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Monroe Community Hospital

NEW STAFF ORIENTATION

WELCOME TO OUR COMMUNITY

2024

This is your copy to keep

Monroe Community Hospital

New Staff Orientation Booklet

435 East Henrietta Road

Rochester, NY 14620

(585) 760-6500

Welcome

Welcome to Monroe Community Hospital. This booklet provides an overview of our standards and expectations of your time with us. The staff at Monroe Community Hospital strive to provide quality care while promoting dignity and quality of life. We recognize our residents and their families as individuals with holistic medical and nursing needs. We expect all staff to abide by the highest standards of professionalism at all times.

Our Mission

As a community of caregivers dedicated to excellence and innovation, we provide compassionate state-of-the-art, comprehensive care to the diverse population who choose to be a part of Monroe Community Hospital.

Our Vision

By offering a diversity of care through the implementation of the highest standards of professional practice, we intend to be the first choice of our constituents – patients, families, and employees.

From Executive Health Director Alyssa Tallo

It is my great pleasure to welcome each of you to our team. Today marks not just the beginning of your journey with us but also our commitment to working together to provide exceptional care and support to our residents.

MCH is not just a facility; it's a community, a place where empathy, professionalism, and dedication come together to create a nurturing environment for our residents. Each of you plays a pivotal role in our mission, and your contribution is vital in making our residents' lives comfortable and joyful.

I want to emphasize our core values: mission, compassion and heart. These are not just words; they are principles that guide our actions and interactions every day. We are not just caring for our residents; we are entering their lives, becoming a part of their stories, and in many ways, they become a part of ours.

As you begin your journey at MCH, I encourage you to ask questions, seek guidance, and most importantly, learn from each other. We have a diverse team with a wealth of knowledge and experience, and collaboration is key to our success.

Remember, the work you do here is incredibly important. You are making a difference in the lives of our residents and their families. This is a responsibility we embrace with both pride and humility.

I am excited to see the contributions you will make and the growth you will experience. Welcome to MCH, where we don't just provide care, we create a home.

Thank you, and I look forward to working with all of you.

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Organizational Structure

Meet Our Team

Administration

(585) 760-6321

Alyssa Tallo, PT, DPT, LNHA
Executive Health Director

Desmond Jackson, MHA, LNHA
Deputy Director

Darren Vogt, PT, MPA, LNHA
Associate Executive Director

Kristen Rund, MSPT, MPA
Associate Executive Director

Ian Deutchki, M.D.
Medical Director

Kristen Schulmerich, R.N.
Director of Nursing

Megan Johnson, R.N.
Assistant Director of Nursing

Donna Wang, R.N.
Assistant Director of Nursing

Those who reside at Monroe Community Hospital have the right to:

- Dignity and respect;
- Personal Choice;
- Complain without fear of repercussions;
- Privacy;
- Communicate freely;
- Exercise rights as a US citizen;
- Participate in care planning;
- Participate in group activities- social, religious, and community groups;
- Space for private visits with spouse, relative, or partner;
- Transfer and discharge.

Resident Rights are legal requirements, but they are also the cornerstone of person-centered care.

To provide person-centered care:

- Give choices whenever possible;
- Respect resident's privacy while performing your duties;
- Treat the resident's living area as their home;
- Be respectful of every individual's culture and cultural preferences;
- Treat people the way *they* want to be treated;
- Get to know the people who live at MCH.

At MCH, people are expected to respect the rights and dignity of all residents and staff.

Resident responsibilities are to:

- Be educated about their rights;
- Fully inform staff about health matters;
- Be considerate of other residents and staff;
- Maintain a clean, safe environment;
- Attend Resident Council meetings;
- Participate in the development of their health care plan;
- Not smoke on Facility grounds/campus (to include vaping, cigarettes, cigars, pipes, marijuana, e-cigarettes);
    - Only those residents approved to smoke prior to May 1, 2022 are allowed to smoke in the designated area on campus (the "smoke hut").
- Properly store all smoking materials on their person or in their locked drawer, if smokers.

Additional points:

- People residing at MCH have the right to personal choice around meal times, bed and bath times, and visitation hours.
- Residents have the right to be called by the name that they prefer, and to participate in the planning of care.
- Residents must be provided with a locked space to store their valuables.
- You must knock on the resident's door and wait for permission before entering their room.
- Residents may participate in Resident Council and community meetings.
- Residents may receive information about how to apply for and use Medicare and Medicaid benefits.
- Residents have access to interpreter and communication services as needed for effective communication regardless of language, hearing or visual impairments.

Behavioral health includes a person's emotions and behaviors, which affect their mental wellbeing.

- **Person-centered care** means providing care specific to each resident's choices, goals, and individual needs, which includes their behavioral health needs.
- Care should reflect the specific needs of individuals with, but not limited to:
  - A mental health diagnosis (depression, anxiety, etc.)
  - Psychosocial concerns (bereavement, marriage status, loneliness, social support, etc.)
  - A Substance Use Disorder (SUD)
  - Trauma or PTSD history
  - Dementia

All staff are responsible for ensuring we maintain an environment and atmosphere that helps residents achieve mental and psychosocial wellbeing.

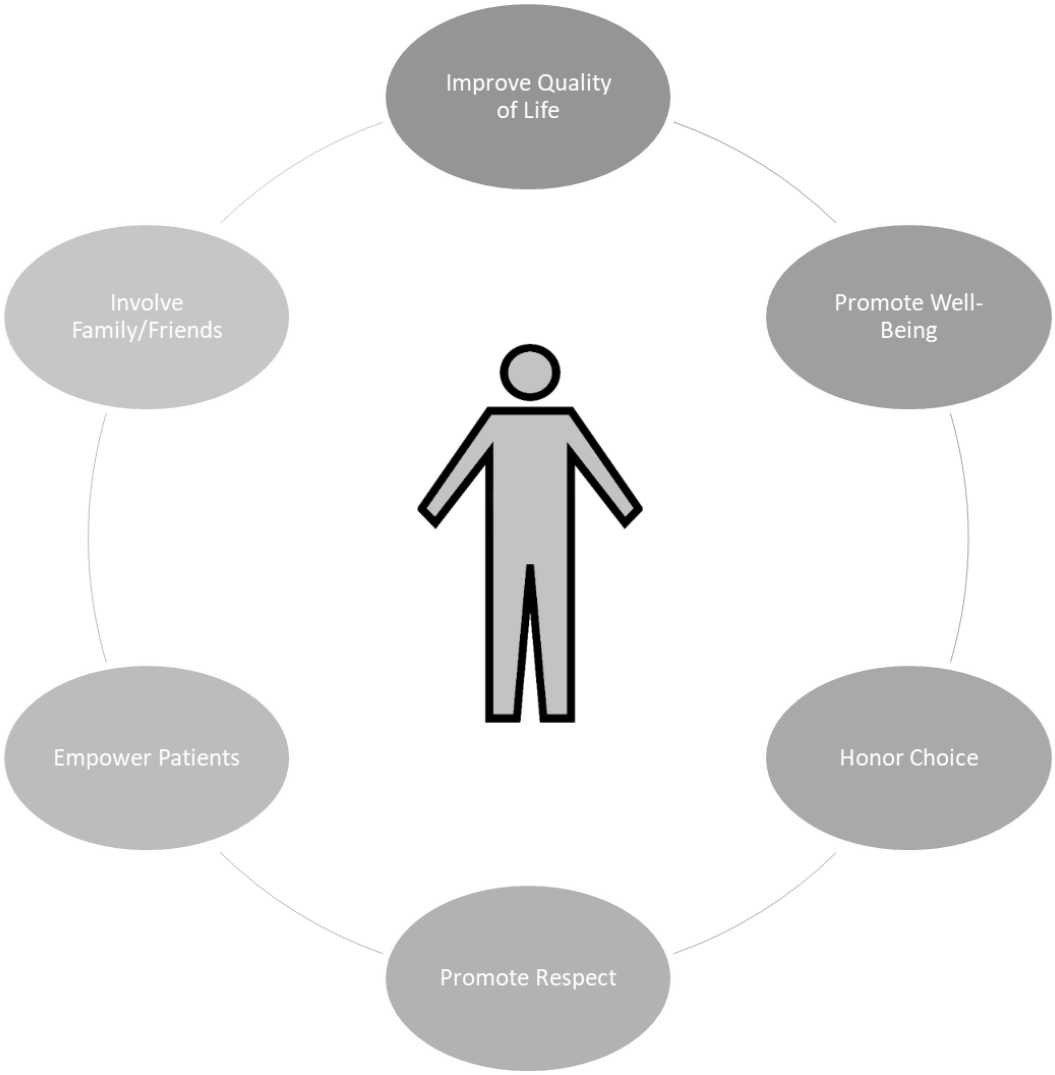
- **Communication** can be verbal (spoken words, yelling out, etc.) as well as non-verbal (use of picture symbols or devices to communicate, or physical acts such as throwing things, trying to hit or kick people, etc.)
  - Remember that all behavior is a form of communication.
    - Caregivers must focus on discovering and addressing the need underlying the communication so that residents' needs can be met.
  - When a resident is difficult to hear or understand, repeat back what you heard them say so they have the chance to either confirm or correct the message to you.
- There are many **non-pharmacological** methods used to promote a resident's wellbeing. This means methods specific to the resident that are not based on medications. Examples include:
  - Engage residents in activities that are meaningful to them to promote a sense of belonging and wellbeing, connect with others, and build relationships.
  - A calm, relaxed, or dimly lit environment can facilitate a sense of wellbeing for residents that may be overstimulated by noisy and brightly lit environments.
  - Redirect or distract a resident with a meaningful activity.
  - Offer a preferred snack or drink.
  - Take the resident for a walk/ride.
  - Ask the resident to help you with a simple task.
  - Offer a comfort item such a blanket or stuffed animal.
- **Behavior Contracts** may be used in a resident's care plan if behaviors occur that may harm the health and safety of any residents.
  - The contracts are not a punishment.
  - They will not conflict with residents' rights.
  - They are used only with residents who have the mental capacity to understand.
    - A resident without "capacity" cannot understand a Behavior Contract.
- **Pharmacological** interventions (medications) may need to be used with residents. When a medical provider has prescribed opioids, certain practices need to be followed.
    - Monitor residents for medication effectiveness and adverse side effects. Side effects of opioids include:
      - Sleepiness
      - Dizziness
      - Constipation
      - Nausea and vomiting
  - Utilize alternative approaches to pain management when able.
  - Do not combine opioids and benzodiazepines unless clinically indicated.

- Give the lowest opioid dose possible for the shortest amount of time.
- Prescribe immediate-release opioids for residents with dementia unless otherwise clinically indicated.

- **Substance Use Disorder (SUD)** is when some individuals heavily and repeatedly use drugs and/or alcohol despite the risks and harm to one's life.
  - Signs of SUD:
    - Sudden change in mood or behavior
    - Slurred speech
    - Confusion
    - Slow reaction time
  - Residents with SUD may be at risk for:
    - Leaving the facility without notifying staff
    - Overdose from illegal or prescription drugs
    - Improper and illegal use or transfer of medications instead of using them for pain management (known as diversion)
  - Many reasons can trigger an individual to misuse drugs and/or alcohol, and reasons are specific to each person. Examples include, but are not limited to:
    - Anniversaries of traumatic events
    - Conflict with family/friends
    - Absence from the facility
    - Stress
  - Staff may suspect a resident of using an illegal substance based on the information above.
    - If you suspect this, ask the resident if they have used or possess an illegal substance.
    - If staff see an item/substance that poses a risk to resident health/safety in plain view, staff are to confiscate the item and give it to security.
    - A room search may be conducted, but only if the resident agrees and understands the reason.
      - If a resident is found to have illegal substances or access to them, a referral to local law enforcement is required.
        - **MCH is NOT to act as an arm of law enforcement.**
  - **Visitors** that bring in illegal substances place residents' health and safety at risk. These visitors may be subject to supervised visitation or restriction from the facility to protect our residents.
  - A **substance use emergency** (such as overdose, alcohol poisoning, aggressive behavior, psychosis, etc.) requires immediate action.
    - Increase monitoring for those suspected of substance use/abuse
    - Know how to use naloxone
    - Do CPR when appropriate
    - Contact emergency services.

- **Trauma-Informed Care** understands that trauma has occurred, the symptoms of trauma, and the effects that trauma has on individuals.
  - Why? So that we avoid re-traumatizing or causing further trauma through our care.
  - Signs & symptoms that trauma may have occurred:
    - Strongly avoiding certain subjects, people, or locations
    - Being very sensitive to loud noises
    - Having severe emotional reactions to seemingly normal activities or situations
  - Person-centered care means that we include interventions in residents' care plans that relate to each specific resident and each specific trauma.
    - Include the resident and their family/friends in the planning to ensure the resident remains the center of the care plan.

- Behavioral health concerns such as substance use, eating disorders, aggression, depression, anxiety, and withdrawal/isolation from others may appear in those who have had trauma.
    - Document these behaviors, time and location, situation, interventions tried and effectiveness.
    - Inform the resident's care team, including the Therapeutic Program Coordinator.



Effective Communication Policies VIII-17, VIII-118, VIII-91

Effective Communication refers to the process of dialogue between individuals. Understanding what a person is trying to communicate is essential to giving a response. Effective communication with residents includes:

- Speaking to residents in a way they can understand
- Active listening
- Observation of residents' verbal and non-verbal cues
- Ensuring that residents are communicated with in a way they can access and understand

Communications include:

- Services such as TTY and TDD for those that are hard of hearing
- Use of communication devices such as telephones or communication boards
- Reasonable access and privacy for electronic communications such as email and internet video communications
- Services such as translators and interpreters

Guidelines for effectively communicating with our residents:

1. Identify yourself and use the resident's name each time you speak with them.
2. Use proper names for people, places, and objects; avoid saying he, she, or they to ensure understanding.
3. Allow residents extra time to hear, process, and respond to you.
4. Avoid distractions during communication and focus on the resident so each interaction is quality time.
5. If culturally appropriate, maintain eye contact with the resident.
6. Listen carefully to the resident's responses and directly respond to their questions and concerns.
7. Give residents an opportunity to ask questions and express themselves.
8. Communicate face to face. Residents may have vision and hearing loss and may need to read your lips, or have hearing aids, which amplify all sound including background noise.
9. Speak slowly, clearly, and in a normal tone. Use short, simple words (no medical or slang words).
10. Residents with dementia respond to the feeling you convey more than the actual words. Maintain a positive attitude with a pleasant tone of voice and facial expression.
11. In written communication, simplify the questions and stick to one topic at a time. Summarize the most important points.
12. Be aware of a resident's body language, as this is non-verbal communication.
13. Eliminate assumptions during communication, and adjust the communication as needed during the interaction.
14. Visual aids may be required as communication methods. Examples include a communication boards and pictures.
15. Repeat back what a resident has said to you so they can either confirm or correct the message to you.

MCH is committed to ensuring access to interpreter and communication services as needed for effective communication regardless of language, hearing, or visual needs.

Remember that personal communication style and needs are influenced by a person's background, life experience, and culture.

What is HIPAA?

The Health Insurances Portability and Accountability Act of 1996 is a federal law designed to protect sensitive patient information known as Protected Health Information (PHI).

HIPAA is segmented into two sets of standards and legal requirements:

- HIPAA Privacy Rule (confidentiality)
- HIPAA Security Rule (safeguarding)

What is PHI?

Protected **H**ealth **I**nformation is any individually identifiable patient health information maintained in any medium, including demographic information that is:

- created/received by covered entity or business;
- Relative to/describes past, present, or future physical or mental health or condition; or past, present, or future payment for provision of health care.

Examples of PHI include:

- Medical record documentation in any form;
- Financial information related to health care services;
- Emails that discuss care & treatment;
- ID bracelets, IV bags, medication labels;
- Resident Photographs;
- Spoken patient information.

- The MCH workforce must follow HIPAA Privacy regulations. The workforce includes MCH staff, volunteers, agency personnel, contractors, students and all business associates.
- The PHI of a deceased individual is protected for 50 years following the death of that individual.
- **A Breach of PHI** is an impermissible use or disclosure that compromises the security or privacy of health information.
- You will not be subject to retaliation for reporting a breach.

<u>You must report a privacy or security breach involving PHI to the nursing supervisor and to one of the following people</u>:

- HIPAA Privacy Officer ext. 6065
- Corporate Compliance Officer ext. 6240
- HIPAA Security Officer ext. 6240

Examples of a breach include:

- Viewing patient records without the need to know their medical information;
- Throwing PHI in a trash can instead of in a secure shredder bin;
- Posting patient information to social media sites;
- Faxing information to the wrong recipient;
- Releasing copies of patient PHI to a 3rd party without patient/resident consent or authorization;
- Discussing care and treatment with family and/or friends without patient/resident consent or authorization;
- Discussing patient information in public areas.

Penalties for Breaches may include civil penalties of up to $1.7 million for identical violations and criminal penalties up to $250,000 in fines and 10 years in prison.

HIPAA Security Standards to Protect and Secure PHI and ePHI

Include but not limited to:

- Password Control Policies: Memorizing your password, not sharing your user ID or passwords with anyone, and changing passwords every 90 days
- Social Media Use & Restriction Policy: No resident PHI can be posted on social media
- Securing PHI documents in a locked location when not in use
- Utilizing the shred bins for documentation destruction containing PHI
- Logging off computers when not using
- Encrypting outgoing external emails
- PHI may never be texted, even to another coworker

Important to Know:

- ***If a visitor asks you about a resident location, direct the person to speak with Security at the Main Entrance reception desk.***
- Employees, contractors, agency personnel, students, and volunteers at MCH must:
    - Complete MCH's HIPAA Privacy and Security workforce training program upon hire and annually, thereafter;
    - May be disciplined and/or terminated for violating HIPAA policy.

Residents Rights:

Residents/Patients have the right to:

- Opt out of the MCH directory, keeping their location and contact information private and unlisted.
- Inspect/view and request a copy of their medical record in their preferred media (paper or electronic);
- Request corrections when errors or omissions exist;
- Request an accounting of disclosures annually.

Please direct all resident requests to the Health Information Services Department

Why you should care about HIPAA Compliance:

- Protection of patient privacy
- Legal and Ethical Obligations and Consequences
- Maintaining Trust and Reputation
- Preventing Identity Theft and Fraud
- Ensuring Quality Healthcare

Payment, Treatment, & Healthcare Operations:

Permissible Disclosures include:

Nursing units print resident PHI from MyUnity for patient/resident outside medical consultant appointments, planned procedures and transfers to the hospital **ONLY.**

- *Social Work Department* shares PHI for discharge planning, hospice & psych referrals.
- *Utilization Review Department* shares PHI to obtain authorizations and continued insurance coverage.
- *Quality Assurance* provides PHI for all reportable incidents and investigations to applicable government agencies.
- *Health Information Services* processes **all other** medical record requests regardless if it is permissible or requires authorization or consent. Examples: Medical Record Requests, Authorization to Release, Subpoenas & Litigations, Insurance and government agency audits, Workman's Comp, MVA, Medical Examiner's Office, physician services reimbursement, Etc.

For additional information, see MCH HIPAA Privacy and Security Policies and Procedures.

Abuse, Neglect, and Exploitation — Policy VIII-35

Definitions:

- **Abuse** is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes deprivation of goods or services that are necessary for the resident to attain or maintain physical, mental and/or psychological well-being.
- **Physical abuse** includes hitting, slapping, punching, biting, and kicking, or controlling behavior through the use of corporal punishment.
- **Sexual abuse** is non-consensual sexual contact of any type with a resident, including unwanted intimate touching, sexual assault, forced observations of masturbation and/or pornography, and taking sexually explicit or suggestive audio/visual recordings of a resident.
- **Mental abuse** is the use of verbal or nonverbal conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation or degradation. It includes keeping and/or distributing demeaning or humiliating photos and recordings through social media or multimedia messaging.
- **Verbal abuse** is the use of oral, written, or gestured communication, or sounds, to residents within hearing distance of residents, regardless of age, ability to comprehend or disability.
- **Mistreatment** is the inappropriate use of isolation, medications, physical or chemical restraints.
- **Neglect** is the failure to provide goods or services necessary to avoid physical harm pain, mental anguish or emotional distress.
- **Misappropriation of resident property** is the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's personal belongings or money without the resident's consent. Exploitation is taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats, or coercion.

Understanding how abuse happens: Understanding the series of actions and reactions and the possible reasons behind them helps prevent certain situations from escalating to abuse. When we understand why people are acting a certain way, we can think of approaches that meet their needs.

How can we prevent abuse?

- Recognize that those who live here are medically complex and may have physical, mental, and emotional health issues that might cause them to act a certain way.
- Understand our own actions and how they affect others.
- Know the person who lives here as an individual, with needs and wants like every human being.
- Know ourselves, our limitations and understand that stress can have a negative impact on our ability to provide a safe and caring environment. Never be afraid to ask for help.

Your role and responsibilities:

- Monitor your own level of frustration or anger; ask for assistance if levels get too high.
- Step in to assist others who may be frustrated or angry.
- Monitor and assist residents with behaviors that might disrupt or frustrate other residents or staff. If you are not familiar with a resident, please review their Care Card and Care Plan for safe and practical ways to interact with them.
- Be aware of changes in residents' moods or level of interaction; report changes to the Nursing Supervisor.
- Safeguard residents' belongings. Report high value items to Supervisor.
- Report skin changes and injuries immediately to the Nursing Supervisor.

Signs of abuse:

- Trouble sleeping;
- Changes in mood or cognition;
- Unexplained weight loss/gain;
- Rocking back & forth or other displays of trauma;
- Agitation or violent behavior;
- Becoming withdrawn;

- Decreased participation in activities that he/she enjoys;
- Unexplained bruises, burns or scars;
- Unkempt appearance such as unwashed hair or dirty clothes; and/or
- Self-inflected injuries, bedsores or other preventable conditions.

Investigation: MCH shall promptly investigate all allegations of abuse and injuries of unknown origin that have the potential to be the result of abuse. Investigations begin immediately by the Supervising Nurse.

Abuse Reporting Law: The Patient Abuse Reporting Law, Public Health Law (PHL) Section 2803-d, was enacted in 1977 to protect persons living in nursing homes from abuse, neglect and mistreatment. The law requires every nursing home employee—including administrators and operators— and all licensed professionals, whether or not employed by the nursing home, to report instances of alleged abuse, neglect or mistreatment to the Department. The statute requires the Department to investigate all such allegations, and also provides sanctions against individuals who are found guilty of these acts and against anyone required to report, but who fails to do so.

Elder Justice Act Requirements: Each covered individual has an obligation to report any reasonable suspicion of a crime committed against any resident of the Facility. "Covered individuals" is defined as an owner, operator, employee, manager, agent or contractor of a long-term care facility that is subject to the Act's provisions.

The report must be made to:

- NYS Dept. of Health;
- Monroe Co Sheriff;
- Rochester Police Dept.

Timely Reporting:

- **Any suspicion/allegation of abuse or neglect must be reported to a supervisor IMMEDIATELY.**
- **Mandatory Reporters** (you) shall immediately report the allegations or incident to either:
  - Your MCH Dept. Manager
  - MCH Nursing Supervisor
  - MCH Abuse Coordinator – Hayley Spellman at extension 6277
  - MCH Executive Director

Any person who reports any such incident or allegation may do so without fear of reprisal.

Failure to report may result in disciplinary action up to and including termination. In the event further action needs to be taken to protect any resident, the Executive Director or their designee, or the Investigative Committee, will determine that action. Such action(s) may include, but not be limited to:

- Reassignment of staff work location, staff suspension, discharge from employment, criminal prosecution

How to report abuse:

- Include Who, What, Where, When.
- Be as factual as possible.
- Report what you saw and heard, not what you think you saw and heard.

Corporate Compliance & Ethics — Policies IV-01 & -02

- Corporate compliance refers to the practice of following laws, regulations, and ethical standards in order to ensure that a company operates in an ethical and legal manner. It is aimed at preventing and detecting fraud, waste and abuse. MCH is owned and operated by Monroe County (you – the taxpayers!). We must operate in an ethical manner to maintain the trust of the public and promote quality of care to our residents.

  Fraud – getting a benefit through intentional misrepresentation or concealment of facts

  - Billing for services that were not provided or not necessary
  - Falsifying records to show care that was not actually given

  Waste – incurring unnecessary costs as a result of deficient management, practices or controls

  - Ordering unnecessary lab tests
  - Providing equipment or supplies that are not necessary

  Abuse – excessively or improperly using government resources

  - Failing to provide adequate services for which you were reimbursed
- MCH has a Corporate Compliance Program to address common nursing home issues:

  - Quality of Care/Life
  - Resident Rights
  - Employee Screening/Licensing and Certification
  - Gifts and Gratuities
  - Contracts and Purchasing Practices
  - Resident Referrals and Admission Practices
  - Conflicts of Interest
  - Billing
  - Medical Record Documentation
  - Medically Necessary Services
  - Financial Reporting

- MCH Employee Code of Conduct is in place to ensure employees adhere to Corporate Compliance standards, policies, and procedures.
  - Employees shall not accept gifts from patients, their families, or people who want to do business with the hospital.
  - Employees shall not mistreat, hurt, or steal from patients.
  - Employees shall not share any patient information online or be friends with patients or their families online.
  - Employees have to tell their supervisor if they see any bad behavior.

- The MCH Employee Code of Conduct specifies a duty to report violations. Failure to report is a violation of the Code of Conduct.
  - Employees may report without fear of punishment or retaliation.
  - Report questions or concerns to any of the following:
    - Department Manager
    - MCH Compliance and Ethics Officer – Darren Vogt
    - Executive Director – Alyssa Tallo
    - Deputy Director – Desmond Jackson
    - Call the Fraud/Abuse Hotline/Comment Line (760-6225)

Monroe Community Hospital

Employee Code of Conduct

Purpose: To insure compliance with federal regulation(s), state law or regulation, and County laws or regulation, as they pertain to the Facility's programs for Corporate Compliance and HIPAA and to provide employees with an outline of those violations of regulation that may require disciplinary action specifically relating to individual compliance violations.

Policy: It shall be the policy of Monroe Community Hospital to develop an Employee Code of Conduct which corresponds to requirements set forth in those regulations promulgated by the CMS Office of Inspector General regarding Corporate Compliance and found as a requirement within Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Commitment: Monroe Community Hospital is committed to both legal and ethical conduct. All members of the Governing Body, members of the Advisory Board, all contractors, and all employees at every level are expected to adhere to all applicable laws and regulations as well as Facility policies that govern operations. MCH adopts those principles and values that establish and maintain the highest degree of resident physical, mental, and psychosocial well-being.

Definitions:

Clinical Discipline: Any Facility discipline that provides care or treatment to a resident in accordance with a planned resident treatment regimen or assessment. Those disciplines would include, but not be limited to, nursing, medicine, therapies, nutrition, recreational activities, social services, spiritual services, etc.

Clinical Responsibility: The responsibility of any clinical discipline, be it explicit or implied, is to provide care in accordance with professional standards of practice, facility policy, regulation, and/or the resident's treatment regimen based upon the resident's plan of care and/or assessment.

1. No employee shall accept a gift or gratuity from a patient/resident or family member.*

2. No employee shall solicit a gift or gratuity from a patient/resident or family member.

3. No employee shall accept any gift from a vendor intended to be or that could be interpreted as an inducement to do business.

4. No employee shall solicit any gift from a vendor intended to be or that could be interpreted as an inducement to do business.

5. No employee shall directly or indirectly solicit or accept or receive any gift from any person, firm, corporation, or other entity that has a direct or indirect interest in any contract for the provision of goods or services to the County of Monroe. A "gift" includes, but is not limited to, cash, service, loan, travel, lodging, meals, refreshments, entertainment, discounts, or promises representing a monetary value.

6. Employees who are professionally credentialed, including but not limited to professional licensure or certification, are required to maintain their credentials in a timely and unencumbered manner.

7. The misrepresentation of professional credentials, including but not limited to professional licensure or certification, shall be strictly prohibited.

8. Employees who have a clinical responsibility for the residents/patients shall be expected to follow the treatment regimens outlined in assessment(s) or care plans.

9. Employees who have a clinical responsibility shall be expected to adhere to professional standards of practice for their respective professions.

10. Employees shall be expected to adhere to Facility policies as they pertain to the best interests and care of the residents.

11. Employees who work in the clinical disciplines shall be expected to report any clinical errors that may occur or be discovered.

12. Resident mistreatment, resident abuse, resident neglect, involuntary seclusion, exploitation, and/or the misappropriation of patient/resident funds or property shall not be tolerated. All suspected incidents shall be reported in accordance with the Facility's Abuse Prohibition Policy.

13. Employees and "covered individuals" must report crimes or the suspicion of a crime committed against a resident in accordance with the Facility's policy pertaining to Employee Reporting Obligations/Reporting of a Crime.

14. Employees shall be expected to have a working knowledge of those areas of performance within their respective disciplines in order to promote and/or assure regulatory compliance. Actions or inactions by any individual employee that result in a survey citation may result in disciplinary action.

15. Employees shall be expected to conduct themselves in accordance with professional standards of practice and to perform their duties within the ethical bounds of the health care industry.

16. No employee shall engage in any illegal activity.

17. No employee shall make or receive a payment to or from any individual or other health care provider intended to enhance or promote the referral of patients.

18. The Facility shall conduct its business in accordance with regulation, clinical standards of practice, and generally accepted accounting principles. No employee shall engage in the practice of improper billing for services, intentionally falsifying billing for services, billing for unnecessary services, and/or providing an unnecessary service (see also 21).

19. Each employee has an affirmative responsibility to report violations of the Employee Code of Conduct. Failure to report shall be considered a violation of the Code of Conduct.

20. Management and Professional employees are expected to adhere to the terms and conditions set forth in the "Monroe County Employee Handbook."

21. All employees are expected to adhere to the terms and conditions set forth in the "Monroe Community Hospital Employment Standards."

22. All employees are expected to adhere to the terms and conditions set forth in the "Monroe County Technology Policy" and in the "Monroe Community Hospital Social Media Use and Restrictions Policy." In addition to the terms and conditions set forth in those policies, employees must also adhere to the following:

a. No employee shall post or publish the personal health information (PHI) of any resident/patient (past or present) on a social media web site or other public media source.

b. The unauthorized electronic transmission of any PHI is strictly prohibited.

c. Internet or social media communications between employees and residents/patients and/or their family members shall be limited to professional communications only. Personal internet or social media communications or relationships between employees and residents//patients and/or their family members are strictly prohibited.

d. Any employee who posts a resident likeness (photograph, video image, recording, etc.) of any kind on social media and/or transmits said likeness electronically shall be subject to possibility of immediate discharge from employment.

23. Employees shall be required to disclose and/or report any conflicts of interest that may result from their position. Examples of conflicts of interest include, but may not be limited to:

a. Holding an ownership interest in (including stock in a publicly traded company) or holding a position that exercises managerial control with any company with which Monroe Community Hospital engages in business and/or in any company that is directly soliciting business with Monroe Community Hospital.

b. Being related to any individual who is employed by any company with which Monroe Community Hospital engages in business and/or in any company that is directly soliciting business with the Monroe Community Hospital.

c. Being related to any individual or employee over whom the employee has direct supervisory responsibility and/or the potential to make or influence a decision to hire.

d. Holding an ownership interest (including stock in a publicly held company) in any company that operates a skilled nursing facility and/or is a certified health care provider under the auspices of Title XVIII or XIX of the Social Security Act (Medicare/Medicaid).

e. Any employee who may also hold concurrent employment (a second job) with any company that operates a skilled nursing facility and/or is a certified health care provider under the auspices of Title XVIII or XIX of the Social Security Act (Medicare/Medicaid).

f. Any employee who is or has previously been employed by a skilled nursing facility and/or a certified health care provider (See “e” above) that has been subject to licensure or provider sanction or revocation.

24. Employees shall be expected to conform to the basic requirements set forth in HIPAA regulation and those shall include, but not necessarily be limited to:

a. Employees shall maintain patient/resident confidentiality and privacy.

b. Employees shall be expected to recognize patient/resident’s rights under the auspices of HIPAA.

c. Employees shall maintain the security of protected health information

d. No employee shall disclose confidential health information to any other person other than fellow employees or business associates for the purposes of providing treatment, as part of Facility operations, or as needed for billing purposes.

25. No employee shall intentionally falsify a medical record.

26. No employee shall borrow or appropriate Facility property or equipment for personal or other use without the expressed consent of the Executive Director or the Director’s designee.

27. Care and services shall be delivered in accordance with professional standards of practice and Facility policy; shall be based upon clinical assessment(s) of the resident conducted by the Facility’s clinical disciplines; and shall be provided based upon treatment regimens outlined in plans of care developed by the Facility’s clinical disciplines. All patients/residents shall be assessed to determine necessary care and services and the Facility shall not provide and/or bill for unnecessary care or services.

28. Unless the persons are related, personal relationships of any kind between residents and staff members during a resident’s stay are strictly prohibited. Should a resident be admitted to the Facility who is related to an

employee and/or has a personal relationship with an employee prior to admission, it is the responsibility of the employee to disclose that relationship at the time of admission. Failure to disclose such relationships and/or having a relationship with a resident during the resident's stay at the Facility may result in disciplinary action up to and including employment termination.

29. Individual employees, individuals from the community, organizations, or groups that approach the Facility regarding any fundraising program (whether it benefits the Facility or another agency or organization) shall be referred to the Corporate Compliance Committee for review. Approval for any and all fundraising activity must be obtained from the Corporate Compliance Committee (this includes such campaigns as selling candy or other items to raise funds for school programs for children of employees and any other program that may benefit an outside organization).

30. No employee or individual shall solicit the sale of any product or service while on duty and/or while on Facility/County property. *Upon occasion, resident families may offer gifts of nominal value (e.g., a plate of cookies during the Holiday season) as a gesture of gratitude to staff. Such gifts are prohibited and families should be notified accordingly. In any event, such gifts should not be designated for an individual employee. Additionally, the acceptance of cash from a resident for the purpose of "doing the resident a favor" (i.e., ordering food, purchasing items from a local store, etc.) shall be strictly limited to members of the Social Service and Activities Departments. In all such cases, the employee will assume the responsibility for obtaining receipts and insuring the resident's funds are fully accounted for and reconciled.

Employees should recognize that violations of the Code of Conduct may be considered egregious activity and may be subject to severe disciplinary actions up to and including immediate discharge from employment.

- **QA** (Quality Assurance) is tracking information on how care is provided and comparing it with national quality standards.
- **PI** (Performance Improvement) is making care better by identifying and carefully acting on areas for improvement.

The purpose of MCH's QAPI Program is to be proactive and to improve the way we care for our residents by tracking quality of care and improving performance at MCH.

Elements of the QAPI program are:

- Design and Scope
  - Identifying opportunities for improvement
  - Defining and measuring goals
- Governance and Leadership
  - Provided by the QAPI Committee, which meets monthly and includes all department heads
- Feedback, Data System and Monitoring
- Performance Improvement Projects (PIPs)
- Systematic Analysis and Systematic Action

2023 Examples of QAPI Program Goals:

- Improve resident safety by creating Elopement PIP
- Increase employee engagement by creating Staffing PIP and rolling out Staff Satisfaction Surveys 2x per year
- Improve quality measures including pressure injuries, infection control, and falls with major injury
- Strengthen survey readiness by completing audits and Mock Surveys
- Creating resident and/or family surveys to receive feedback

How can MCH employees contribute to QAPI efforts?

- Report problems and concerns to direct supervisor.
- Participate in Project Improvement Projects.
- Familiarize yourself and adhere to MCH policies and procedures, as well as Nursing Home regulations.
- Share ideas for improvement.

More about QAPI:

- Weight loss, falls and pressure ulcers or injuries are examples of information and adverse events, which can be counted on the unit and used to improve performance.
- After identifying a problem, finding the root cause allows us to fix the process that led to the problem.
- Quality Improvement tells the facility what they do well, and identifies what can be done better.
- Performance Improvement focusses on systems and not on individual performance.
- QAPI instructs all staff to report quality of care concerns.
- Residents are at the heart of QAPI.

Hand Hygiene

- ✓ The best way to prevent the spread of infection is to wash your hands frequently.
- ✓ **For *all* staff, hand hygiene should be performed:**
  - Before and after wearing gloves
  - Before and after eating or touching food
  - After using the toilet
  - After coughing, sneezing, or blowing your nose
  - When hands are visibly dirty

- ✓ **For *clinical* staff (resident-facing), hand hygiene should *also* be performed:**
  - Before and after providing resident care
  - After removing gloves and in-between clinical tasks for the same resident
  - Before moving to another clinical task on a different resident

- ✓ **Things to remember:**
  - **For hand sanitizer use "Dry Time = Die Time"**
    - Rub hands together until completely dry for germs to be killed.
  - **Wash your hands with soap and water (not hand sanitizer) for a minimum of 20 seconds if:**
    - They are visibly dirty, sweaty, greasy, or oily
    - Your hands come into contact with unknown fluids or spills and you were not wearing gloves at the time of contact
    - You are taking care of a resident with active gastrointestinal illness
    - You are a dietary (food & nutrition) employee
  - **Germs like to "hide"**
    - Avoid "fake" nails and keep your fingernails cut short

Personal Protective Equipment (PPE)

- ✓ Wearing PPE in the wrong way and/or at the wrong times can be just as harmful as not wearing it at all.
- ✓ PPE must be put on and taken off in an order that prevents cross-contamination, which is the spread of germs from person to person via dirty hands and dirty surfaces.

- ✓ **Use PPE *as instructed below:***
  - **Gloves**
    - Wear gloves if/when coming into contact with body fluids.
    - Wear gloves when cleaning and disinfecting surfaces and equipment.
    - Remove gloves after use and discard in the trash receptacle *within the point of service* (i.e., resident care area), and perform hand hygiene.
    - *Do not* wear gloves in publically accessible, open areas of the facility (i.e., hallways, elevators) or when transporting residents off of their assigned unit.
  - **Gowns**
    - Wear a gown if/when coming into contact with body fluids or dirty resident equipment located within a resident care area (i.e., in the resident's room).
    - Remove and discard (if disposable) gowns in the trash receptacle (if disposable) or in the dirty linen hamper (if reusable) *within the point of service* (i.e., resident care area).
    - *Do not* wear gowns in publically accessible, open areas of the facility (i.e., hallways, elevators) or when transporting residents off of their assigned unit.
  - **Face Shields (i.e. eye protection)**
    - To be worn when anticipating splashes of body fluids into face/eyes
    - May be re-used if cleaned/disinfected between use
    - When working on or entering a unit that is closed

- **Face Masks:**
  - Must entirely cover your nose and mouth
  - Change after each day/shift, and when visibly dirty or wet
  - Completely remove mask when eating or drinking to avoid cross-contamination

Staff must wear a face mask during declared flu season if unvaccinated against flu in all areas where residents are present

- **N95 Respirators:**
  - Special face masks that keep out germs that spread in the air
  - To be worn when caring for residents who have active respiratory symptoms with germs that spread through the air
  - Have fit testing completed (coordinated through Employee Health)
  - Wear directly against the skin of the face (no masks worn below)
  - Check for proper seal (fit) every time it is put on
  - Throw Away:
    - After use in a special respiratory isolation room
    - When visibly dirty, wet or ill-fitting
  - May be re-used if wearing in non-isolation areas and is otherwise intact

Standard Precautions

- ✓ Anyone can carry germs that can make someone sick
- ✓ All residents are on standard precautions
- ✓ All staff should follow standard precautions
- ✓ The minimum infection prevention practices that apply to everyone:
  - Wash your hands
  - Wear PPE if you may come into contact with blood or body fluids
  - Cover coughs and sneezes
  - Clean and disinfect surfaces after use
  - Handle dirty laundry properly

Transmission-Based Precautions (TBP)

- ✓ "Extra" precautions used in addition to Standard Precautions
- ✓ They are chosen based on how an infection spreads from person to person
- ✓ This means you have to use other kinds of PPE, like gowns, gloves and masks, to protect yourself and others from getting sick
- ✓ Color-coded signs are posted outside the resident's room that tell you what type of TBP and PPE to use
- ✓ **Contact Precautions (YELLOW)**
  - Used for germs that spread by touching dirty surfaces and/or hands
  - Required PPE: Gowns and gloves
  - Examples: C-Diff; norovirus (GI illnesses)

- ✓ **Droplet Precautions (GREEN)**
  - Used for germs that spread by breathing in infected respiratory droplets
  - Required PPE: Face mask and eye protection (i.e., face shield)
  - Examples: Influenza; Respiratory Syncytial Virus (RSV)

- ✓ **Special Respiratory (RED)**
  - Used for germs that spread by breathing in infected respiratory particles
  - Private room (or share with another resident who has the same infection), keep door closed at all times except when entering or exiting the room
  - Required PPE: N95 Respirator mask and eye protection

- Examples: COVID-19; tuberculosis (TB); Varicella (chickenpox)

If all three signs are posted (i.e., "stoplight") = COVID-19 positive resident

- ✓ **Enhanced Barrier Precautions (ORANGE)**
  - Used to prevent high-risk residents from getting and/or spreading possible antibiotic/antifungal resistant illnesses & diseases (multi-drug resistant organisms, aka MDROs)
  - Residents on EBP will have:
    - An orange-colored sign located directly outside of their room
    - A notify standard in the EMR
    - Information in the Care Card and Care Plan reflecting EBP usage
  - EBP should be utilized for high-contact resident care activities to include, but not limited to:
    - Dressing
    - Bathing/Showering
    - Transferring
    - Providing hygiene
    - Changing linens
    - Changing briefs or assisting with toileting
    - Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilators
    - Wound care: any skin opening requiring a dressing

    EBP would not be required for resident care activities other than those listed above, unless otherwise necessary for adherence to Standard Precautions.

    PPE for EBP is only necessary when performing these high-contact activities and may not need to be donned prior to entering the resident's room if you are simply answering a call light, conversing with the resident, passing trays, collecting trash or any other low-contact activity.

  - Required PPE: Gown and gloves
  - Examples: Infection or colonization with MDRO; Indwelling medical devices or chronic wounds, regardless of MDRO status

Cleaning and Disinfection

- ✓ Clean shared equipment after each resident use with an approved disinfectant.
- ✓ Clean frequently touched surfaces regularly and as soon as possible when visibly dirt.
- ✓ Remove storage receptacles (waste, linen baskets) for cleaning when visibly dirty
- ✓ Do not sort or rinse dirty laundry in resident care areas.
  - Wear PPE (gloves, gowns) while handling/disposing of dirty linens or clothing.
  - Hold dirty laundry/linens away from the body.

Regulated Medical Waste

- ✓ Any waste that is **SOAKED** with blood or body fluids containing visible blood
  - This **DOES NOT** include urine, feces, or saliva (respiratory secretions) ***unless it visibly contains blood***
- ✓ **Red biohazard bags** are used for disposable items soaked with bloody body fluids
  - Biohazard receptacles are located in the dirty utility rooms on resident care units
- ✓ Linen may go in a laundry bag; if soaked/leaking, then place in a plastic bag
- ✓ Sharps containers should be emptied when ¾ full and replaced with an empty container

Speak with your immediate supervisor to learn the proper infection control information and techniques for your department. Refer to the Infection Control policies found in this booklet and on the intranet. Contact Infection Control for any further questions or concerns.

Erin Kirkpatrick, BSN, RN, LTC-CIP ***Phone***: (585) 760-6120 ***Email:*** erinkirkpatrick@monroehosp.org

Bloodborne Pathogens & Exposure Control Exposure Control Plan

What are Bloodborne Pathogens?

- Bloodborne pathogens (BBPs) are microorganisms such as viruses or bacteria that are present in blood and bodily fluids and can cause disease in people. Some examples of bloodborne pathogens are:
  - Hepatitis B
  - Hepatitis C
  - HIV

How can you be exposed?

- If blood or bodily fluids come in contact with your:
  - Eyes
  - Mouth
  - Nose
  - Broken skin (e.g. human bites that break the skin, hang nail, cut, etc.)
  - Sticks/cuts from used needles or razors (Most needle sticks occur while disposing of used needles.)

Exposures are not:

- Sticks with clean needles
- Cuts with clean and unused razors
- Splashes of blood or body fluids to intact skin or clothing

What is an Exposure Control Plan?

- Describes safe work practices to reduce contact with BBPs and other infectious materials
- Instructs Supervisors and Managers what to do if employees are exposed to BBPs
- Identifies employees who are high risk for exposure at work
- Located on the MCH Intranet (Exposure Control Plan)

How do I prevent a Bloodborne Pathogens exposure?

- Standard Precautions: Treat all blood, bodily fluids, and potentially infectious materials as if they are infectious. Wear gloves whenever having direct contact with any patient/resident.
- Personal Protective Equipment (PPE): Use gloves, masks, eye protection, and gowns when necessary.
- Hand Hygiene: Regularly wash hands with soap and water or with hand sanitizer, and wash every time you remove gloves.
- Contaminated Items: Use gloves and be cautious when cleaning visibly contaminated items/surfaces.
- Safe Work Practices: Rinse eyes if splashed, never touch needles or sharps without proper training, clean/disinfect correctly, and ensure containers of contaminated items or waste are clearly marked.
- Controlling Exposure: Use sharps boxes and red bags for contaminated items.
- Environmental Services: Call them to use the appropriate disinfectants for spills and contaminated surfaces.
- Soiled Laundry: Use PPE, handle laundry less, sort correctly, and do not rinse on units.
- Vaccines: Stay up to date with Hepatitis B vaccinations, which MCH offers to employees.

WHAT IF I GET EXPOSED?

Immediate first aid

- Wash needle/razor cuts with soap and water

- Rinse splashes to mouth, nose, non-intact skin with lukewarm water 5-15 minutes
- Rinse splashed eyes with lukewarm water or saline
- Cover broken skin with bandage/sterile dressing

2. MUST go to Employee Health Monday-Friday
    - On weekends, immediately report to Supervisor

Please see "Exposure Control Plan" and "Bloodborne Pathogens Exposure Information and Follow-Up Responsibilities" on MCH intranet under Policies and Procedures for further details.

Harassment and Discrimination Prevention

(Monroe County Unlawful Discrimination and Harassment Policy)

Monroe County is committed to providing a work environment free of unlawful discrimination and harassment. Complaints are taken seriously and promptly remedied. All employees share in the responsibility to create and maintain an environment that is inclusive and respectful to all.

The following **Federal Laws** prohibit discrimination and harassment:

- Title VII of the **Civil Rights Act**; prohibits discrimination based on race, color, sex, religion, or national origin.
- **Pregnancy Discrimination Act**; prohibits discrimination based on pregnancy, childbirth, or related conditions.
- **Age Discrimination in Employment Act**; prohibits discrimination based on age.
- **Americans with Disabilities Act**; prohibits discrimination based on disability.
- **The Genetic Information Nondiscrimination Act**; prohibits discrimination based on genetic information.

Any time you think violations are occurring, <u>you must report your concerns</u>.

Stricter **New York State Laws** also prohibit discrimination and harassment.

- **NYS Human Rights Law**; prohibits discrimination based on age, race, color, sex, religion, national origin, creed, sexual orientation, status as a victim of domestic violence, gender identity, criminal history, genetic predisposition or carrier status, military status, marital status, or disability.
- **NYS Public Officers Law**; employees can now be held personally liable for sexual harassment. Any public employee found guilty of sexual harassment by a final judgement will be required to reimburse their employer for any monetary awards the employer pays to the victim.

Aside from the internal complaint resolution process at Monroe County, employees may choose to pursue remedies with outside agencies such as:

- New York State Division of Human Rights
- United States Equal Employment Opportunity Commission

Sexual Harassment

Harassment may constitute a crime if it involves unwanted physical touching, coerced physical confinement, or coerced sex acts. **In such cases, you should contact the police.**

To legally constitute sexual harassment, the conduct must be unwelcome.

- If conduct is welcomed by the individual, it is NOT sexual harassment.
- Sometimes, consensual relationships end and behavior that was once welcome, quickly becomes unwelcome.

- What does "Unwelcome" look like?
  - "No" means no.
  - "Maybe" means no.
  - A lack of verbal response, expression changes, and body language can also mean no.

Sex Stereotyping occurs when conduct or personality traits are considered inappropriate because they may not conform to other people's ideas or perceptions about how individuals should act or look.

- Harassing a person because they don't conform to gender stereotypes for "appropriate" looks, speech, personality, or lifestyle can be sexual harassment.
- Harassment because someone is performing a job that is usually, or was in the past, performed mostly by persons of a different sex can be sexual harassment.

Forms of Sexual Harassment

1. Quid Pro Quo
   a. "This for That" Harassment
      i. Typically done by a person in position of authority.
      ii. Tends to be direct form of harassment. "If you date me, I'll promote you."
      iii. Can be subtle. For example, because you have been flirtatious with your boss, you aren't disciplined when you're late to work.
      iv. To be illegal, there must be tangible adverse employment action related to sex or gender.
      v. Employers are automatically liable for harassment by a supervisor if it results in a negative employment action.
2. Hostile Work Environment
   a. Can exist when the conduct based on a protected characteristic "rises above a petty slight or trivial inconvenience" to a reasonable victim of discrimination or harassment in the same protected category. In New York, the "severe and pervasive" standard has been replaced with a lower threshold.
   b. In the past, a hostile work environment existed when:
      i. The workplace is permeated with offensive conduct such that enduring the conduct becomes a condition of continued employment; or
      ii. The conduct is "severe or pervasive" enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive.
   c. Think; is the comment "Your body looks hot in that dress" more than a petty slight or trivial inconvenience to a victim of sexual harassment?

- There is no clear line between acceptable and unacceptable behavior. To determine if a particular behavior has created a hostile work environment, ask:
  i. Was the behavior based on gender or other protected classes?
  ii. Does the behavior interfere with job performance?
  iii. Would a person in a protected class be offended beyond a slight or inconvenience?
  iv. How serious and frequent was the behavior?
  v. Was the situation trivial in nature?
  vi. Was the behavior a minor inconvenience or compromise for the employee or did the conduct more significantly impact the employee?

- Petty Slights
  - "Petty" means of little importance; trivial.
  - A "slight" is an insult caused by a failure to show someone proper respect or attention.
  - Something is a "slight" if it is small in degree to the point of being inconsiderable.
  - A "slight" can be on purpose or on accident. Most commonly, slighting in the workplace means intentionally not being polite or considerate. It can be neglect by not paying proper attention to a duty or task that merits attention. It can be overlooking a courtesy because of haste or carelessness.
    - **A "petty slight" is an unimportant, inconsiderably small offense.**
- Trivial Inconveniences

- "Trivial" means of little worth or importance.
- "Inconvenience" means trouble or difficulty caused to a personal requirement or comfort.
  - **A "trivial inconvenience" is a small trouble or difficulty that is of little or no importance to an employee's overall personal feelings or comforts in the workplace.**

The "petty slights or trivial inconveniences" standard is so low that **any and all offensive behavior must stop** in the workplace or between colleagues in any forum, because almost the smallest offense could result in liability to the individual employee and the County.

Harassment and Discrimination can look different and can occur in a variety of circumstances:

- Comments, gestures and jokes
- Threats or inducements for job benefits
- Contact, touching, leering, whistling
- Offensive printed material (e.g. magazines, cartoons)
- Emails, text messages, or posts on social media.
  - Employees must carefully consider the information they choose to post on social media and other electronic communications.
- Harassment and Discrimination can be based on gender, sexual behavior, and other protected characteristics (age, race, creed, national origin, sexual orientation, military status, sex, disability, marital status, status as victim of domestic violence, gender identity, and criminal history).

Harassment Laws do not generally protect against rude or uncivil behavior. However, the county does not tolerate this type of behavior. If you are subject to or witness this type of behavior, report it to your supervisor or HR Manager immediately.

- Even a single incident of harassment may be enough to give rise to liability. It depends on the totality of facts and circumstances.
- The accumulated effect of a few discreet incidents may be enough to give rise to liability.
  - On one occasion, a supervisor made a sexual comment about her big "rack."
  - On another occasion, he deliberately touched her breasts though he tried to make it seem he bumped into her.
  - On another occasion, he was overheard telling his friends that she was "so hot" that he couldn't focus on work.
  - Court concluded that these inappropriate actions were somewhat isolated and discrete by were sufficiently severe to alter the conditions of the work environment.
- Third Party contractors and vendors are not immune to laws and policies prohibiting harassment. **You must immediately report if you are subject to or witness harassing behaviors by a third party.** Supervisors have a responsibility to take action to protect his/her employees.

ALL employees have a responsibility to prevent and eliminate workplace harassment and discrimination. If you are subject to or witness this behavior, you are required report it to your supervisor or HR immediately.

- *Equal Employment Opportunity Unit will now investigate ALL offenses*, no matter how seemingly trivial to assess whether an offense rises to the level of unlawful harassment and/or discrimination.

Reporting Harassment

An employee who has been subjected to conduct that he or she perceives to be more than a petty slight or trivial inconvenience is encouraged to inform the person(s) responsible that it is unwelcome and it must stop.

- Fear of embarrassment or ridicule prevents some employees from reporting. Others fear they will not be believed or will be retaliated against and possibly lose their job. It's not easy to report when you experience sexual harassment.
- If the employee is uncomfortable confronting the responsible person(s), or has confronted them but the conduct continues, they should make a report by using the departmental chain of command.
    - *All complaints will be kept confidential to the extent possible.*

- ALL employees have a responsibility to prevent and eliminate workplace harassment and discrimination. <u>If you are subject to or witness this behavior, you are required report it to your supervisor or HR immediately.</u>

<u>Retaliation is strictly prohibited</u>.

- Reporting unlawful discrimination or harassment is a protected activity and employees will not suffer any retaliation for making a good faith complaint.
- Retaliation is not limited to hiring and firing. Examples of other forms of retaliation are:
    - Taking away overtime
    - Taking away equipment needed to do their job
    - Excluding the employee from office social events

Reporting Procedure:

- Employees subject to or witnessing harassment may inform the person(s) responsible that the conduct is unwelcome and must stop.
- Employees may also utilize the departmental chain of command and inform their supervisor.
- If the employee is not comfortable reporting to the supervisor, if the employee feels the supervisor has not addressed the issue, or if the employee believes the supervisor is the harasser, the employee may contact the next level of supervision, up to and including the department head.
- Complaints can also be made directly to the County EEO Manager in the Department of DEI.
- If the complaint involves discrimination or harassment based on a disability, the employee can make a complaint directly the County ADA Compliance Manager in the Department of DEI.

Complaint Resolutions

- Informal resolutions may be appropriate when the resolution is acceptable to both the reporting employee and the accused employee.
- A formal complaint can be initiated at any time, even if it began as an informal complaint.
- Employees will be notified of the findings after a complaint has been investigated.
- If the employee does not agree with the findings, a written appeal may be submitted to the Director of DEI, David Clarence Scott.
- Appeals must be made within 10 days of being notified of the findings.

Supervisor's Responsibility

- Supervisors <u>must report any harassment</u> that they observe or know of, even if no one is objecting to the harassment. There are NO exceptions to this requirement.
- Supervisors will be subject to discipline for failing to report suspected incidents of sexual harassment or for allowing sexual harassment to continue.
- Supervisors will also be subject to discipline for engaging in retaliation or allowing others to do so.
- Supervisors are expected to model appropriate workplace behavior.

For any questions about this content, contact the Monroe County EEO Manager at (585)753-2407.

Preventing Workplace Violence Policy IX-43

What is Workplace Violence?

Workplace Violence is defined as any physical assault or act of aggressive behavior occurring where an employee performs any work-related duty in the course of his or her employment. Workplace violence covers several situations, such as attempting or threatening to physically harm an employee (verbally or physically), displaying force that makes an employee fear harm, intentionally physically harming someone without their consent, or stalking an employee in a way that makes them fear harm through and in the course of employment.

Workplace Violence can be committed by anyone – a stranger with criminal intent, a customer or client, patient, resident, family member, coworkers, contractors, etc.

What is my employer required to do?

- Ensure that all safety and health policies and procedures involving workplace security are clearly communicated to all employees, including the Employee Assistance Program
- Enforce rules fairly and uniformly
- Immediate and accurate reporting of all violent incidents to Security
- Document Workplace Violence events using MCH Non-Resident Incident Report (MCH 137 [Rev. 6/17]). Completed forms should be directed to the Security Office within 24 hours of complainant's initial report.
- Assist the Security Department with an incident investigation report.

What are my responsibilities?

- Must adhere to work practices that are designed to make the workplace more secure, and not engage in verbal threats or physical actions which create a security hazard for others in the workplace.
- Responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe and secure work environment
- Prompt and accurate reporting of all violent incidents whether or not physical injury has occurred to your supervisor and Security. MCH will not discriminate against victims of workplace violence.
- Report Court Orders of Protection to Security.
- Cooperate with investigations conducted as a result of workplace violence complaints.

Important to know:

All county, contract or temporary employees are required to report any incidents of workplace violence to their supervisor and the Monroe Community Hospital Security Department. Residents and visitors can also report Workplace Violence to the Security Department. Employees who report violence, threats, or suspicion of crime are protected by federal and state whistleblower protection laws. Monroe Community Hospital does not tolerate retaliation.

Report incidents to the MCH Director of Safety and Security at 585-760-6508 or the Monroe County Risk Manager at 585-753-1716.

When a **Code Red** is activated in the event of a fire or explosion, there will be an overhead announcement along with strobe lights and alarms throughout the building.

If you are not in the immediate area of the event, you are to do as follows:

1. Relocate to or stay in the nearest enclosed area. All staff are responsible for escorting ALL individuals in the facility to an enclosed area. This means if residents are in the hallway, please move them behind a closed fire door.
2. Secure and calm residents not involved in the code
3. Monitor exit doors – staircase doors and outdoor access doors will unlock during a facility-wide emergency. Please ensure residents are not exiting unsafely.
4. Close all windows and doors until you hear "Code red all clear" overhead.
5. If your uninvolved area suddenly experiences smoke or has a sprinkler activate, notify security at extension 6999 with an internal phone.

If you are the first to notice fire/smoke, follow the R.A.C.E. Procedure:

1. **Remove** anyone in immediate danger while calling out "Code Red" and location. Close the door to the room the fire is in and any connecting doors.
2. **Activate** the fire alarm by pulling the nearest Fire Pull Box handle, then call extension 6999 to provide exact location and nature of incident.
3. **Confine** the fire by closing all doors and windows. Mark the fire door with the yellow tag found with the nearest fire extinguisher.
4. **Evacuate** only if directed to do so.

If you are in the area of the Code Red incident, do as follows:

1. Relocate all residents to enclosed areas far enough away from the fire, and shut doors, including corridor fire doors.
2. Direct ALL individuals to nearest enclosed area.
3. Perform rapid rounds of the unit to ensure all residents remain in closed areas.
    a. Mark doors with tags as you go.
        i. Yellow tag on door containing the fire/incident
        ii. Orange tag on all doors that are empty/evacuated.

Notes:

- Do NOT use elevators during Code Red.
- Do NOT open fire doors unless you are responding to the fire or direct resident care
- Do NOT leave the area unless "Code red all clear" is announced.

What is an active shooter?

The FBI defines an active shooter as "*An individual(s) actively engaged in killing or attempting to kill people in a populated area"*

What action does MCH take?

Upon identifying that there is an active shooter situation:

- An overhead announcement "Active Shooter" (and the location of suspect) will be made three times by the Operator/Security
- Operator/Security will call 9-1-1 with information
- All building access will be restricted and building LOCKDOWN will be issued (nobody can get in).

If I'm the first to identify an active shooter, what are my responsibilities?

The first employee to identify an active shooter situation should:

- Remain calm
- Run away from the shooter and get out of the building if possible.
- If you cannot run away safely, lock and barricade yourself in a room.
- When it is safe to do so, call 911 (then Security 6999) and advise them that there is an "ACTIVE SHOOTER" along with:
    - Location of the incident
    - Description of the person(s) with the weapon if known

If I'm an employee in an area away from the active shooter, what should I do?

- Perform the "**FOUR OUTS**" when notified of an active shooter:
    - **Get Out** – Evacuate patients, visitors, and staff if safe to do so
    - **Hide Out** – Hide in unseen areas that provide protection if you can't get out. Turn off all TVs, radios, and silence cell phones. Close blinds and windows to prevent the active shooter from seeing you. Turn off lights, lock & barricade doors and windows.
    - **Keep Out** – Set up barricades and lock doors so the perpetrator cannot get in
    - **Take Out** – Prepare to disable the shooter only as a last resort

Important to Know:

- If you can see them, they can see you. Get out of sight!
- If it's not safe to talk on the phone, if possible, find a blue phone and take it off the hook. You do not need to speak, as security will be able to see your location on their phone and send help to you.
- Do not move from your secured location unless you are in imamate danger, or when you physically see a member of Law Enforcement and they are directing you to do so.
- Follow Law Enforcements every directive, such as:
    - Hands up with nothing in your hands
    - Fingers spread and keep hands visible at all times
    - No quick movements, pointing, or screaming
- For further information, please contact the MCH Director of Safety and Security

Emergency Preparedness: Severe Weather, Snow & Ice Policy XII-06

What is Snow and Ice Preparedness?

Preparing for a major snowfall or ice storm means, "having a plan" to make decisions and plan for your role as an essential employee.

What is my employer required to do?

Upon identifying that there is a severe storm approaching:

- The Executive Health Director, designee, or Administrator On-Call will, in consultation with key Department Heads and the Medical Director, determine that a State of Emergency will be put into effect and arrange for the following to be done:
    - ALL departments will be asked to assess staffing and known call-ins.
    - Departments will require staff to stay on duty at acceptable levels to maintain operations.
    - Dietary will assess supplies to offer meals/snacks to staff who will be staying, without impacting resident meal service.
    - Contact the Monroe County Office of Emergency Preparedness (753-3810), if applicable, for services coordination.
    - Contact will be made with Rochester Regional Transit Service (288-1700) to assess bus route delays or potential for extra bus runs.
    - Emergency beds, etc. are available and can be set-up if the length of the event warrants said action.
    - If staff are having trouble getting to work during a weather emergency, MCH Security Dept may be utilized to bring them to work.

What are my responsibilities?

All Monroe Community Hospital employees are considered essential employees to the operation of the facility and should report to work when an emergency is declared.

- Report directly to your department unless otherwise instructed.
- Plan ahead and make sure you give yourself enough time to get to work safely and on time.
    - Allow yourself time to shovel your driveway or get to the bus stop
    - Make sure your vehicle is cleared of snow and ice
    - Plan for an alternate way to work if roads are closed

Important to Know:

Monroe Community Hospital will maintain appropriate staffing and supply levels for safe operations during severe weather emergencies.

Having a predetermined plan ahead of time, will allow you to get to work on time and not disrupt other staff members or residents that depend on you.

For further information, please contact the MCH Director of Safety and Security

Why is Cybersecurity Important in the Healthcare Industry?

Patient data is considered highly sensitive because it includes personal information, such as names, addresses, and medical histories. This data can be used to commit fraud, identity theft, and even blackmail. In addition, a breach of patient data can damage Monroe Community Hospital's reputation and lead to lawsuits.

What are the Common Types of Cyberattacks in the Healthcare Industry?

- **Phishing:** Phishing is a type of attack that attempts to trick people into revealing sensitive information, such as passwords, by sending emails or text messages that appear to be from a legitimate source.
- **Ransomware:** Ransomware is a type of malware that encrypts an organization's files and demands a ransom payment in exchange for the decryption key.
- **Malware:** Malware is any type of software that is designed to harm a computer system. Malware can be installed on a computer through a variety of ways, such as clicking on a malicious link or opening an infected attachment.

How Can You Protect Yourself from Cyberattacks?

- **Be careful what you click on:** Do not click on links or open attachments in emails or text messages from people you do not know.
- **Use strong passwords:** Use a strong password for all of your online accounts and avoid reusing passwords.
- **Report suspicious activity:** If you see something suspicious, report it. (See Contact Information Below)
- **Use good browsing hygiene:** This entails using secure connections and staying vigilant against online threats to protect your digital presence and information.

Additional Tips

- **Be aware of your surroundings:** When working with sensitive data, be aware of who is around you and make sure your computer screen is not visible to others.
- **Do not share your password with anyone:** Never share your password with anyone, not even your coworkers.
- **Do not use personal devices for work:** Do not use your personal devices to access work data.
- **Be careful what you post on social media:** Do not post anything on social media that could compromise Monroe Community Hospital's security.
- **Use a Password Manager:** Using a password manager simplifies the task of maintaining strong, unique passwords for each account while significantly reducing the risk of security breaches due to reused or weak passwords. Approved Solutions: Bitwarden

Contact Information

- **Help Desk**: (585) 753 – 3333
- **Cybersecurity Hotline**: (585) 753 – 2927
- **Cybersecurity Inbox**: cybersecurity@monroecounty.gov

Phish Alert Inbox: phish@monroecounty.gov (or Phish Alert button (see images section)

Slips, Trips, and Falls

Water, food, grease and other fluids can make walking surfaces slippery. Spilled liquids, soap dispensers, and building entrances where rain and snow are tracked inside need to be mopped up ASAP so that no one slips and falls.

MCH has bright yellow cones to mark spill and wet floor areas so that people are able to recognize that these hazards are present and take the necessary precautions to remain safe.

Prevention:

1. Keep floors clean and dry
2. Use proper cleaning products
3. Wear slip resistant shoes
4. Prevent/limit entry into areas that are wet
5. Repair or replace damaged, warped, or uneven flooring surfaces
6. Keep aisles and hallways clear
7. Patch or fill cracks in sidewalks
8. Use handrails when walking the stairs
9. Only use appropriate ladders or step stools when working from heights
10. Report hazards to be repaired as soon as you notice them.

Noise

- Noise above 70 dB over a prolonged period of time may start to damage your hearing
    - An alarm clock is 80 dB but you only listen to the alarm for short periods of time.
- Loud noise above 120 dB can cause immediate harm to your hearing.
    - Air raid sirens, ambulance sirens, and chainsaws are painfully loud as 120 dB.
- Studies of background noise levels were done in various areas of MCH where it was felt noise might pose the greatest risk for hearing loss. All areas came back under the guidelines that would require hearing protection. However, in those areas, we encourage staff to wear hearing protection and provide it when requested.

Electrical Safety

The following hazards are the most frequent causes of electrical injuries:

- Lack of ground-fault protection
- Path to ground missing or discontinuous
- Equipment not used in manner prescribed, and improper use of extension and flexible cords.
- All electrical equipment used at MCH is to be inspected and labeled by the Facilities Department. This is how we make sure that the equipment is safe to use and in good working order.
- Only MCH issued power strips are allowed. Extension cords that are not MCH issued are prohibited. If a resident needs an extension cord in their room, notify the Facilities Department and they will deliver and install the extension cord.
- Failure to follow these rules can result in an electrical shock, electrocution, and/or and electrical fire.

Storage

- Any materials or personal items stored on shelving in MCH cannot be within eighteen inches of a sprinkler head. All closets and storage areas have a red line marking the eighteen-inch cut-off from sprinklers.

Smoking Safety

- Any resident at MCH that prefers to smoke must safely store all smoking materials such as cigarettes, cigars, pipers, lighters, vapes, and e-cigarettes either in their locked drawer or securely on their person.
- If any staff member, volunteer, or contractor sees resident smoking materials unsafely stored, they are to report that immediately to a Nurse Manager or Nursing Supervisor who will immediately make sure the smoking materials are safely stored.
- MCH designated itself as a smoke-free campus May 1, 2022. This does not affect residents who were approved to smoke as of May 1, 2022. Those residents who are approved smokers as of May 1, 2022 are allowed to continue smoking in the designated area outside ("smoking hut"), as long as they remain eligible.
- There is no smoking allowed within MCH or on its grounds, except for the residents mentioned above in the designated area.
- No other persons are allowed to smoke on the facility's grounds.
- The use of cigars, pipes, marijuana, e-cigarettes and/or vaping devices is strictly prohibited within MCH or on its grounds.
- If any staff member, volunteer, or contractor sees a resident smoking unsafely or in a non-designated are on facility grounds, they must report this immediately to a Nurse Manager, Nursing Supervisor, or Security.

Legionnaire's Disease

People can get Legionnaire's disease by breathing in mist containing the bacteria.

In general, this bacteria is not spread from one person to another.

- We treat the domestic hot water at MCH with Chlorine dioxide to prevent the growth of legionella bacteria.
- We take 10 samples every 120 days in high risk areas such as shower rooms to check for the presence of legionella bacteria and to assure that our treatment program is working.
    - If 3 or more of the samples come back positive, we are required to do an emergency disinfection and report to the Department of Health (DOH) for additional guidance.

Visitation Policy

- Public entry to MCH may be gained at only the building's main entrance (Faith Building).
- Upon entry, all persons are required to register at the Front Desk or with Security.
- All persons shall be required to display/wear a pass to verify that they have been granted authorized admittance.
- All delivery personnel are not to go beyond the front Information Desk. The unit/person is to be contacted and the employee/resident receiving the delivery (or their representative) must pick up the items at the Information Desk or Security.
- Staff members may only receive visitors in designated areas during scheduled meal periods and designated breaks. Designated areas include the Main Lobby, Security Office, Cafeteria, outside on campus grounds and other non-patient areas.

- Persons who fail to obtain and display/wear a visitor pass or a recognized, accepted form of identification will be asked to leave the building.
- Signing out is required when exiting after visiting or conducting business.
- Visitors must follow the direction of facility staff, when necessary.

Accident Reporting

- All accidents here at MCH are to be reported immediately to your Supervisor and documented through the completion of our Accident Report Form.
- This form is then used to identify work areas where changes need to be made to protect everyone from injury/illness.

Why Safe Lifting?

Among healthcare workers, injuries to the musculoskeletal system (bones, muscles, joints), are most responsible for prolonged medical care, permanent disability, and lost work time.

How do Most Injuries Occur?

By lifting/pushing/pulling objects or people with these additional factors:

- Too much weight
- Awkward body position
- Repetition; performing same task over and over again

What Are Body Mechanics?

The ability to maintain a safe and proper position during a movement.

The more aware you are of your body, the less prone you will be to injury.

Most Injuries are Preventable if you follow these Basic Safety Principles:

- Use Good Body Mechanics
- Use Safety Equipment
- Know Your Limitations
- Get Help When Necessary
- Keep Work Area Free of Hazards
- Follow Proper MCH Protocols and Procedures

Rules of Body Mechanics

- **Make a plan**- Set up the room, determine where and how you want to move the person/object.
- **Height of surface**- Make sure the object/person is at a height to allow you to keep your back straight during movements/transitions.
- **Get close to the person/object-** Less strain to your back and joints when the object is close.
- **Keep feet apart-** Make yourself stable.
- **Bend at knees and hips, keeping your back straight.**
- **When lifting, use your legs and not your back.**
- **Do not twist your back; move your feet to turn your entire body instead.**

Lifting Tips

- Test the object before attempting to lift so you are aware of how heavy it is.
- Use multiple people or a mechanical lift when necessary.
- Follow resident care plan/care card:

- Each person who lives at MCH has been assessed to determine what type of movement assistance they need.

MCH Safe Patient Handling policy states that a single staff member can manually <u>lift no more than 35 pounds.</u>

Safe Patient Handling for Support Staff

Trained clinical staff will determine how to safely handle and move residents and include that in the care plan. Lifting or repositioning a resident at MCH is discouraged in all but extraordinary and unpredicted medical emergencies or life threatening situations. Even then, the maximum weight that any one person can lift is 35 pounds! Safe patient handling is using lift equipment, transfer aids, or assistive devices by staff to perform the acts of lifting, transferring an repositioning patients and residents. Direct care staff are required to follow resident care plans, which state what, if any, safe patient handling equipment must be used with a resident. They can only use equipment that they have been trained on.

Transporting Residents within MCH

- Residents transported via a wheelchair must have foot pedals utilized to ensure safe transport. Residents may opt out of the use of foot pedals, which then must be documented in their care plan and a yellow lanyard is to be present during transport.

Risk of Elopement

- Not every resident that wanders is an elopement risk.
- Elopement occurs when a resident successfully leaves the nursing facility undetected and unsupervised.
- Unsafe wandering is wandering that is disruptive to other residents or places the wandering resident or other residents at risk of harm.
- All residents, upon admission, annually, and with change of condition, undergo a comprehensive assessment of their functional capacity, including elopement risk. This process also includes a restraint assessment conducted by our Clinical Operations team.
- Wander Guard bracelets/anklets and identification lanyards with resident picture, name and unit are issued to all residents assessed as having increased risk of unsafe wandering or elopement.
- All residents assessed and care-planned as requiring an escort at all times when off their unit will be provided with a **RED** lanyard. All other residents who have been issued Wander Guard bracelets and have been assessed and care-planned as safe to be off the unit and within the facility, will be issued a **BLACK** lanyard.
- MCH offers both a secured unit and a "wander guard" alarmed unit for residents who exhibit particular unsafe wandering behaviors. All first floor entrance/exit doors are equipped to alarm and lock as part of this wander guard system.
- **When the facility-wide alarm system is activated (i.e. when the fire alarm system is activated) Wander Guard systems will not sound an alarm if a resident attempts to leave their living area.**
- **During these events, staff are directed to provide direct supervision to residents at risk of elopement, to ensure their safety and security.**
- **Once the alarm has ended, the Wander Guard system is reactivated.**

(AED) Automated External Defibrillator

- Defibrillators are located in cabinets labeled *"Defibrillator and Emergency Equipment".*
- These cabinets have alarms on them, so the alarm will sound when the equipment is removed.

- At the time of a Code Blue medical emergency call, personnel responding will take the equipment from one of the cabinets and bring it to the scene of the medical emergency.
- Locations of AEDs throughout the buildings:
    - Faith
        - 1st floor by Faith Center elevator (by Security)
        - 2nd floor across from Dining Room (FA2E42)
        - 5th floor around corner from Faith Center elevator
    - Hope
        - 1st floor by Thrift Shop
        - 2nd floor next to laundry room
        - 3rd floor next to laundry room
        - 4th floor next to laundry room
    - Friendship
        - 1st floor East
            - North/left side of main hallway
            - Pediatric AED next to Clean Utility Room (FR1E19)
        - 2nd floor East
            - North/left side of main hallway
        - 3rd floor East
            - North/left side of main hallway
        - 4th floor East
            - North/left side of main hallway
    - Main Hospital Hallway
        - Outside of Auditorium A

Emergency Codes (Dial 6999 to report these events!)

- Code Red: FIRE – all staff are responsible for getting all residents behind fire doors if they are in a public space – hallways, elevators, lobbies, etc.
- Code Blue: Resident Medical Emergency
- Code Green: Disturbance
- Code Yellow: Building Evacuation
- MERT: Non-resident Medical Emergency Response Team
- Dr. Hunt: Missing Resident - employees should search and observe exists and stairwell doors as well as empty rooms (closets, bathrooms**,** etc.) in the area they are normally assigned to for the missing resident.

Compressed Gas Safety (oxygen tanks)

Hazards associated with compressed gases include oxygen displacement, fires, explosions, and toxic gas exposures, as well as the physical hazards associated with high-pressure systems. Special storage, use, and handling precautions are necessary in order to control these hazards.

Means of Egress: Exits

Means of Egress is defined as a continuous and unobstructed path of travel from any point in a building to a public way that consists of:

- *Exit access*: The travel path or area that leads from where a person is located to the entrance to an exit.

- *Exit*: Exits provide the protected path necessary for the occupants to proceed with reasonable safety to the exterior of the building. Types of permissible exits are doors leading directly outside or through a protected passageway to the outside.
- *Exit discharge*: That portion of a means of egress between the end of the exit and a public way or other safe place.

Hazard Communication & Your Right to Know — Policy XIII-10

What is Hazard Communication/Right to Know?

New York State has adopted and enhanced the OSHA standard on the use of products containing hazardous chemicals. This regulation is referred to as your "Right to Know."

How does this work?

Your employer is required to identify any products used in your workplace that contain hazardous chemicals and provide information about those products 24/7. At MCH, Safety Data Sheets (SDSs) are available on our intranet, listed by product name and/or Department where it is used.

Prior to anyone at MCH using a product that contains a health or safety hazard, their supervisor is required to train them on what the hazard is and how it is dangerous, how to safely use the product (PPE), how to recognize overexposure, first aid measures, and how to dispose of the product container once it is empty.

What is my employer required to do?

In addition to making available SDSs and training on hazardous products, your employer is required to keep records of any hazardous chemical exposure you may experience for 30 years.

What are my responsibilities?

Do not use any product that contains hazardous chemicals unless you have been properly trained, even if you commonly use them in your home.

For a new chemical that you haven't used before in the work setting you must be trained by your supervisor to use it, even if you have read the SDS sheet. This is to ensure that everyone understands the SDS sheet properly and uses the chemical properly.

Do not bring to work any products that contain hazardous chemicals.

Important to Know:

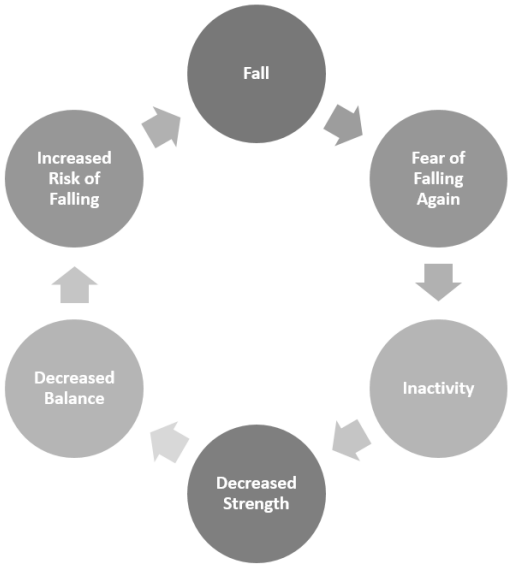
- **Warning** or **Danger** are two signal words used on product labels to identify the level of hazard present. Danger is the most severe warning and can be found next to the Skull and Crossbones pictogram on product labels.
- Hazardous chemicals have the potential to enter your body through your lungs, skin or mouth.
- Never mix concentrated products with water unless you are properly trained to do so.
- If an unfamiliar product is found at your worksite, report it to your supervisor so they may properly dispose of it.

If you are exposed to a hazardous chemical, you must report it to your supervisor and Employee Health. If it is the weekend or evening hours, report to your supervisor.

For further information, please contact your supervisor or the MCH Risk Management Committee.

Who Falls?

- Everyone falls, but individuals who live in a nursing home are 2x more likely to fall than their peers living in the community.
- 35% of falls occur in those who cannot walk.



Why Do People Fall?

- Toileting needs account for 1/3 of falls.
- Poor memory can lead to decreased safety awareness.
- Difficulty walking and/or caring for oneself increases
  - fall risk.
- Medication changes increase fall risk.
- Cognitive problems can make it hard to remember
  - safety precautions.
- Exposure to environmental hazards (cleanliness, spills,
  - improper equipment)
- The need to have end of life care.

When Do I Request Resident Interventions?

You may want to request therapy interventions when you notice ***changes in resident mobility*** (strength, endurance, transfers, and ambulation), ***changes in how residents think*** or respond (cognition), ***difficulty in residents positioning themselves*** (in either their chair or bed), ***changes in medical status*** (dizziness, vision changes, weakness, etc.).

What Are Some Fall Prevention Techniques?

- Remind residents to use the call bell, and ensure it is within their reach.
- Place residents' personal items (tissues, water, phone, etc.) within safe reach.
- Keep walking aids (canes or walkers) within reach when appropriate (See Care Plan/Care Card for instructions).
- Ensure that wheelchair brakes are locked as appropriate.
- Maintain bed in best position for resident.
- Ensure that bed brakes are locked.
- Check that the resident space is free of clutter and organized for smooth traffic flow.
- Check on residents during rounds and as indicated in Care Plan/Care Card.
- Respond promptly to call lights.
- Toilet residents per schedule/routine.

The best way to prevent a fall is to anticipate a resident's needs.

"Is there anything that you need while I am in your room?"

vs.

"Is there anything I can do before I leave?"

What Do I Do If a Fall Occurs?

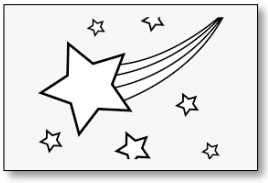
- Immediately contact RN/Nursing Supervisor to conduct medical assessment.
- Stay with resident to keep them calm and in place. DO NOT MOVE THEM.

- Even if the resident tells you they didn't hit their head or injure themselves, you cannot move them.
- Assess environment: Did anything contribute to fall? Was the floor clear of obstacles? Lighting appropriate? Ask resident to describe what happened.
- Nursing initiates Post Fall Occurrence Protocol:
    1. Complete Post Fall Analysis
    2. Submit Incident Report
    3. Enter clinical note that describes incident (copied from Post Fall Analysis form)
    4. Notify physician and responsible party for resident
    5. Complete Witness Statements (including who saw resident last)

What is the Falling Star Program?

"Designates a resident who has been determined to be at a higher risk for falls by the clinical care team."

- Who is designated?
    - Those with a Falls Risk Determination Score of 11 or greater
    - Those with three or more falls in one month
- How are they identified to staff?
    - Identified on Care Plan and Care Card
    - "Falling Star" sign placed outside of resident's door
    - Pink stripe on Security Name Badge



Falling Star Sign

- What happens for the resident?
    - Clinical care team makes recommendations and interventions for Fall Prevention, updates Care Plan.

Falls Performance Improvement Project

- A team meets monthly to review all residents with two or more falls per month, suggest changes in environment, medications, and medical interventions that may be appropriate to prevent falls. Data is tracked to provide insight into trends and falls with injuries.
- Team Members:
    - *Karisa Langdon, DPT PIP Falls Team Leader/Doctor of Physical Therapy (*760-5477)
    - *Kathryn Goodman*, *Quality Assurance/PIP team Member (*760-6284)
    - Michelle Walker (Therapy Aide/CNA)
    - Tiffany Shantz (RN, Nursing Education)
    - Stacy Sansone (Recreation)
    - Kobi Nathan (Pharmacy)

Safe Patient Procedures for All Staff:
Accident and Incident Reporting and Review – Non Residents Policy VIII-67C

Accident: Any unexpected or unintentional occurrence that may result in injury or illness to a resident. These can include cuts, fractures, burns, skin tears, bruises, etc.

Incident: An occurrence that **has the potential for,** but does not result in bodily injury. For example – unsafe wandering, falls without injury, resident-to-resident altercations without injury, etc.

Accident & Incident Examples:

- **Unsafe Wandering:** You see a resident wandering around and seems to be lost, you ask them where they're going and they don't know and can't tell you where they came from
- **Resident-to-Resident Accident:** Several residents are in the hallway leaving a busy activity and you see one resident roll over another resident's foot.
- **Family Accident:** You see a wife pushing her husband in a wheel chair down the hall, when she turns the corner you see her bump his leg on the corner. He winces and grabs his knee.
- **Resident Accident:** You see a resident in a wheelchair pulling themselves along with the handrail on the wall. You see them reach up, miss the handrail and bump their elbow hard on the wall.

Why is it so important to report a simple accident or incident?

- **Injuries may take time to show or may not be obvious at the time**
  - A bruise may develop later on
  - You might not see a skin tear under clothing
  - The resident may complain of pain or aching later on
- **You may witness an event that is useful in assessing resident safety**
  - May need to have their wheelchair driving safety assessed
  - May need to be put on fall precautions
  - May need to have an escort off unit

What to do: if no injury or minimal injury

- If you know the resident/where they live: **Tell their Nurse Manager**
- If you don't know the resident, are uncomfortable asking them or can't understand the answer: **Tell Security**
  - Security will be able to check cameras and find who the resident is to alert their nursing unit
- **Always tell your supervisor**
- You may need to fill out a witness statement – ask you supervisor or a nursing manager if you need any assistance writing the statement

What to do: if resident is injured

- **Stay with the resident** – do not leave resident unattended unless it is absolutely necessary to get help
- Call out for assistance
- Reassure resident that help is coming, calm them as much as possible

- **When nursing staff arrive:**
    - Tell them what you witnessed
    - Assist in any way you are directed – blocking off the area, finding an AED, etc.
- **Always tell your supervisor**
    - You will need to fill out a witness statement – please ask you supervisor or a nursing manager if you need any assistance writing the statement

Safe Patient Procedures: Safe Transportation — Policy VIII-108

Transportation Basics

- MCH provides transportation of residents in a safe manner with supervision & assistive devices as care planned.
- Residents transported via wheelchair MUST have foot pedals unless it is documented in their care plan and a yellow lanyard needs to be worn during transport.
- Any staff person may not lift more than 35lbs without assistive equipment. This means if a resident's leg falls off of the footrest (20% of their bodyweight) that you need to get assistance to lift it back on.

Transportation Responsibilities

- Transporters will ensure that any wheel chairs taken to a unit from inventory have two foot pedals
- Nursing staff will ensure foot pedals are present in preparation for transport
- In transport of a resident in a wheelchair or geri-chair, <u>resident should be facing forwards</u>

Transportation Best Practices

- **Make sure wheel chair locks are on at all times that resident is stationary**
    - Exception: if a resident has a yellow lanyard and self-propels

- **If you are returning a resident to their unit:**
    - Ask the resident where they would like you to leave them, take them there and lock the breaks
    - If they ask to be in their room, ask nursing staff if that's OK - they may need to be monitored
        - Gently ask the resident if it's OK if you take them where the nurse asked instead

NEW AGENCY NURSING STAFF ORIENTATION SUPPLEMENT BOOKLET

Welcome to Monroe Community Hospital (MCH). This booklet provides an overview of our standards and expectations of your work with us. The staff at Monroe Community Hospital strive to provide quality care while promoting dignity and quality of life. We recognize our residents and their families as individuals with holistic medical and nursing needs. We expect all staff members to abide by the highest standards of professionalism at all times.

In the event you have any questions or a concern, please contact a Charge Nurse, Nursing Administrator or Nursing Supervisor immediately.

AGENCY EXPECTATIONS

Arrival:

When arriving for work at MCH for the first time:

- Report directly to the Security Department. At that time, you will submit two forms of identification and have your photo taken for your MCH identification badge.
- Utilize the alternate punch clock in the Nursing Office until your badge is created.
- Return to Security at the end of your shift to pick up your new identification badge.
- **You must use your badge to punch in and out at the time clock near the Nursing Office in order to be record your time and be paid.**

Assignment:

You will receive your assignment at the Nursing Office. Your contact person during your scheduled shift is the Charge Nurse on your assigned unit or the Nursing Supervisor.

Dress Code:

- Your MCH identification badge must be worn prominently, with your name and picture visible while you are at MCH.
- Nursing staff is required to wear scrubs or white pants/skirts in good repair. No crop tops, leggings or sweat pants are allowed.
- Nails must be short and neat. Long nails damage the skin of residents and may harbor microorganisms.
- Closed toed shoes are required

Smoking Policy:

Smoking is not permitted on any Monroe Community Hospital property. Staff who smoke may do so in the parking lot behind the café, off MCH property. Residents who have been "grandfathered" when MCH became smoke-free are the one people who may smoke on campus and may only do so in the Smoke Hut located near the clinic loop, on the East side of the building.

Resident Care Cards

Information regarding the level and type of assistance to provide residents is located in MCH's electronic medical record (EMR). CNAs may access "Care Card" information by using the wall-mounted touchscreens, located in each hallway, or on the back of the bathroom door in each resident room. It is the responsibility of the CNA to follow the care plan of each resident by first reading the Care Card before providing care to residents. It is also the responsibility of the CNA to accurately document the care given to each resident in the touchscreens. Please note that for residents who require use of a lift device for mobility, two staff members are required per our Safe Patient Handling policy.

Highlights of Resident Care Cards:

- Direct care staff MUST check the Care Card prior to initiating any care.
- Care cards can be accessed on the wall mounted touchscreens in the hallway or on the back of the residents' bathroom door.
- Safe and effective care cannot be provided without checking the care card.
- It is expected that all caregivers will follow the care card at all times to prevent physical injury or mental distress to the resident and or the caregiver
- **Caregivers can be held legally responsible if injuries occur to a resident due to the care plan / care card not being followed.**

Documentation

Agency CNAs shall document ADLs in the touchscreen kiosks on the walls in each hallway.

Instructions:

1. Touch the screen and navigate to your user name
2. Enter the 6-digit pin you have been provided, found above the barcode on your badge
3. Navigate to the desired resident using the "ABC" filters and the arrows
4. When a name or tile is in yellow, a schedule has populated and documentation needs to be completed
5. Once a resident is selected, the resident summary or Care Card shows up on the left side. Scroll to see more information
6. Select the "Resident Care" button on the right side to begin documenting Bathing, Showers, Bladder (urine output), Bowel (BMs), Mobility and Self Care.
7. Select the "Nursing Care" button on the right side to begin documenting snack and meal intake.
8. Select the "Vitals" button on the right side to begin documenting resident weights.
9. Use the "Guidelines for ADL Documentation" document posted at each touchscreen to assist with completion

Safe Patient Handling for Clinical Staff

- According to statistics from the U.S. Bureau of Labor, Healthcare Workers experience some of the highest rates of non-fatal work injuries and illnesses of any industry sector.
- To avoid these injuries the New York State Department of Health recommended safe patient handling policies in all Healthcare Facilities. —New York Public Health Law - PBH § 2997-g.

What is unique about safe lifting vs safe patient handling?

- **Safe Patient Handling**
  - People are unpredictable
  - People are soft with no handles
  - People weigh more than a typical box
- **Safe Lifting**
  - Boxes don't move
  - Boxes have firm edges and sometimes handles
  - Boxes typically weigh less than a person

What are the benefits of Safe Patient Handling?

- **Benefits to the resident**
  - Reduced risk of injury
  - Improvement in quality of care
  - Improvement in quality of life
- **Benefits to the facility**
  - Reduced workers compensation due to medical costs
  - Reduction in lost workdays
  - Improved recruitment and retention of caregivers
- **Benefits to the staff**
  - Reduced risk of injury to caregivers
  - Increased job morale
  - Increased job satisfaction
  - And increased professional longevity
  - Increase in staffing due to decrease in injuries

Safe Patient Handling Guidelines

- There must be a Safe Patient handling committee
  - Some of its members are bedside nurses and direct care staff, a Safe Patient Handling expert, and Quality Control officer and a resident.
- Facilities are required to supply Safe Patient Handling equipment
- The weight limit for safe patient handling is 35 pounds
  - The average weight of the LEG of a 200 pound person is 40 pounds
- Residents should only be manually lifted in the most life threatening situations.
- **All safe patient <u>lifting</u> equipment at Monroe Community Hospital requires a MINIMUM of two (2) staff members to operate it.**

Safe Patient Handling Infection Control Guidelines

- <u>All safe patient handling equipment should be wiped down between every resident.</u>
- Oxivir peroxide wipes can be used on all equipment, and protect against all germs (Covid19, MRSA, Flu) except C. Diff., where bleach must be used.
- Safe patient handling slings and slide sheets should be washed in the washing machine on the unit.
- Slings and slide sheet should ALWAYS be washed between residents.
- Safe patient handling equipment should NEVER be put in the dryer and MUST be hung to dry
- Extra slings are available from laundry (6076).
- If laundry does not have what you need, contact your supervisor.

Complex Bed Mobility

<u>Complex bed mobility is moving a resident that has 3 or more connected tubes OR a specialty wound care mattress.</u>

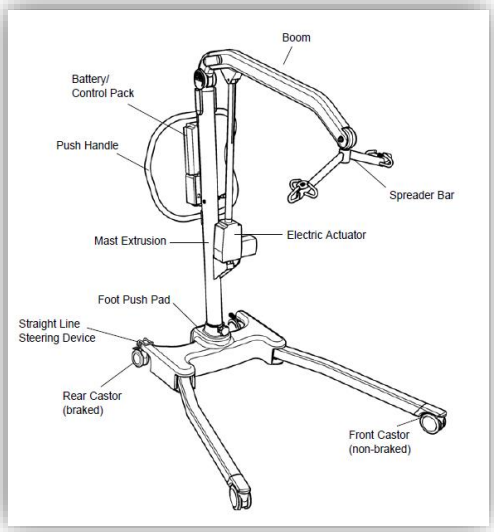
Complex Bed Mobility Continued:

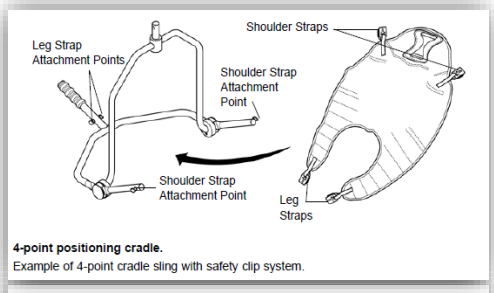
- Any resident with three (3) or more connected tubes (i.e. G-tube, Foley, Vent…) requires at least TWO (2) staff members for all bed mobility and transfers and one of them MUST carry a professional license (i.e. RRT, RN, LPN, PT, OT, PA, NP).
- Residents with impaired bed mobility should be turned and positioned every 2-3 hours to prevent pressure injuries.
- Residents with a running tube feeding must not have the head of bed lowered to less than 30 degrees, and a NURSE must hold or stop tube feedings for bed mobility.
- TWO (2) staff members must be present for all bed mobility on low-air-loss wound care mattresses.
- Staff member will only roll resident towards a staff member and never away from themselves without a second staff member
- Staff member will press the “Max inflate” or “Auto Firm” button on the low-air-loss wound care mattress before performing bed mobility on a low-air-loss mattress

Safe Patient Handling Equipment

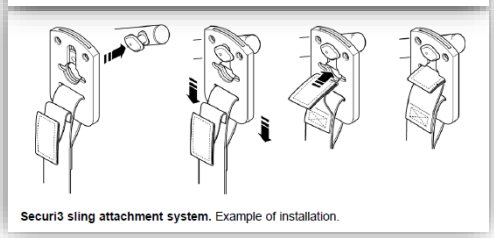
Powered Dependent Lift:

- DO NOT lift a patient unless you are trained and competent to do so.
- ALWAYS familiarize yourself with the operating control and safety features of a lift before lifting a patient.
- DO NOT use a sling unless it is in good condition, recommended for use with the lift and suitable for the particular patient.
- ALWAYS check the safe working load of the lift is suitable for the weight of the patient.
- ALWAYS lock the wheels when lifting from the floor.
- DO NOT attempt to maneuver the lift by pushing on the mast, boom or patient.
- ALWAYS maneuver the lift with the handle provided. A foot push pad is also provided.
- DO NOT push a loaded lift at speeds, which exceed a slow walking pace (2.6 ft/sec).
- DO NOT attempt to push/pull a loaded lift over a floor obstruction.
- NEVER operate the lift with loose or missing parts or fasteners.





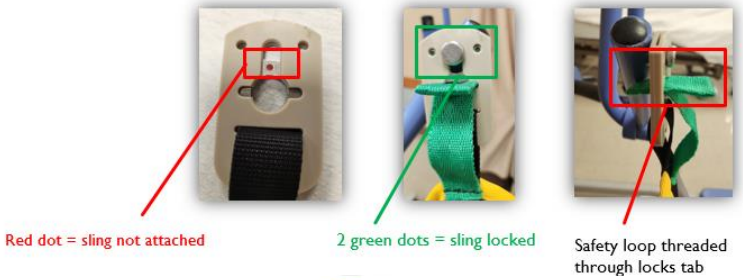
4-point positioning cradle.
Example of 4-point cradle sling with safety clip system.



Securi3 sling attachment system. Example of installation.

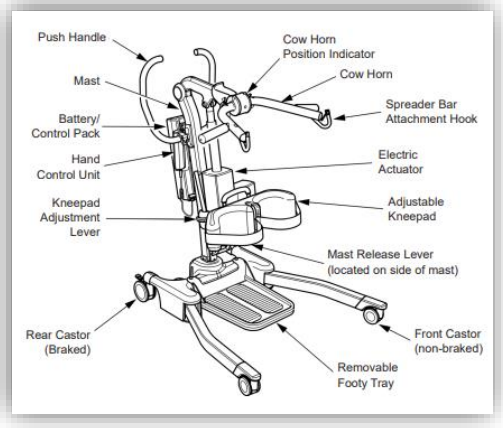
Operating Instructions:

- Leg adjustment - The legs on the Hoyer Presence are electrically adjustable for width. The legs can be opened to enable access around armchairs or wheelchairs. For transferring and negotiating narrow doorways and passages, the lift legs should be in the closed position. Electric leg adjustment - is achieved by pressing the appropriate buttons on the hand control.
- Sling size is found on the CareCard. Slings should be applied via the log roll technique. Sling clips are attached according to the picture shown. When you slide the clip into place correctly, two green dots appear. The green tab of the sling must be inserted into the clip slot as shown in the picture, to prevent the clip from becoming dislodged.



- Thread the leg strap into the safety strap between the legs to ensure the legs stay together and the resident can't fall out of the lift.

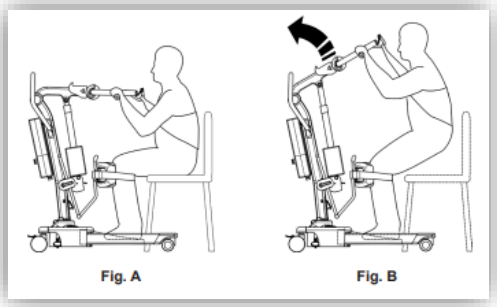
- Castors (wheels) and Braking - The lift has two braked castors, which can be applied for parking. When lifting, the castors should be left free and un-braked. The lift will then be able to move to the center of gravity of the lift.
- Raising and lowering the boom - The movement of the boom is achieved by a hand control unit. The hand control has two buttons with directional arrows UP and DOWN. The actuator stops automatically at the limit of travel in both directions.
    - The patient should be lifted to the lowest height necessary to perform transfer, i.e. lowering bed and/or bed handles.
    - The head of the bed or the bed itself may need be raised to make applying and connecting the sling easier
    - Do NOT tip the lift to put a resident into bed
- Emergency Stop - The red Emergency Stop Button is located on the front of the control box and is activated by pressing in. This will cut all power to the lift and only be reset by twisting the button counter clockwise and releasing.
- Mechanical Emergency Down - In the case of a complete electrical failure, the electrical actuator is fitted with a RED mechanical lowering device. The device is twisted by hand to lower the lift. A slow decent will commence.
- Check battery indicator light for proper charge prior to use.
- Batteries may need to be changed prior to use.



Powered Standing Lift:

- DO NOT lift a patient unless you are trained and competent to do so.
- ALWAYS familiarize yourself with the operating control and safety features of a lift before lifting a patient.
- DO NOT use a sling unless it is in good condition, recommended for use with the lift and suitable for the particular patient.
- ALWAYS check the safe working load of the lift is suitable for the weight of the patient.

- DO NOT attempt to maneuver the lift by pushing on the mast, boom or patient.
- ALWAYS maneuver the lift with the handle provided. A foot push pad is also provided.
- DO NOT push a loaded lift at speeds, which exceed a slow walking pace (2.6 ft/sec).
- DO NOT attempt to push/pull a loaded lift over a floor obstruction.
- NEVER operate the lift with loose or missing parts or fasteners.
- STOP and notify the charge nurse, nursing supervisor or nurse manager if the resident is unable to safely participate in a transfer.



Operating Instructions:

- Leg Adjustment - The legs on the Hoyer Journey are adjustable for width. The legs can be opened to enable access around armchairs or wheelchairs. For transferring and negotiating narrow doorways/passages, the lift legs should be in the closed position. To achieve the adjustment, the leg adjuster pedal, located at the rear of the base, is compressed right (DOWN) to open the legs outwards and left (UP) to close the legs. The adjustment can be carried out with the patient in the lift, but whether loaded or unloaded the adjustment should be made when the lift is moving.
- Castors (wheels) and Braking - The lift has two braked castors, which can be applied for parking. When lifting, the castors should be left free and un-braked. The lift will then be able to move to its natural center of gravity.
- Raising & Lowering The Boom - A hand control unit achieves the movement of the boom. The hand control has two buttons with directional arrows UP and DOWN. The actuator stops automatically at its limit of travel in both directions.
- Emergency Stop - The red Emergency Stop Button is located on the front of the control box and is activated by pressing it in. This will cut all power to the lift and will only be reset by twisting the button clockwise and releasing.
- Mechanical Emergency Down - In the case of a complete electrical failure the electrical actuator is fitted with a RED spring loaded mechanical lowering device. This will only operate when the lift is under load. The device must be lifted by hand to activate. A slow decent will commence. Repeat this process until the patient has been safely lowered.

Powered Standing Lift Sling Instructions

- The Sling for the Power standing lift should fit around the resident's waist snuggly when clipped into place.
- The Arrow on the back should be pointing up and the nonstick fabric goes against the patient.
- Check the battery status before you use the lift.
- The battery for the Power dependent lift and the power standing lift are the same.

Standing Transfer Aide

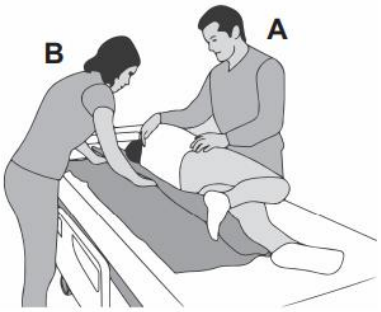
- The standing transfer aide is used for those that are able to come to a standing position, and bear weight, but may have trouble moving their feet.
- The split seat of the standing transfer aide must be raised to the side before moving the lift into place to assist a resident.
- The casters (wheels) should be locked prior to standing and prior to sitting a resident.
- The resident should be positioned on the edge of the surface and the standing transfer aide in front of the resident so that their feet are firmly on the platform and knees/shins are in contact with the knee/shin pads.
- The legs of the standing transfer aide can be moved in and out using the foot pedals.

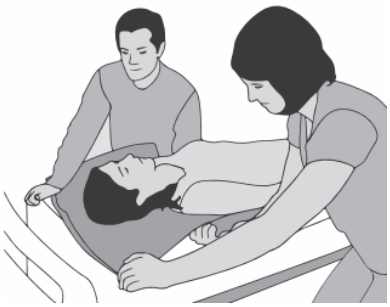
- The resident must be able to grasp the cross bar and pull themselves to a standing position**. STOP and notify the charge nurse, nursing supervisor or nurse manager if the resident is unable to safely participate in a transfer or requires more than 35lbs of lifting assistance.**

Friction-Reducing Device (Slide Sheet)

- Lateral Transfer
    1. Place Two (2) slide sheets under the resident; as previously explained.
    2. Adjust the height of the bed(s)/stretcher to the same height and the breaks are on for both beds.
    3. Place a third slide sheet on the bed you are transferring the resident to; as seen above.
    4. At least one staff member needs to be on each side, as seen in the photo.
    5. Communicate with the resident and while one staff member gently pushes, the other staff member slowly pulls the resident towards them.

- Friction reducing devices (slide sheets) are utilized to decrease the amount of force that a staff member needs to use to move a resident in the bed or from bed to bed (lateral transfer)
    - Moving a resident in bed requires 2 sheets that slide on top of each other.
    - Lateral transfers require 3 sheets, where 1 sheet slides on top of the other 2.
- Slide sheets cannot be left under a resident and must be removed after movement of the resident is complete.
- Utilize either the log roll method to place and remove the sheets, or roll the sheets up together, place at the head of the bed and gradually unravel, as shown in the diagrams.
- Once the sheets are under the resident, TWO (2) staff members should communicate with the resident and then utilize the handles at the hip and shoulders to slide the resident up in the bed.





Gait Belt

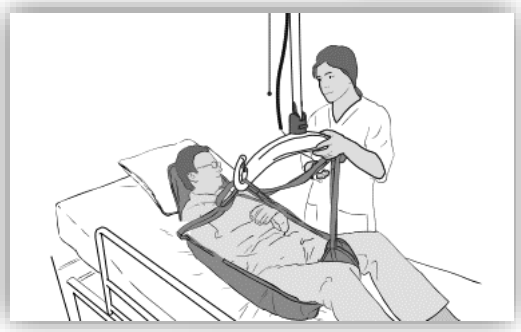
- A Gait belt is used to provide additional support and safety to residents and staff while walking or transferring
- The gait belt should be placed on over the residents clothing and around the waist.
- Ensure that it is not interfering with any tubes or drains
- To apply a gait belt, thread it through the buckle, over the teeth and press the glasp until it locks.
- The belt may be used to assist a resident to standing position by utilizing the gait belt and providing only the assistance the resident requires.
    - No more than 35 pounds of weight bearing assist should be used
- If a resident begins to fall, the gait belt should never be used to prevent the fall, as this can further injure both the caregiver and resident.

Powered Ceiling Lift:

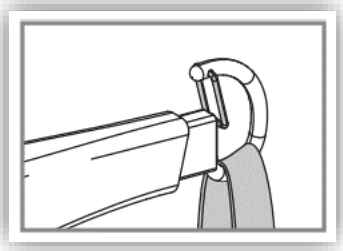
Figure 1. Cross-through method

- DO NOT lift a patient unless you are trained and competent to do so.
- ALWAYS familiarize yourself with the operating control and safety features of a lift before lifting a patient.
- DO NOT use a sling unless it is in good condition, recommended for use with the lift and suitable for the particular patient.
- ALWAYS check the safe working load of the lift is suitable for the weight of the patient.
- DO NOT pull the lift with handset, which may spring back with high speed and cause injury.
- DO NOT push or pull on the patient. Move the lift by pulling or pushing the spreader bar.

Operating Instructions:



- Attaching the Sling to the Spreader Bar – Place the attachment loop onto the hook. Utilize the cross-through method shown in Figure 1 for most general transfers. Make sure loop is positioned correctly and that the safety latch is closing the hook.
- Removing the Sling from the Spreader Bar – Open the latch and remove the loop from the hook.
- The UP and DOWN buttons are used to raise or lower the patient. Auxiliary buttons can also be used.



- Emergency Stop (Red cord) – This feature allows the user to disable the lift completely in the event that an uncontrolled situation should happen. To reactivate the lift, push up on the red plastic insert.
- Emergency Lowering Mechanism - In the unlikely event of electrical failure, the emergency lowering mechanism provides a safe way of getting the patient down.
    1. Pull the red emergency stop cord.
    2. Open the small side door to access the lowering mechanism.
    3. Pull the 8mm hex key from its storage compartment.
    4. Insert the hex key and turn the hex key counterclockwise to slowly lower the patient.
    5. Take device out of service and contact the Biomedical Engineer.