, students, volunteers and physicians is prohibited in all facilities used by Olean General Hospital, including buildings, offsite clinics and Hospital vehicles.

SOLICITATION

Solicitation is prohibited while either the person being solicited or person doing the soliciting is on working time. Non-employees may not solicit or distribute materials on OGH premises at any time. All persons are prohibited from distributing advertising material, handbills or any kind of printed or written literature on working time or in working areas of the Hospital at any time.

STATEMENTS TO THE PRESS

All statements to the press and/or news media containing any Hospital related materials will be given only by the president/CEO or his designee.

SAFETY

You are responsible for your personal safety and the safety of patients. You must become familiar with fire, disaster and safety policies in your department.

OGH Emergency Number: **45555**

EMERGENCY CODES

Learn the meaning of each of the following OGH Safety Codes and be prepared to follow the action steps for each when you hear the code broadcast. Your department's specific code response is located in the Emergency Preparedness Safety Plan Manual located on the unit.

CODE	DEFINITION
	Cardiac or Respiratory Arrest (Age 28 days to the Aged Adult) <i>DO NOT RESUSCITATE</i> (No Code) patients wear a blue wrist band. In the event of a pediatric arrest, the operator will announce it as a <i>Pediatric Code Blue</i>.
Pink	Newborn, Cardiac or Respiratory Arrest (Newborn to 28 days of age)
Yellow	Internal Disaster (other than fire, most typically used for chemical spills/gas leaks)
Orange	Bomb Threat
M	Additional help needed (most commonly used for combative patients)
Adam	Child Abduction
Silver	Active Shooter

CODE	INSTRUCTIONS FOR ACTIVATING
Red	Active or Potential Fire - Go to the nearest pull station to activate (PACE)
Disaster Alert	External disaster with mass casualties – Activated by Administration only.

HAZARDOUS COMMUNICATION

A safety manual is available on the Hospital's intranet page. In addition to general safety information and procedures in the Safety Manual, a separate Manual called the MSDS Book contains a Material Safety Data Sheet (MSDS) for every hazardous material used in the department. The MSDS contains detailed information, safe handling practices, and health hazards about chemical substances found in the specific workplace. The MSDS Book is a white three-ring binder with a yellow cover page. *It is your right to know what hazardous materials exist in your work place, how to properly handle and dispose of them, how to protect yourself from them and how to care for an accidental contact with them.*

1. **Training** - Know the location and requirements of the HAZ-MAT Policy; with your supervisor's help, identify the hazardous chemicals in your work area and know the safety precautions for each.
2. **Protective Equipment** - Always use gloves, safety glasses, etc., when handling hazardous substances.
3. **Labels** - Know how to interpret HAZ-MAT labels and follow all warnings. **All containers must be labeled.**
4. **Spills** - Learn emergency procedures and safe disposal.

INFECTION PREVENTION AND CONTROL

Infection prevention is each individual's responsibility. Everyone should understand the routes of disease transmission and utilize best practices to prevent infections. Infections are caused by many kinds of germs found in the healthcare setting. The goal of the Infection Prevention and Control Program is to prevent infections in our facility.

- **Standard precautions** are used in the health care setting to protect you from possible exposures to blood and body fluids that may carry germs that cause infections. They apply when handling blood, body fluids, secretions and excretions except sweat, non-intact skin and mucous membranes. They include performing hand hygiene frequently, use of personal protective equipment, safe handling of sharps devices and safe handling of bio-hazardous waste.
- **Hand Hygiene is the most effective way to prevent infection** - Hand hygiene includes hand washing with soap and water or the use of a hand rub with an alcohol based hand sanitizer. Hand hygiene should be performed before and after patient contact, after touching a patient's immediate surroundings, after blowing your nose, or touching your face, before procedures, after exposure risks, and after glove removal. Please see Hand Hygiene sheets for further instruction.
- **Personal Protective Equipment (PPE) includes:**
 - **Gloves** - wear when having or anticipating contact with blood, body fluids, mucous membranes or non-intact skin of all patients. Use for handling items or surfaces soiled with blood/body fluids. Use to perform venipuncture or other invasive procedures.
 - **The use of gloves does not replace the need for hand hygiene.**
 - **Gowns/Aprons** - are to be worn during procedures that generate splashes or if contact with contaminated environments of equipment will occur.
 - **Masks and protective goggles/eyewear** - wear if anticipating a splash of blood/body fluids.
 - **Determine the location** of PPE supplies and use them, they are available for your protection. Remove PPE in a manner that does not contaminate your clothing or skin. PPE should be removed when you complete the task for which you garbed. PPE must be removed and discarded in the area of use, PPE should never be worn in public areas.

- **Transmission** of germs occurs through three routes:
 1. **Contact:** Both direct and indirect contact. Organisms can be in blood, body fluids, or on surfaces such as counter tops, bed rails, and equipment. **Contact Precautions:** require gown and gloves to enter room
 2. **Droplet:** Germs are in drops of mucus spread by sneezing, coughing or suctioning. **Droplet Precautions:** require a mask to enter room, may need gown or gloves for contact with secretions.
 3. **Airborne:** Germs are able to be spread through the air. **Airborne Precautions:** Requires N-95 mask to enter room, negative pressure room with door closed.

BLOODBORNE PATHOGENS

OSHA Bloodborne Pathogen (BBP) Standard requires that employers protect their employees and contracted workers from exposures to blood and body fluids that may be infectious. OGH has an Exposure Control Plan that identifies the actions taken to protect employees from BBP's. Copies of both the OSHA Standard and the BBP Plan are available at your request.

BBP's are microorganisms that are carried in blood and cause disease.

Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and Hepatitis C Virus (HCV) are all viruses that are considered BBP's. They are transmitted through contact with blood and body fluids such as: semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal and amniotic fluids. Unbroken skin is a barrier against BBP's, but transmission can occur through broken or damaged skin, and mucous membranes of the eyes, nose or mouth.

Hepatitis B can survive for 7 days outside of the body. There is a vaccine available to protect against HBV.

BBP's can enter your body if you cut yourself with contaminated needles, or scalpels or splash contaminated secretions into open cuts, nicks, abrasions and mucous membranes. Indirect transmission can also occur by touching a contaminated object and transferring the infectious material into the mouth, nose, skin, etc. Surfaces and objects can be contaminated with Hepatitis B and not show visible signs of contamination.

Sharps injuries are one of the most common risks of exposure for a health care worker.

Blood contaminated items should be disposed of in red bio-hazardous bags. Bio-hazardous labels must be placed to warn of the presence of blood or other potentially infectious material.

Sharps safety devices and sharps containers to dispose of sharps in are available for use. Needles should never be recapped.

Standard Precautions and good Hand Hygiene are used to protect from BBP exposures.

PROTECT YOURSELF: ALWAYS wear PPE if an exposure is anticipated. You can never tell who is carrying a blood-borne pathogen, people carry BBP's without visible symptoms. It takes just one exposure to become infected.

Individuals who have frequent contact with patients, body fluids, or specimens have a higher risk of acquiring or transmitting infections than other employees. The risk of infection varies with the job category.

Blood spill kits are available through environmental services.

For any needle stick or body fluid exposure, i.e., blood splash to eye, immediately flush or wash the area and apply bandage as needed.

Immediately notify your supervisor of a potential exposure and they will refer you for treatment.

MULTI-DRUG RESISTANT ORGANISMS (MDRO's)

MDRO's are bacteria that have become resistant to many different kinds of antibiotics. They are spread mainly through physical contact. Patients with a MDRO are placed in Contact Precautions. Gowns and gloves are required to enter the room.

Common names of MDRO's are:

- MRSA: Methicillin Resistant Staph Aureus
- VRE: Vancomycin Resistant Enterococcus
- ESBL: Extended Spectrum Beta Lactamase
- CRE or KPC: Carbapenem resistant enterobacteriaceae (Klebsiella pneumoniae or e.coli)

TUBERCULOSIS

Our area is a low risk area for tuberculosis. Patients are screened on admission for symptoms of active tuberculosis which include cough, bloody sputum, fever, weight loss, sweats and fatigue. Prevention of disease involves placing patients into airborne precautions in a negative pressure room and wearing a respirator (N-95 mask) to enter the room. Individuals wearing an N-95 mask must be fit tested. An annual TB skin testing may be required depending on length of service.

For Infection Control questions please call at 1-716-375-6159.

RESTRAINTS

Administrative Restraints refer to devices which are applied at the discretion of the correctional facility in accordance with their policy to protect or safeguard against the inmate and may include: hand cuffs, leg irons, etc.

Clinical Restraints refer to devices which are applied under medical direction in accordance with OGH policy. A physician order is required for clinical restraints.

STOP THE LINE

Stop the Line is a patient safety alert tool used to outline steps to be followed when an individual believes there is a significant and immediate risk to patient safety (i.e. not using lift equipment, surgeon begins to operate on the wrong side, or staff enter isolation room without donning gown and gloves).

Any Stop the Line event must be reported to management, even if successful. Individuals can call the Quality Line (716-375-6162) to report near misses, but are encouraged to also report to their department head so that they can report it as a Meditech event. **If an attempt to stop the line is met with resistance or ignored, management is to be notified immediately for intervention.**

LAW ENFORCEMENT

OGH follows a process to ensure that questioning of patients does not intrude upon their medical care, treatment or patient rights. Representatives of investigating agencies must report to Administration to register their presence in the Hospital and to determine the location of the patient with whom they need to speak. Representatives will then be directed by Administration to identify themselves to the nurse caring for the patient and to ascertain whether the patient is medically stable enough to be questioned.

ACKNOWLEDGEMENT

By signing in the space provided below, I acknowledge that I have received the OGH Temporary Services Orientation Handbook and agree to become familiar and abide by its contents. I understand that the handbook provides important information that I need to fulfill my role as a service provider, but that it does not contain all of the terms and conditions that may influence my work at OGH. Further information is provided in detailed policies and procedures which are available at my request.

I agree to abide by all OGH policies and understand that any violation of those policies may result in the immediate termination of my relation and/or my services to Olean General Hospital

Printed Name

Signature

Agency/Company

Date

Please sign and return this form to your OGH contact person prior to beginning work at OGH. Your contact person and/or department manager is responsible for ensuring that the form is maintained and accessible in their department.