## Title

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| Ethics and Code of Conduct |
| UPMC Horizon Leadership Team |
| Your Care. Our Commitment |
| Total Quality Management/Performance Improvement |

### Safety Management – Patient Safety
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- Understanding the Elder Justice Act

### Safety Management – Employee Safety
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### Security Management

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Our Mission, Vision, and Values

Our Mission

The mission of UPMC is to serve our community by providing outstanding patient care and to shape tomorrow’s health system through clinical and technological innovation, research, and education.

Our Vision

UPMC will lead the transformation of health care. The UPMC model will be nationally recognized for redefining health care by:

- Putting our employees, patients, members, and community at the center of everything we do and creating a model that ensures that every patient gets the right care, in the right way, at the right time, every time.

- Harnessing our integrated capabilities to deliver both superb state–of–the–art care to our patients and high value to our stakeholders.

- Employing our partnership with the University of Pittsburgh to advance the understanding of disease, its prevention, treatment, and cure.

- Fueling the development of new business globally that are consistent with our mission as an ongoing catalyst and driver of economic development for the benefit of the residents of the region.

- Serving the underserved and disadvantaged, and advancing excellence and innovation throughout healthcare.
Our Values

These values and principles guide the health system in achieving its mission and vision:

QUALITY AND SAFETY
We create a safe environment where quality is our guiding principle.

DIGNITY & RESPECT
We treat all individuals with dignity and respect.

CARING & LISTENING
We listen to and care for our patients, our health plan members, our fellow employees, our physicians, and our community.

RESPONSIBILITY & INTEGRITY
We perform our work with the highest levels of responsibility and integrity.

EXCELLENCE & INNOVATION
We think creatively and build excellence into everything we do.
Our Ethics and Our Code of Conduct

Our Ethics

Through its leadership and excellence, UPMC contributes to the health care industry, acts as a vital resource to the communities it serves, and touches the lives of residents of western Pennsylvania and beyond. UPMC is built on a foundation of honesty and integrity. Every day, the decisions and actions of UPMC personnel impact patients, communities, and the health care industry. Therefore, it is the obligation of every staff member, physician, and faculty member to act honorably and appropriately as a representative of UPMC. To that end, UPMC has developed comprehensive policies that support its business records, political matters, and lobbying and protection of patient, staff, and business information—promote corporate values and compliance with the laws and support UPMC’s ongoing commitment to always conduct business in an honest and responsible way. UPMC promotes a culture that encourages ethical conduct as well as compliance with the law.

Our Code of Conduct

UPMC’s Code of Conduct governs the actions of individuals employed by or associated with UPMC and its affiliates. The Code’s written guidelines, which are based on UPMC’s mission, vision, values, and ethics, outline how people must conduct themselves when providing any service on behalf of UPMC.

UPMC endorses and enforces the Code of Conduct (Code) because:

- At the core of our business, we are focused on providing compassionate, high quality, cost–effective services.

- We demonstrate honesty, fairness, respect, and dignity to everyone within a safe and healthy work environment.

- We communicate honestly, accurately, and appropriately.

- We use all resources—people, financial, physical property, and proprietary information—in an economical and environmentally conscious manner and we protect those assets against loss, theft, misuse, or damage.

- Our business relationships are based on mutual respect and integrity and we avoid any conflict of interest.

- We expect our consultants, representatives, and agents who act on behalf of UPMC to act in a manner that is consistent with applicable laws, regulations, standards, and policies.
UPMC POLICY AND PROCEDURE MANUAL

POLICY: HS-EC1900
INDEX TITLE: Ethics & Compliance

SUBJECT: Code of Conduct
DATE: May 30, 2014

I. POLICY

UPMC has a Code of Conduct (Code) policy that governs the actions of individuals employed by or associated with UPMC and its affiliates. The Code's written guidelines, which are based on UPMC’s mission, vision, values, and ethics, outline how people must conduct themselves when providing any service on behalf of UPMC.

Links to policies referenced within this policy can be found in Section VII.

II. PURPOSE

UPMC endorses and enforces the Code because:

A. At the core of our business, we are focused on providing compassionate, high quality, cost-effective services in a safe, efficient and effective manner.

B. We demonstrate honesty, fairness, respect, and dignity to everyone within a safe and healthy work environment.

C. We communicate honestly, accurately, and appropriately.

D. We use all resources - people, financial, physical property, and proprietary information in an economical and environmentally conscious manner and we protect those assets against loss, theft, misuse, fraud or damage.

E. Our business relationships are based on mutual respect and integrity, and we try to avoid any conflict of interest.

F. We expect our consultants, representatives, and agents who act on behalf of UPMC to act in a manner that is consistent with applicable laws, regulations, standards, and policies.

G. We demonstrate respectful off-duty conduct including communications in verbal, written, and/or electronic formats, which do not diminish trust in a staff member’s future performance.

H. We value the patient-caregiver relationship by demonstrating our accountability for patient safety and by safeguarding patient trust, particularly for our most vulnerable patients, especially those within the pediatric, geriatric and disabled populations.

I. We comply with applicable laws, regulations, and standards.
III. **SCOPE**

A. This Code applies to anyone who provides a service on behalf of UPMC to patients, family members, vendors, contractors, UPMC staff members, students, visitors, volunteers, guests, community members, and other applicable parties.

B. Everyone who represents UPMC is responsible for complying with this Code.

C. This includes, but is not limited to: UPMC physicians, employees, and management (both clinical and non-clinical); residents, interns, and fellows; contract and other contingent staff; volunteers; students participating in a mentorship, shadow, or academic program; consultants, vendors, contractors, outside agencies with a business relationship with UPMC or other agents providing services on behalf of UPMC.

D. This Code does not replace professional judgment and it is not all-inclusive.

E. Instead, the Code provides the framework for understanding acceptable workplace behavior and serves as a guide for that behavior.

F. This Code works in conjunction with other UPMC policies and procedures, which can be found on Infonet, UPMC’s intranet site. Individual UPMC business units may maintain their own Codes of Conduct to supplement this UPMC Code inclusive of medical staffs, credentialing bodies, Physicians Services Division and the Insurance Services Division.

IV. **GUIDELINES**

A. UPMC will not tolerate physically or emotionally intimidating, disruptive, unprofessional, inappropriate, or unethical behavior from people who represent or provide services on behalf of UPMC. Examples of unacceptable behaviors include, but are not limited to:

   a. Violating the laws, regulations, standards, and/or policies that govern and guide UPMC’s protocol, procedures, operations, and activities;

   b. Demonstrating an injurious, offensive, demeaning, intimidating, threatening, belittling, coercing, disrupting and/or abusive disposition in the workplace;

   c. Using profanity or any offensive language;

   d. Making inappropriate advances toward and/or physical contact with others;

   e. Harassment through physical contact, verbalizations, gestures, electronic or non-electronic media, and illustrations/graphics;

   f. Malicious, aggravated, injurious, intimidating, threatening behavior toward a manager or other superior;

   g. Breaching confidentiality of patient, or research information;
h. Behaviors and/or actions that could or do compromise patient safety, including those that are malicious, careless or risky.

i. Falsifying records, including medical records, expense reports, governmental reports, and business-related documentation;

j. Creating or contributing to an unsafe and/or unhealthy work environment;

k. Destroying property or not safeguarding property against loss, theft, misuse, or damage;

l. Misusing electronic media, including electronic mail, text messaging, instant messaging, Internet/Web technology, etc. by counterfeiting; pirating intellectual property; or by viewing, sending, or receiving pornography, obscene jokes, or sexually harassing content;

m. Violating UPMC’s Conflict of Interest policies and procedures;

n. Violating UPMC’s Foreign Corrupt Practices Act (“FCPA”) and Other Anti-Bribery Statutes policies and procedures;

o. Engaging in activities that could constitute fraud.

V. PROCEDURE

A. UPMC encourages its employees, agents, and others to report all violations of this Code. Employees are encouraged to make an initial written report to their designated supervisor/manager or to their Compliance Officer. Violations considered actions that could constitute fraud should also be referred to Corporate Security and the Corporate Ethics and Compliance Office (ECO). Corporate Security can be reached by email at asksecurity@upmc.edu. To reach the ECO, email complianceaskus@upmc.edu.

B. Anonymous reporting may occur by contacting, among other things, the UPMC Compliance Helpline (1-877-983-8442); the Department of Health; or the Joint Commission. A listing of resources to which an individual may report a violation is found on UPMC’s public Internet page, www.upmc.com, under the Contact UPMC link.

C. Regardless of the reporting method, any violation of the Code must be addressed once it becomes known. The appropriate administrative and/or management representative will:

   a. Raise the complaint, concern, and/or issue with the alleged non-compliant individual;

   b. Seek response from the individual and, if necessary, investigate the issue to confirm existing details and/or to obtain additional information;

   c. Address the issue by implementing an appropriate response (e.g., educational, counseling, and/or corrective action) as directed by applicable UPMC policies and procedures;
d. Document the issue and response; notify other internal (e.g., administrative or management) or external (e.g., regulatory) representatives, Boards, Committees, etc., as appropriate;

e. Promote and monitor future compliance with this Code and other laws, regulations, standards, and policies; and

f. Follow-up with any aggrieved or complaining party to effectively respond to the original and any subsequent concerns or issues.

D. UPMC prohibits retaliation against anyone for raising, in good faith, a concern or question about inappropriate or illegal behavior under this Code. Refer to UPMC policy HS-EC1802 titled “Reporting and Non-Retaliation”.

E. Contracts with agents or representatives providing services on behalf of UPMC may contain language regarding behavioral and/or performance expectations and may reference applicable UPMC policies, procedures, and protocol.

F. Any individual providing services on behalf of UPMC, whether employed by the organization or not, should seek further detail regarding applicable policies, procedures, and expectations from their administrative or management representative.

VI. NATIONAL LABOR RELATIONS ACT

Nothing in this policy is intended to restrict or inhibit the lawful exercise of the rights protected under Section 7 of the National Labor Relations Act and this policy should not be interpreted, applied or construed to do so.

VII. REFERENCED AND RELATED POLICIES

HS-EC1700 Conflict of Interest – General Obligations
HS-EC1802 Reporting and Non-Retaliation
HS-EC1803 Theft and/or Breach of Personal Information that is Maintained by UPMC
HS-EC1804 Identity Fraud and Theft Program
HS-HR0704 Corrective Action & Discharge
HS-HR0705 Harassment-Free Workplace
HS-HR0745 Workplace Violence
HS-EC1806 Foreign Corrupt Practices Act (“FCPA”) and Other Anti-Bribery Statutes

SIGNED: Linn Swanson
Chief Audit and Compliance Officer

ORIGINAL: August 3, 2009

APPROVALS:
Ethics and Compliance Committee: May 30, 2014

PRECEDE: January 27, 2014
SPONSOR: Chief Audit and Compliance Officer
UPMC HORIZON
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Tom Newman
Chief Financial Officer

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Regional VP Human Resources

Glenn Riley
VP Operations

Melissa Kolin
VP Patient Care Services

Tom Burich
VP Managed Care
YOUR CARE.
OUR COMMITMENT.

We are committed to providing our patients and community with exceptional care in an environment that promotes quality and safety, dignity and respect and care and compassion.

Your Care, Our Commitment is our patient care promise. It is the way we deliver Life Changing Medicine at UPMC Horizon. Your Care, Our Commitment consists of four Core Values that tie into our Mission, Vision and Values statements.

We are committed to a culture in which our employees, volunteers and physicians exhibit these four core values:

- Quality and Safety
- Dignity and Respect
- Care and Compassion
- Community
TOTAL QUALITY MANAGEMENT & PERFORMANCE IMPROVEMENT

OBJECTIVES:
- Define Total Quality Management.
- Detail UPMC Horizon’s Process Improvement Model.

Process Improvement Plan: FOCUS-PDCA Model
Performance Improvement is a philosophy that encourages every member of the organization to find new and better ways to doing things with the end goal of improving the quality of patient care. Following is an overview of that mechanism called the Focus-PDCA Model:

F.... Find a process to improve.
O.... Organize a team that knows the process.
C.... Clarify current knowledge of the process.
U.... Understand sources of process variation.
S.... Select the process improvement.

P.... Plan a change aimed at improvement.
D.... Do the change.
C.... Check and study the results.
A.... Act by adopting the change, or modify and run through the cycle again.

The PI Model
A performance improvement model is a logical, systematic process that helps to identify what can be improved and how it can be improved.

What is Your Role in QI?
- Participate in data collection.
- Always be observant of ways to improve the quality of patient care and services.
- You are encouraged to observe and communicate your ideas to your immediate supervisor.
  - Department-specific
  - Multidisciplinary
    - Submit a PI Team Proposal
SAFETY MANAGEMENT – PATIENT SAFETY

INTRODUCTION:
UPMC Horizon recognizes that, in rare instances, unexpected events may occur that involve death or serious injury or risk of injury to patients or employees. This in-service will discuss patient safety reporting and the procedures in place to respond to such an incident.

OBJECTIVES:
- Know the types of events to be reported.
- Understand staff role in Patient Safety Reporting.
- Understand why safety errors occur.
- Understand ways to reduce errors.
- Define Root Cause Analysis.

Patient Safety is a top priority.

Medical Care Availability and Reduction of Error Act (MCare) Act 13

- MCare was established to promote patient safety and reduce soaring malpractice rates.
- MCare requires Health Care workers to report serious events and incidents within 24 hours of occurrence or discovery. (Endorses PA Whistleblower Law.)
- PA Whistleblower Law – No adverse action or retaliation for reporting.

MCare Requires:
- A Patient Safety Officer per provider facility.
- A Patient Safety Committee with community members.
- Written notice of serious events to the patient/adult family member with 7 days of the occurrence or discovery of the occurrence. (Coordinated by the Patient Safety Officer)
- Notify the PA Patient Safety Authority of serious events and incidents. (Coordinated by the Patient Safety Officer)

Important Definitions

Incident - an event, occurrence or situation involving the clinical care of a patient, that could have injured the patient but did not either cause an unanticipated injury or require the delivery of additional services to the patient.

Serious Event - an event, occurrence, or situation involving the clinical care of a patient in a medical facility that results in death, or compromises patient safety and results in unanticipated injury requiring additional health care services to the patient.

Infrastructure Failure - an undesirable or unintended event, occurrence, or situation involving the infrastructure of a medical facility, or the discontinuation or significant disruption of a service, which could seriously compromise patient safety.
**Sentinel Event** - an adverse unexpected occurrence involving death or serious physical or psychological injury, or risk thereof, and may include loss of patient life, limb, or function.

- An immediate continuing threat to patient care or safety.
- Potential for serious underlying systems problems.
- More than one event has occurred within 6 months.
- Event potentially undermines public confidence in the hospital.

**A Sentinel Event occurs if it meets one of the following criteria:**

- Suicide of a patient in a care setting where the patient receives around-the-clock care
- Infant abduction or discharge to the wrong family
- Rape
- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities
- Surgery on wrong patient or wrong body part

*Such events are called “sentinel” because they signal the need for immediate investigation and response.*

**Root Cause Analysis** – A written review and analysis performed to determine the underlying errors, deficiencies and issues that allowed or caused the event to occur.

**Reasons staff may not report:**

- Too busy to complete
- Fear of disciplinary action or retaliation
- Reluctance to report physicians
- Failure to recognize an incident, serious and/or sentinel event

**Reasons you are **REQU**IE**RED** to report:**

- Health care workers who fail to report can be subject to professional board disciplinary action.
- The UPMC Health System policy and Patient Safety Plan requires you to report adverse patient events.
- It is the policy of UPMC to comply with the requirements of the Joint Commission and the MCare Act to report any unexpected events or disruptions of normal routines involving the clinical care of the patient. In addition the reporting of such events or disruptions is a critical step to promote patient safety and to reduce the risk of event reoccurrence.
- REMEMBER – We can’t fix the problem if we don’t know about it!

**Reporting Tips:**

**DO** notify within 24 hours of an event

**DO** record factual information in the medical record

**Don’t** delay reporting

**Don’t** make assumptions

**Don’t** assign blame
Why do safety errors occur?
- System errors
- Human factors lead to system errors
  ⇒ Rushing
  ⇒ Frustration
  ⇒ Fatigue
  ⇒ Complacency

These factors increase the chance that something will go wrong.

Ways to reduce errors and foster patient safety:
- Listen to your patients and their families.
- Understand that errors can and do happen.
- Don’t be afraid to ask questions.
- Call a “Condition C” if a patient is in distress.
- Improve your work processes and double-check.
- Root Cause Analysis & Corrective Action Plan.

Patient Safety Posters
We are encouraging our patients to SPEAK UP!

We ask for reminders if we do not:
- Introduce ourselves and make sure our ID badge is visible.
- Clean our hands before any procedure.
- Correctly identify patients before any medication or procedure using the 2 identifiers – name and medical record number.
- Explain the care and medications patient will receive.
- Stop treatment if it doesn’t seem quite right.

National Patient Safety Goals
At UPMC Horizon, Patient Safety is always our first priority.
- In order to promote patient safety, UPMC complies with The National Patient Safety Goals.
- Joint Commission introduced these goals and Sentinel Event Alert goals to promote specific improvements in patient safety.
- JC publishes SEA’s (Sentinel Event Alerts) which identifies the most frequently occurring sentinel events, describes the underlying causes, and suggests steps to prevent occurrence in the future.
2013 National Patient Safety Goals
PATIENT IDENTIFICATION

*Patient Identification is a very important component of patient safety:*

Staff must confirm **two** patient identifiers:
1. Prior to administration of medications or blood/blood products.
2. Whenever taking any specimen collections for clinical testing.
3. Whenever providing any treatments/procedures.
4. When placing patient identification labels on all chart forms or putting any patient chart forms into the medical record.

Staff must confirm two patient identifiers. They are:
- Name **AND**
- Either Date of Birth or Medical Record Number

- In addition, patient specimens must be labeled at the patient’s bedside with two identifiers (name **AND** either date of birth or medical record number).

- If any of the information on the patient’s identification band is inconsistent with the information on the requisition or patient demographic sheet, further clarification must be sought before providing any service.

Patient wristbands are not only used as a means of patient identification but also to identify any alerts associated with the patient’s condition.

Wristband Colors:
- White – Patient Identification
- Red- Allergy Alert
- Purple- DNR
- Yellow- Fall Injury Risk
- Pink- Do Not Use Extremity
- Green- Latex Allergy

RERAINTS

- The UPMC Horizon policy on restraints may be found in the Administrative Manual (TX-04) on the Home Page, or on each facilities SharePoint home page.
- Restraints are used as a last resort and **ONLY** with a physician order.
- Restraints should not be used unless other less restrictive alternatives have been tried or considered.
- The least restrictive, effective intervention should be selected and terminated as soon as it is reasonable to do so.
- A restraint is any manual, physical or mechanical device, material, or equipment that:
  - Immobilizes or reduces the ability of a patient to move his/her arms, legs, body or head freely.
- A chemical restraint is a drug or medication used to manage the patient’s behavior or restrict the patient’s freedom of movement.
  - It is not a standard treatment or dosage for the patient’s condition.
Mechanical restraint devices listed from least restrictive to most restricted:
- Full siderails
- Mitts (only when secured/tied
- Geri-chair with tray
- Soft limb

PAIN MANAGEMENT
Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage.
- **Acute pain** - temporary and subsides as healing takes place.
- **Chronic pain** - persists a month or more beyond the usual course of acute disease, or is associated with a chronic pathological process
  - Take all reports of pain seriously
  - Document patient’s numerical report of pain
  - Document a numeric sedation score
  - Accept and act on patient’s report of pain
  - Proceed with appropriate assessment and treatment

All patients have the right to appropriate assessment and management of pain. Ask your patient to rate their pain on one of the following pain scales to help assess and re-assess their discomfort.

Zero to ten (0-10) Numeric Pain Intensity Scale (8 years and older, approximately)
Wong-Baker FACES Pain Rating Scale (3-7 years and older, approximately)
Word Descriptor (4 years and older) Omitting PIPPS
CRIES Scale (birth – 6 months, approximately)
FLACC Behavioral Pain Scale (NOPPS) - <37 weeks gestation and full term infants until 6 weeks
N-PASS – Neonatal Pain, Agitation & Sedation Scale

SAFETY ITEMS
- The care and safety of the patient is the **utmost priority** after the identification of a serious/sentinel event.
- Staff members must report a serious/sentinel event immediately to their Department Managers or the Nursing Supervisor, in the manager’s absence.
- A Root Cause Analysis is **not** intended to be a punitive or disciplinary review.
- An “Action Plan” is the product of the root cause analysis. It identifies the strategies the organization intends to implement to reduce the risk of similar events occurring in the future.
- No matter how knowledgeable or careful people are, errors will occur in some situations and may even be likely to occur.
• Systems or processes need to be examined in a prospective way to determine ways in which failure can occur.

• JC publishes *Sentinel Event Alert*, which identifies the most frequently occurring sentinel events, describes their underlying causes, and suggests steps to prevent occurrences in the future. These alerts at UPMC Horizon’s specific risk reduction strategies are located on Horizon’s Home Page under “Survey Success” and then “Sentinel Events”.

• The Patient Safety Officer at UPMC Horizon is Karen Calhoun, RN.

• If you, your patients, or their families have concerns about patient care or safety in our hospital, please contact the hospital’s Patient Advocate located within the Quality Improvement Department. If, after reporting these concerns, you believe they have not been addressed, you or your patients and their families may contact the Joint Commission’s Office of Quality Monitoring at 1-800-994-6610 or complaint@jointcommission.org; or Healthcare Facilities Program, Quality/Patient Safety Services, Fax: 312-202-8367 or slautner@hfap.org.

UNDERSTANDING THE ELDER JUSTICE ACT
The Health Care Reform legislation (known as the Patient Protection and Affordable Care Act or PPACA) includes a new reporting requirement for long-term care providers and workers and vendors who may provide services in the long term care facility. The reporting requirement is in the PPACA as part of the Elder Justice Act and it amends the Social Security Act.

The Elder Justice Act (EJA) is designed to “detect, prevent and prosecute elder abuse, neglect, and exploitation”. One requirement of EJA, is a responsibility for individual employees to report suspected crimes against residents of long term care facilities and others who receive care from the facility. The Act creates serious penalties for individuals who fail to report a crime or suspicion of a crime and, potentially, for long term care facilities that employ individuals who fail to report.

**Reporting Requirements**

- The EJA mandates that each “covered individual” – owners, operators, employees, managers, agents, or contractors – report “any reasonable suspicion of a crime” against any person “who is a resident of, or is receiving care from, the facility”.

- The suspicion must be reported to both the State Survey Agency (the DOH – Department of Health, acting as an agent of the Secretary Department of the U.S. Department of Health and Human Services) and to one or more local law enforcement agencies. The Act does not designate any particularly form by which the report must be made.

- Crucial to this mandatory reporting requirement is the time in which the report must be made.

- Where the suspected crime “results in serious bodily injury, the individual shall report the suspicion immediately, but not later than 2 hours after forming the suspicion.”

- Where serious bodily injury does not result from the suspected crime, the suspicion must be reported “not later than 24 hours after forming the suspicion.”

- EJA defines “serious bodily injury” as “an injury – (i) involving extreme physical pain; (ii) involving substantial risk of death’ (iii) involving protracted loss or impairment of the
function of a bodily member, organ, or mental faculty; or (iv) requiring medical intervention such as surgery, hospitalization, or physical rehabilitation.” Also included in the Act’s definition of “serious bodily injury” is criminal sexual abuse, prohibited by federal statutes, “or any similar offense under State law.”

Penalties for Failing to Report

- Under EJA, any covered individual – be it the owner, an employee, or even a facility contractor – who does not comply with the reporting requirements is subject to a civil penalty up to $200,000.
- If the individual fails to report his or her reasonable suspicion of a crime and the failure to report “exacerbates the harm to the victim of the crime or results in harm to another individual” the maximum civil penalty is increased to $300,000.
- In addition, any failure to report exposes the individual to the possibility of being “excluded from participation in any Federal health care program.”
- While these civil monetary and exclusion penalties fall upon the individual, any facility that subsequently employs and excluded individual becomes “ineligible to receive Federal Funds under this Act.”

How Do You Comply With This Law?

Who Must Report & How:

- Individuals who must comply with this law are: owner(s), operators, employees, managers, agents or contractors of a long term care facility (LTC), nursing facilities, skilled nursing facilities, hospices that provide services in LTC facilities, and Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) and hospital based Transitional Care Units.
- Individuals reporting suspicion of a crime must call, fax, or email both local law enforcement and the state survey agency (local Department of Health office).
- Individuals suspecting a crime must report the suspicion immediately to the facility administration.
Serious/Sentinel Event Timeline

Immediate Response

First 24 Hours

24 Hours to First Week

By 45 Days From Event

Serious/Sentinel Event Flowchart
(Determination, Action, and Reporting Process)

Serious/Sentinel Event Occurs

Complete IIR and forward to Risk Management Department

Staff: Report Immediately to Manager/House Supervisor

Manager/House Supervisor: Report Immediately to Patient Safety Officer (PSO) or Administrator on call

Patient Safety/Quality Peer Review Committee reviews all events

PSO/Administrator on call ensures completion of report.

Patient Safety/Quality Peer Review Committee will confirm if SE occurred and report to JCAHO within timeframe

Patient Safety/Quality Peer Review Committee completes Initial Investigation Process of all events (Serious/Sentinel)

All information to Root Cause Analysis Team

Team completes Root Cause Analysis

Root Cause Analysis, Action Plan & Performance Measures to Patient Safety Committee

Report to Medical Executive Committee, Quality Council, and Board

PSO/House Supervisor submits report to PSA & DOH within 24 hours

Patient Safety/Quality Peer Review Committee reviews all events

PSO/House Supervisor submits report to PSA & DOH within 24 hours
SAFETY MANAGEMENT - EMPLOYEE SAFETY

INTRODUCTION:
The personal safety of each employee, patient, and visitor is of primary importance to UPMC HORIZON. Unnecessary injuries take a high toll every year in the healthcare setting. This packet is designed to provide information that can help you protect yourself and your fellow employees from needless injuries. In addition, Joint Commission Standards on the environment of care require training in Safety.

BEHAVIORAL OBJECTIVES:
After completing this packet, you will know the following:
- At least 5 safety risks you should be aware of in the environment of care.
- The procedure for reporting incidents.
- What actions you can take to help eliminate or minimize safety risks.
- Where to obtain information on department-specific safety information.

Safety Management

In the healthcare environment, people’s lives depend on your safety awareness and compliance. You must be prepared to act with total safety in mind. Most injuries in the healthcare industry are associated with sprains and strains, especially injuries to the back. Other injuries such as needle-sticks have the potential for serious illness. The risk of all types of injury can be dramatically reduced through proper training and safe work practices. You should:

1. Get the training that you need to do your job safely.
2. Put your training into practice every day and keep alert for the unexpected.
3. Promote and support safety as you interact with co-workers.
4. Report hazards, accidents/incidents, or “near-miss” accidents promptly to your supervisor with your suggestions for corrections.

Purpose:
The purpose of UPMC Horizon’s Safety Management Program is to protect the lives and assure the physical safety of patients, visitors, personnel, and all who use the Hospital’s buildings and grounds. To succeed, it must have the support of everyone at the Hospital. We need to promote the proper attitudes toward injury prevention on the part of both supervisors and employees. Only through cooperative effort can a safety program work.

Responsibilities:
The Safety Officer is responsible for the administration of the Safety Program.

The Patient Safety Officer at UPMC Horizon is Karen Calhoun, RN.

The Safety Officer is responsible to act immediately when a hazardous condition exists, which may result in personal injury to individuals or damage to equipment or buildings.
Every employee is responsible for wholehearted, genuine cooperation with all aspects of the safety program, including compliance with all rules and regulations, and for continuously practicing safety while performing his or her duties. Input from staff at all levels of the organization is essential to the success of the program. If you discover a safety problem, report it immediately to the Safety Officer or to your supervisor.

Every department is responsible for training their employees on department-specific hazards and safety issues. If you have a safety question, ask your supervisor about it.

10 Fundamental Rules:
Most accidents can be avoided through adherence to some fundamental, common sense safety rules:

1. Report all potentially hazardous or unsafe conditions or acts to the Safety Officer immediately.
2. All foreign materials on floors should be removed or reported to Environmental Services department to prevent injury to others.
3. All defective or damaged equipment should be reported to the Maintenance or Biomedical department immediately.
4. Walk, **DO NOT** run! Keep to the right, using special caution at intersecting corridors.
5. Know the Hospital’s Fire Safety Plan and the location of fire alarms and extinguishers and how to use them.
6. Become familiar with the relevant work procedures and safe work practices.
7. If doors have glass inserts, be sure that the other side is clear before opening the door. If the other side is not clear, open the door slowly using the handle or push plate.
8. Report all injuries, however slight, to the supervisor and get first aid immediately.
9. Realize that horseplay and practical jokes often result in serious injury. The hospital is no place for such actions.
10. When in doubt about what should be done, ask the immediate supervisor.

Safety Risks:
You may know that back injuries are the most common type of workplace injury. That is because no matter what our jobs, we are constantly using our backs to support our bodies, to bend, sit, twist, stand, or even to lie down. All of these activities put stress on our backs. Understanding how your back works while lifting can help you avoid unnecessary strain and potential injury.

Back Basics:
Your back is made up of movable bones (vertebrae) and shock absorbers (discs) between each vertebra - Ligaments and muscles support these structures and help keep the back aligned in three balanced curves. *Your back is aligned correctly when your ears, shoulders, and hips are in
When the three curves of your back are not in balance, there is a greater likelihood of back pain and injury.

**Lifting Basics:**
When you lift, it is important to keep your back in balance. If you bend at your waist and extend your upper body to lift an object, you upset your back’s alignment and your center of balance. You force your spine to support the weight of your body and the weight of the object you are lifting. This situation is called “overload”. You can avoid overloading your back by using good lifting techniques. For example, *when you bend at the knees and hug the object close to you as you lift, you keep your back in alignment and let the stronger muscles in your thighs do the actual “lifting”*. Therefore, you do not have to extend your upper body and are able to maintain your center of balance.

**Safe Lifting:**
Safe lifting means protecting your back and yourself while you lift. Before you lift anything, *think about the lift—Can you lift it alone? Do you need help? Is the load too big or too awkward?* When you do lift, be sure to bend at your knees, hug the load close to your body, and raise yourself up with the strong muscles in your thighs. Remember, NEVER twist while lifting—instead, move one foot at a time in the direction where you want to go and then turn with your leg muscles. *Above all, safe lifting means keeping your back in balance and avoiding overload.*

**Handling Materials:**
Lifting is only one aspect of material handling. How you carry and put down a load is just as important as how you pick it up. Reaching, pushing, pulling, and using mechanical aids are other potentially demanding movements that you make every day. Good body mechanics—moving in an efficient, balanced way, can help you handle materials safely and protect your back from pain and potential injury.

**Reaching:**
Reaching for supplies in high places can hurt if you reach too high or grab something that is too heavy. *Be sure to reach only as high as you can without stretching and use a stool if necessary.* Test the weight of the load before you actually lift it. Contract your stomach muscles to keep your back in neutral position and let the muscles in your legs and arms do most of the work.

**Pushing and Pulling:**
Pushing and pulling can be hard on your back. *Just as you should do while lifting, stay close to your load and hold your neutral back position to protect yourself.* Tighten your stomach muscles when pushing. *Push whenever you can—it’s much easier than pulling.*

**Mechanical Aids:**
You cannot lift every load yourself and some loads are even too heavy or too awkward for two to handle. Carts, bins, hand trucks, and dollies can help to lift such loads. Pushcarts and bins are useful for light, awkward loads, while hand trucks and dollies aid in moving heavier, stackable material. *When using mechanical aids, be sure that the load is secured in place before moving.*
Prevention of Falls:
Each year, hundreds of workers die and thousands are left disabled from falls on the job. It may come as a surprise that falls are the most common type of industrial accident. Yet using common safety sense and learning how to recognize and correct typical fall hazards in the work environment can prevent almost all falls.

Understanding Falls:
Falls occur when you lose your balance and footing. Your center of gravity is displaced and there is nowhere to go but down. You may be thrown off balance by a slip on a wet floor or a trip over an electrical cord. *Once you lose your balance and footing, a fall is inevitable.*

Common Fall Hazards:
One of the most common causes of office falls is tripping over an open desk or a file drawer. Bending while seated in an unstable chair and tripping over electrical cords or wires are other common hazards. Loose carpeting, objects stored in halls or walkways, and inadequate lighting are other hazards that invite accidental falls. Fortunately, all of these fall hazards are preventable. The following can help you stop a fall before it happens:

- Look before you walk—make sure your pathway is clear.
- Close drawers after every use.
- Avoid bending, twisting, and leaning backwards while seated.
- Secure electrical cords and wires away from walkways.
- Always use an appropriate stepladder for overhead reaching.
- Clean up spills immediately.
- If you see an object on the floor, pick it up!
- Report loose carpeting or damaged flooring to maintenance immediately.
- Make sure that walkways are well lighted.
- Walk — **DO NOT run!!**

Ergonomics:
Ergonomics is the science of fitting the job to the people who work in them. The term encompasses knowledge about physical abilities and limitations, as well as other human characteristics that are relevant to job design. By taking this knowledge, you can theoretically design a workplace that is safe and efficient for workers.

Musculoskeletal disorders (MSD) are injuries and disorders to the muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs. Exposure to physical work activities and conditions that involve risk factors may cause or contribute to MSDs. Injuries caused by slips, trips, falls, vehicle accidents, or similar mishaps do not usually fall into this category.
MSDs are caused by exposure to repetitive actions, forceful exertions, awkward postures, contact stress or vibration. Common symptoms include the following:

- Painful joints
- Pain in wrists, shoulders, forearms or knees
- Pain, tingling or numbness in hands or feet
- Shooting or stabbing pain in arms or legs
- Back or neck pain
- Swelling or inflammation
- Stiffness
- Burning sensation

As with any work related injury, it is essential that the employee report the injury to his/her supervisor as soon as possible so that appropriate action can be taken for treatment of the injury as well as possible engineering controls to help reduce the hazards. Physical changes may be required to reduce the MSD hazards. Examples include changing or redesigning workstations, tools, or equipment. Learning how to “work smart” and recognize symptoms before they become serious can prevent MSDs. Use these tips to prevent injury:

- Avoid repeating actions when possible. If several different movements are possible, rotate among them. Vary your posture and work position to reduce stress on your body.
- Try adjusting your work area so that you can keep your wrists straight while filing or performing other repetitive motions.
- If you work while seated, position your chair high enough so that your elbows are even with, or slightly higher than your hands.
- Take short breaks and gently stretch and shake out your hands once every hour.
- Pace yourself – although working at breakneck speed may get the job done faster, in the short-run, a repetitive motion injury could put you out of commission for weeks or longer.
- Limit how often you lift a patient.
- Limit twisting your body at the waist during a lift.
- Hold patients close to your body during a lift.
- Have more than one person involved in lifting a patient.
- Avoid prolonged forward bending (such as while caring for patients).

**Electrical Equipment**

Every day, electricity lights the office and runs the equipment, however, it is easy but dangerous to take electricity for granted. In order to protect your patients, co-workers, visitors, and yourself, practice electrical safety.

**Electrical Hazards**

Electric wiring, fixtures, equipment, and machinery can be hazardous. Primarily, they can cause fires and explosions. Wood, paper, and some chemicals can catch fire from a simple spark. In addition, electricity can burn, shock, or even kill you depending upon the strength of the electricity. When you are shocked, your muscles can contract violently, causing serious falls or
other accidents. Finally, when electric equipment is not turned off after use, the next person to use it may not be aware that the power is still on and they can become shocked or injured.

**Practice Electrical Safety**
Protect yourself by following these important rules for electrical safety:
- Avoid using appliances touching metal while you are wet.
- Unplug equipment or appliances before cleaning, inspecting, repairing, or removing anything from them.
- Keep electrical equipment, machinery, and work areas clean. Oil, dust, waste, and water can be fire hazards around electricity.
- If you are not trained to work in high voltage areas, do not enter them—even in an emergency.
- Make sure that all electrical equipment is properly grounded.
- If someone has been shocked, separate the victim from the current before doing first aid if you can do so safely without injury to yourself. If not, call for help.
- Use “C” rated extinguishers for electrical fires. NEVER USE WATER!!!

**Report Unsafe Conditions**
Report unsafe conditions, such as shocking, sparking, overheating, or smoking equipment. Any damaged outlets, switches, or extension cords should not be used and should be reported immediately.

**Fires:**
Become familiar with the Fire Program here at UPMC Horizon. Take the Life Safety in-service so that you will know the proper procedures to follow in a fire situation.

**Hazardous Materials:**
There are many hazardous materials in the health care environment. Become familiar with the safety precautions for those materials in your department. Take the hazardous materials in-service and practice safe working habits around hazardous materials.
SUBJECT: Employee Health
DATE: September 9, 2013

I. POLICY/PURPOSE

It is the policy of UPMC to provide certain appropriate health services to staff members, volunteers, house staff, medical staff, students entered in clinical programs with the system, and individuals who have been offered employment. The policy provides information and guidelines for staff and applicants concerning post offer pre-placement health assessments, baseline and periodical annual testing for various medical clearances and contingencies requiring possible immunizations or exposures to infectious diseases and blood borne pathogens. Information is also provided on latex allergies, return to work issues, fitness for duty, medical records and medical leaves of absence.

Links to policies referenced within this policy can be found in Section IV.

II. SCOPE

Employee Health Services are provided by various United States based UPMC hospital facilities and affiliates throughout UPMC. Appendix A lists many of these locations where Employee Health Services can be obtained for UPMC staff members. These locations are augmented by a number of community practice locations and UPMC affiliates.

III. SERVICES

A. Pre-placement/Post-Offer Health Assessment

All post-offer applicants for employment must submit to a pre-placement health assessment after receiving an offer of employment and prior to beginning work. The purpose of the health assessment is to determine whether an applicant is medically and physically able to perform the essential job functions of the position he or she has been offered and also to provide to the applicant baseline information about their health. Applicants must receive a clearance on their health assessment prior to starting employment.

1. Pre-placement medical examinations, and/or further diagnostic testing, if required, may be directed by Employee Health Services to a UPMC specialist or primary care physician.

2. After the completion of the health assessment, Employee Health Services or the designated Employee Health Department will notify Human Resources whether the applicant has been medically cleared for employment.
3. If the applicant was previously employed by UPMC, and is returning to active employment following thirty (30) or more days of separation, a full assessment/medical record update should be completed using all current pre-placement practices.

B. Responsibilities of Employee Health / Human Resources on Staff Member Transfers/Terminations.

When a staff member transfers into a different position within UPMC, Employee Health will perform any additional testing and/or evaluations based on the requirements for the department that the person is transferring into. Human Resources should notify the Employee Health Department at the facility where the staff member is transferring into, to identify if any additional testing is needed, and also give the Employee Health clinic the location from which the staff member is transferring from in order to transfer his/her medical records. Human Resources should also notify the Employee Health Department when a staff member terminates employment with UPMC to complete any termination lab-work and/or testing needed specific to certain UPMC Business Units.

C. Guidelines for Pre-placement/Post Offer Exams

1. It is the responsibility of UPMC Employee Health Services to determine the scope of the health assessment required for each applicant based upon a review of the individual’s responses on the health inventory/evaluation, the essential functions of the job the individual has been offered, and other potentially known occupational hazards identified with the applicant’s position.

2. The health assessment for all post-offer applicants should at minimum include the following:

   a. A detailed health inventory, which is a comprehensive health questionnaire including information on the applicant’s health, infectious disease exposures, latex allergies, and medical restrictions and/or accommodations.

   b. A drug screen to determine whether the applicant has recently engaged in the illicit use of drugs.

   c. A general health screening that includes health measurements such as height, weight, blood pressure, lipid levels (total cholesterol, triglycerides, HDL, and LDL) and blood glucose.

3. In accordance with certain regulatory guidelines, department specific requirements and/or to safeguard the staff member from possible hazards and/or health affects, additional testing and/or further evaluation may be required. Additional testing performed on the applicant will be coordinated through UPMC Employee Health Services. (See also Section III, D: Guidelines for Additional Baseline and/or Annual Periodic Testing).
4. Abnormal test results and findings discovered during pre-placement will be addressed with the applicant. Further diagnosis or treatment recommendations will be referred to the applicants PCP if indicated.

D. Guidelines for Additional Baseline and/or Annual Periodic Testing.

1. **Tuberculosis test (PPD):** Staff, students and volunteers may be required to have a documented TB clearance prior to receiving medical clearance depending on work location and/or clinical involvement. A two step TB skin testing method will be utilized on applicants who do not submit documented negative PPD results, which are less than one year old. An IGRA (Interferon-Gamma Release Assay) test may be used in lieu of the TB skin test. Failure to obtain necessary testing within designated timeframes may result in Corrective Action up to and including discharge.

   a. Applicants with a prior positive TB test will receive medical clearance by obtaining/providing documentation of a negative PA chest x-ray and/or IGRA. Applicants with positive TB skin tests documented during the evaluation will be dealt with on a case-by-case basis and referred to the appropriate Health Departments where applicable.

   b. The pre-placement applicant can be cleared after the first TB skin test is read, however this clearance is provisional and the second TB skin test must be completed within 1-3 weeks after the first TB skin test. (Two step TB skin testing requirements can vary among business units, and may require the applicant to complete both the first and second TB skin tests prior to the applicant starting work).

   c. The frequency of TB skin testing is based on the institution’s TB Exposure Control Plan and/or the specific needs of the business unit. For those facilities that do not have an exposure control plan, then community epidemiological TB incidence rates should be used to gauge the frequency of TB skin testing (if testing is warranted). Those with prior positive TB skin tests should have symptoms of TB reviewed at the same frequency of those receiving the TB skin tests. Staff Members conversions should be reported to UPMC Claims and Infection Control.

2. **CBC (with Differential, Platelet and Reticulocyte Count) plus Chemistry Panel (to include LFT with BUN/Creatine):**

   Baseline/Annual testing may be recommended for staff identified at risk for the following exposures:

   a. Frequent handling/exposure to hazardous or antineoplastic drugs.

   b. Ethylene Oxide (ETO).
c. Nuclear medicine or staff with radiation exposures that exceed exposure limits.
d. Waste anesthetic gases.

3. **MMR Titer:** Baseline testing for clinical staff (staff with potential patient contact). Applicants with documentation of immune status or history of the disease do not require titers.

4. **Varicella Titer:** Baseline testing for clinical staff (staff with potential patient contact). Applicants with documentation of immune status or history of the disease do not require titers.

5. **Hepatitis B Immunization/Titer (quantitative HBsAb):** All staff with the potential for blood or blood product exposure. Applicants with history of vaccination do not require titers. Vaccination must be offered and acceptance and/or declination of the vaccine must be documented in the staff member’s medical record within 10 days of their assignment to a location where an exposure may occur.

6. **Color Blindness Testing:** Baseline testing for identified staff requiring color proficiency in job responsibilities (i.e. laboratory staff).

7. **Qualitative / Quantitative Fit Test:** Baseline/Annual testing for identified staff required to wear tight fitting respiratory protection gear. A respiratory medical questionnaire must be completed for medical clearance to wear a respirator. Staff unable to be fit tested, or wear a respirator will be handled on a case-by-case basis and may be referred to Safety and/or Infection Control, depending on the facility, for the possible use of a PAPR (Powered Air Purifying Respirator) for respiratory protection purposes. PAPR’s do not require fit testing.

8. **Vision:** Snellen eye chart for determination of distance vision acuity as needed.

9. **Audiology Exams:** Baseline and annually for staff with exposure to noises that are greater than 85dB over an eight-hour time weighted average (TWA). These staff members should also be enrolled in a hearing conservation program per OSHA regulations.

10. **Pulmonary Function Testing (PFT):** Baseline and annually for all applicants/staff required to wear a respirator other than an N-95 dust mist respirator. (i.e., full face or half mask respirator, SCBA).

11. **RAST Testing:** Applicants/staff determined to be at risk for latex sensitivity should have radioallergosorbent (RAST) testing completed. The results of RAST testing will be used to determine the need for a dermatological referral. Staff members with latex sensitivity will be provided with latex free products,
as necessary to perform their duties and reasonable efforts will be made by the Administration to minimize additional exposures. Documented latex allergies should be communicated to Human Resources and/or the department manager for possible accommodation.

Failure to obtain necessary testing within designated timeframes may result in Corrective Action up to and including discharge.

E. Guidelines for Annual/Post Exposure Screenings

In accordance with appropriate regulations, and also to help safeguard the staff member population, certain staff members may be required to undergo annual/periodic evaluations and/or medical surveillance testing. Hazard identification is the responsibility of the Safety Department in conjunction/consultation with Infection Control, Employee Health, and the Administration for each UPMC entity. Medical testing for any surveillance programs should be coordinated through UPMC Employee Health Services. Attaining acceptable compliance rates associated with any surveillance programs should be the joint responsibility of the Administration and Human Resources.

The following are examples of some of the hazardous exposures that may warrant a medical surveillance program. (See Section III, D: Guidelines for Additional Baseline and/or Annual Periodic Testing, for specific testing requirements).

1) Frequent handling of chemotherapeutic medications.
2) Gluteraldehyde or Formaldehyde exposures that exceed OSHA Short Term Exposure Limits (STEL).
3) Tuberculosis (if identified as part of a business units exposure control plan)
4) Noise Exposures that exceed established OSHA levels.
5) Asbestos Exposure
6) Radiation Exposure
7) Mercury Exposure
8) Ethylene Oxide and/or certain chemicals used for sterilization of instruments or equipment.

Review of all results and any coordination of medical surveillance testing and/or evaluation will be the responsibility of Employee Health Services, or the designated Employee Health Department. Employee Health Services will assist in determining the potential health risk for the exposure, and/or whether work restrictions/accommodations are recommended.

F. Immunizations

Immunizations are given by Employee Health Services in accordance with the Centers for Disease Control (CDC) guidelines, and as required by various business units of the UPMC. All immunization requirements will be coordinated through UPMC Employee Health Services. The following list includes examples of some of the immunizations given through UPMC Employee Health Services.
1. Tetanus/Diphtheria/Pertussis (Tdap)
2. Hepatitis B Vaccine (three vaccinations given over a six month period).
3. Flu Vaccine (usually given annually each fall).
4. Measles/Mumps/Rubella Vaccine for susceptible staff.
5. Varicella Vaccine for susceptible staff.
6. Meningococcal Vaccine when indicated for microbiology / laboratory staff.
7. Hepatitis A Vaccine when indicated (i.e. overseas travel).

Other vaccinations may be offered on a case-by-case basis as recommended by federal agencies, and/or as needed/required by UPMC Business Units. Further information regarding specific vaccines and vaccination procedures is available through the various designated Employee Health Departments. These vaccinations may be given by UPMC Employee Health Services or by an outside entity.

G. Infectious Disease Exposures

In the event that staff members, are exposed to an infectious disease as defined by the (CDC), the necessary testing and/or follow up and treatment may be provided by Employee Health Services in accordance with federal regulations and CDC recommendations. The designated Infection Control Division will provide input, direction, and support on Infectious Disease related issues.

1. When an infectious disease exposure is suspected, staff should notify Infection Control and/or Employee Health Services. In the event that a staff member is exposed/contracts an infectious disease outside of the work environment, it is the staff member’s responsibility to notify the supervisor or department head, who should then notify Infection Control and/or Employee Health for consultation.

2. Infection Control will investigate the exposure and indicate to Employee Health Services which staff members, if necessary, require post-exposure testing, treatment, follow up, and/or return to work clearance.

3. Employee Health Services will facilitate staff members receiving appropriate treatment and follow up. Infection Control and/or Employee Health Services will also notify the department head of any additional requirements or accommodations needed for the exposed staff.

4. Clearance to return to work, after a staff member is diagnosed with an infectious disease, must be obtained from Employee Health Services, or in the case of an infection which occurs outside of work, from the staff member's PCP. In cases where clearance is provided by a PCP, review and approval by either Infection Control or Employee Health Services may be required.

5. Department heads should notify Infection Control or Employee Health if a staff member returns to work after an infectious disease exposure or treatment without an appropriate clearance.
6. For purposes of this section, exposure to, and/or diagnosis of any of the following below listed Infectious Disease examples must be reviewed and/or evaluated by Infection Control:

<table>
<thead>
<tr>
<th>Chickenpox / Shingles</th>
<th>Lice</th>
<th>Influenza</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacterial Conjunctivitis</td>
<td>Measles</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Vancomycin Resistant</td>
<td>Meningitis</td>
<td>Infectious Diarrhea</td>
</tr>
<tr>
<td>Enterococcus</td>
<td>Mumps</td>
<td>Staph Aureus (i.e. MRSA)</td>
</tr>
<tr>
<td>Group A Streptococcus</td>
<td>Rubella</td>
<td>Smallpox</td>
</tr>
<tr>
<td>Hepatitis A, B, or C</td>
<td>Pertussis</td>
<td></td>
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<tr>
<td>Herpes Simplex</td>
<td>Scabies</td>
<td></td>
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<tr>
<td>Clostridium Difficile</td>
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</tbody>
</table>

H. Needlesticks or Bloodborne Pathogen Exposures (see also OSHA Bloodborne Pathogen-Exposure Control Plan Policy)

1. Immediately after the exposure, wash the area thoroughly with soap and water. If eyes are involved, irrigate with copious amounts of water. If mouth is involved, rinse mouth with plain water or an appropriate antiseptic mouthwash, if available.

2. The exposed staff member must notify his or her supervisor.

3. Exposures should be evaluated as soon as feasible post-exposure (recommend within 2-4 hours).

4. If the exposure occurs on an off-shift or over the weekend, the staff member should report to the nearest UPMC Emergency Department if other consultation is unavailable (additional support is available on off-hours and weekends through an answering service at (412) 784-7402). Staff members must notify UPMC Claims and complete the appropriate claim information (even if evaluated by employee health and/or the emergency department). UPMC incident reports can be filed via telephone by contacting 1-800-633-1197.

5. Exposed staff members should present with the source patient's name and the name of the source patient's attending physician if available.

6. The staff member must request evaluation of a significant exposure within 72 hours of the incident if the source patient is to be approached for testing.

7. Appropriate treatment and follow up post-exposure will be coordinated by Employee Health Services. Treatment and follow-up for staff of non-hospital-based entities, may be directed by Employee Health Services to a UPMC primary care physician or affiliate facility if necessary, to accommodate geographic considerations.
8. This reporting process should be followed by all who are covered by this policy.

I. Latex Allergies

It is the policy of the UPMC to adopt appropriate measures to protect staff members with latex allergies or sensitivity from additional exposure in the performance of their job responsibilities. Latex may cause, on some individuals, a skin irritation and/or a hypersensitivity reaction which may evidence as a local reaction such as a rash, hives, eczema or facial swelling and, rarely, a systemic reaction which may result in anaphylaxis. Circumstances in which staff members experience anaphylactic and/or severe reactions will be reviewed by a multidisciplinary panel to determine if a safe working environment can be provided for the staff member by the UPMC.

Staff members developing reactions in the course of their employment should notify their manager and UPMC Employee Health Services of any untoward effects or symptoms. Staff Member’s reactions are to be reported to UPMC Claims (1-800-633-1197). Anaphylactic latex reactions must also be reported to the CDC.

J. Return to Work Issues

At the manager and/or supervisor’s discretion, staff members who are returning to work may need to obtain medical clearance through Employee Health Services. Clearance obtained through a staff member’s PCP, relating to job restrictions or infectious disease treatment, may be reviewed by Employee Health Services. In either case, Employee Health Services will determine the need for further evaluation and or consultation. For Infectious Disease Return to Work related issues see section III, G. Infectious Disease Exposures for further information. If there is any question regarding medical clearance, the department head should call Employee Health Services to determine if clearance is necessary.

Situations that may require the need for additional return to work consultation from Employee Health Services include but are not limited to, medical leave of absence or illness where there are questions regarding the staff members ability to safely perform the job functions.

K. Non Work Related Illnesses

Staff members who become ill at work (non-occupational illness) should notify their department head or supervisor. The staff member should be directed to contact his/her PCP for appropriate treatment and follow up. The supervisor should determine the staff member’s ability to remain on duty. Consultation may be requested by contacting the Employee Health Services Department. Except for Fitness for Duty evaluations, staff members choosing to be evaluated in the Emergency Department will be responsible for any charges or fees incurred that are not covered by his/her personal medical insurance.

L. Fitness for Duty

Fitness for Duty evaluations are coordinated through UPMC Employee Health Services. Fitness for Duty evaluations may involve a multidiscipline approach that
includes consultation and evaluation by supervisory staff, Human Resources, EAP, and Employee Health Services. Fitness for Duty evaluations may involve substance abuse testing, medical evaluation, laboratory testing, and/or additional clinical consultation to determine a staff member’s ability to perform their job responsibilities. Staff members may also reference the fitness for duty policy.

M. Medical Records

All staff member medical records are maintained by UPMC Employee Health Services, or the designated employee health department, in accordance with legal and confidentiality requirements, and per applicable OSHA regulations. Medical records may be released per request of the staff member. Most requests will be completed within two weeks of the request. For former staff members whose records are in storage, a longer period of time may be necessary to retrieve and copy records.

IV. POLICIES REFERENCED WITHIN THIS POLICY

HS-HR0704 Corrective Action

HS-IC0604 OSHA Bloodborne Pathogen-Exposure Control Plan

HS-HR0721 Fitness for Duty
<table>
<thead>
<tr>
<th>LOCATION</th>
<th>ADDRESS</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPMC Bedford Memorial</td>
<td>10455 Lincoln Highway Everett, PA 15537</td>
<td>(814) 623-3546</td>
</tr>
<tr>
<td>UPMC Horizon / Hermitage</td>
<td>1075 North Hermitage Road Hermitage, PA 16148</td>
<td>(724) 347-1004</td>
</tr>
<tr>
<td>UPMC Northwest</td>
<td>One Hundred Fairfield Drive Seneca, PA 16346</td>
<td>(814) 676-7703</td>
</tr>
<tr>
<td>Magee-Womens Hospital of UPMC</td>
<td>213 Gulf Building 327 Craft Ave Pittsburgh, PA 15213</td>
<td>(412) 641-4445</td>
</tr>
<tr>
<td>UPMC Presbyterian</td>
<td>500.59 Medical Arts Building 3708 Fifth Ave, Pittsburgh, PA 15213</td>
<td>(412) 647-3695</td>
</tr>
<tr>
<td>UPMC Shadyside</td>
<td>532 S. Aiken Ave. Suite 209 Pittsburgh, PA 15232</td>
<td>(412) 623-1920</td>
</tr>
<tr>
<td>UPMC Passavant</td>
<td>9100 Babcock Blvd Pittsburgh, PA 15237</td>
<td>(412) 367-6420</td>
</tr>
<tr>
<td>UPMC St. Margaret</td>
<td>200 Medical Arts Building, Suite 4020 200 Delafield Road Pittsburgh, PA 15215</td>
<td>(412) 784-5104</td>
</tr>
<tr>
<td>Children’s Hospital of Pittsburgh of UPMC</td>
<td>Floor 1 AOB, Suite 1206 Children’s Hospital Drive 45th and Penn Pittsburgh, PA 15201</td>
<td>(412) 692-8450</td>
</tr>
<tr>
<td>UPMC McKeesport</td>
<td>Annex Building, Second Floor 1500 Fifth Avenue McKeesport, PA 15132</td>
<td>(412) 664-2360</td>
</tr>
<tr>
<td>UPMC Mercy</td>
<td>1515 Locust Street, Suite 225 Pittsburgh, PA 15219</td>
<td>(412) 232-8107</td>
</tr>
<tr>
<td>UPMC MyHealth@Work Downtown</td>
<td>12th Floor US Steel Building 600 Grant Street Pittsburgh, PA 15219</td>
<td>(412) 454-8190</td>
</tr>
<tr>
<td>UPMC Hamot</td>
<td>3rd Floor, Professional Bldg. 201 State Street Erie, PA 16550</td>
<td>(814) 877-2767</td>
</tr>
<tr>
<td>UPMC East</td>
<td>1st Floor, Outpatient Testing Area 2775 Mosside Blvd Monroeville, PA 15146</td>
<td>(412) 357-3014</td>
</tr>
</tbody>
</table>

**SIGNED:** Gregory K. Peaslee  
Senior Vice President, UPMC and Chief Human Resources and Administrative Services Officer

**ORIGINAL:** March 1, 2000

**APPROVALS:**  
Executive Staff: September 9, 2013

**PRECEDE:** July 8, 2013

**SPONSOR:** Senior Vice President, UPMC and Chief Human Resources and Administrative Services Officer

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**SEND REPORT TO OCCUPATIONAL MEDICINE AFTER CALLING WORK PARTNERS**

**REPORTING PROCEDURE FOR WORK RELATED INJURY / ILLNESS**

A work-related injury or illness is known as an incident. Employees who sustain a work-related injury or an illness should notify their supervisor as soon as the incident occurs, preferably before the end of the shift. In the event of a work-related injury or illness:

1. To report a work related injury or illness the employee’s manager / supervisor is responsible for notifying UPMC Work Partners Claim Management Services within 48 hours by calling 1-800-633-1197 or online through MyHub. When calling a report for an injury / illness, the following information will be required:
   - Employee name / address
   - Employee social security number
   - Employee telephone number – home and work
   - Date / time of injury or illness
   - Facility and department
   - Type of injury / body part(s)
   - If employee sought medical treatment – where & when
   - Supervisor name and work number
   - Full time or part time work status

2. Both the manager and employee can expect a call from UPMC Work Partners.

3. In accordance with PA state law, staff must treat with one of the UPMC panel provider physicians for the first 90 days. If they choose to treat with a physician who is not on the designated panel, including their PCP, UPMC Horizon / Health System has no obligation to pay for related charges during the first 90 days of treatment.

4. Consult the system wide workers’ compensation policy (HS-HR0730) for additional information about workers’ compensation guidelines.

When an accident occurs that requires medical attention, the staff member should be referred to Occupational Medicine. If the injury requires immediate treatment when Occupational Medicine is closed, the staff member should report to the Emergency department. Follow-up care will be administered by Occupational Medicine or a designated panel provider.

For further assistance or answers to questions regarding Workers’ Compensation, staff or supervisors may call Employee Health located at UPMC Urgent Care in Hermitage at (724) 347-1004 or UPMC Work Partners.
Dear UPMC Staff Member:

UPMC is self-insured and self-administers its Workers' Compensation program. UPMC WorkPartners Claims Management Services administers the program.

Once notice of your work-related incident is received, your claim will be managed in accordance with the rules and regulations of the Pennsylvania Workers’ Compensation Act. The first step for entry into this system is to have your supervisor or manager report the work-related incident by calling our toll-free 24-hour reporting line at 1-800-633-1197. If you have not reported your work-related incident to your supervisor or manager, please do so immediately and ask him or her to call the reporting line as soon as possible to provide details of the incident.

In accordance with the Pennsylvania Workers’ Compensation Act, a staff member must seek medical treatment from a designated panel provider for the first 90 days of treatment. If a staff member chooses to seek medical treatment from a provider who may not be on the designated panel, even if it is the employee’s primary care physician (PCP), UPMC WorkPartners has no obligation to pay for related expenses for treatment. Should you need assistance with finding a panel provider, please call our office at 1-800-633-1197 or visit http://workerscomp.infonet.upmc.com.

Once you have chosen a panel provider, he or she will evaluate your work injury or illness to determine if you are able to resume your regular duty job or perform a transition work assignment (light duty), or if you must refrain from work. Transitional work assignments will be identified based on your physical abilities and transferable skills. UPMC WorkPartners cannot guarantee that there will be transitional work available within your own department, but we will try to find the most appropriate work assignment within your abilities. Follow-up panel provider visits will be scheduled before you leave the panel provider’s office. These appointments will continue to address your ability to work. Following each appointment, we ask that you provide your supervisor or manager and UPMC WorkPartners with a copy of your panel provider’s work release.

Once your claim has been accepted, all benefits for your medical care and wage loss will be paid by UPMC. Should you be required to miss time from work based on a medical opinion, your compensation check will be issued by UPMC WorkPartners Absence Management Services. The date of your injury will determine the time your checks are issued. These checks are issued at the end of every two-week period of disability. These payments may not coincide with the UPMC payroll system. There is a waiting period of seven days for Workers’ Compensation benefits. You may choose to use your Extended Illness Bank (EIB) or Paid Time Off (PTO) for the first seven days of your disability. Eligibility for benefits will not begin until the eighth day. If your disability exceeds more than 8 days, you are entitled to compensation for each day beyond that point.
Once your disability reaches 14 days or more, your benefits for the waiting week are retroactive back to the first day of disability. Workers’ Compensation and EIB days cannot be taken for the same period; therefore, if you chose to use EIB during your waiting week, you will need to contact the UPMC Payroll Department to make arrangements to repay these benefits.

If you have any additional questions that have not been addressed regarding your Worker’s Compensation benefits, please call UPMC WorkPartners Absence Management Services at 1-800-633-1197.

Any correspondence or medical expenses related to your work injury can be directed to:

UPMC WorkPartners
Absence Management Services
P.O. Box 2971
Pittsburgh, PA 15230
Fax: 412-667-7100

Sincerely,

UPMC WorkPartners
Absence Management Services
SECURITY MANAGEMENT

The safety and security of the patients, visitors, employees and property of UPMC Horizon is of vital importance and is essential to providing safe patient care as part of the hospital’s mission. The potential for the occurrence of incidents that can impact on the safety and security of an organization cannot be ignored. This potential must be recognized and appropriate remedial measures taken to prevent or at least reduce the sometimes destructive results of such occurrences.

BEHAVIORAL OBJECTIVES:
After completing this packet, you will know that UPMC Horizon:

- established, supports, and maintains a Security Management Program.
- actively strives to provide a safe and secure physical environment for our patients, visitors and employees.
- monitors the physical environment of the facility for actual or potential hazards.
- addresses and corrects the concerns/hazards that are discovered through monitoring and surveillance activities.
- educates all persons concerned with the continued operations of the facility regarding the importance of maintaining an effective and efficient security program.

Proper Identification:
Proper identification is essential to our security program.

- All employees and volunteers are required to wear a picture identification name badge at all times while on duty.
- Patients are required to wear identification armbands.
- All sales representatives, pharmaceutical representatives, contractors, etc. are required to wear the appropriate identification badge while in the facilities. Specific badges will be provided to these persons so the UPMC Horizon employees can identify them.
- Visitors who must remain in the facility after the scheduled visiting hours are also required to obtain specific badges from the nursing staff.

All employees have the responsibility to check on fellow employees, company reps, contract staff, etc. for the presence of a name badge. If you see someone without a name badge, stop him or her, and question their business in the facility. Instruct them on how to obtain the appropriate identification badge.

Security coverage:
The Security Management Plan applies to all employees and all areas of the hospital grounds, and other sites owned by UPMC Horizon. The Security staff includes security guards and the
Maintenance staff who have been trained in security procedure. The security force is unarmed and will not engage in any type of police actions. In the event that such police actions are needed, assistance will be sought from local law enforcement agencies.

**Proper Identification** is essential to our security program.

- All employees and volunteers are required to wear a picture identification name badge at all times while on duty,
- Patients are required to wear identification wrist bands.
- Visitors who must remain in the facility after the scheduled visiting hours are also required to obtain specific badges from the nursing staff.

To improve patient safety and building security, The Joint Commission (TJC) recommends that the same immunization and credentialing requirements and standards for healthcare employees be extended to include contract staff service employees and vendors.

Vendor Stat is a web-based solution that enables approved vendors (sales representatives, pharmaceutical representatives, contractors, etc.) to register with ProTech Compliance as a UPMC Supply Chain vendor. Representatives from a registered vendor can document orientation and credentials. Hospital departments can schedule appointments with the representatives. When a representative arrives at the hospital for their scheduled appointment, they are directed to Human Resources where their visit can be confirmed and an access badge generated for their visit.

**Controlling access (traffic) control to sensitive areas (E.R., O.R., Nursery, Pediatrics, Pharmacy, and Medical Records).**

- **Emergency Room: Access** to the ER is controlled by an on-duty ER clerk and security staffed 24 hours a day. Surveillance cameras monitor the ER. The department doors remain closed at all times.
- **Operating Room Suite:** Access to the OR Suite is controlled by signage – Only authorized personnel may enter the department. The staff in the department is responsible for traffic control in the department.
- **Nursery:** Access to the nursery is controlled by locked nursery doors and locked doors from inside stairways, distinct nursery ID badges, and entry of only authorized personnel into the Nursery.
- **Pediatrics:** Wall mirrors control access to departments caring for pediatric patients. Other measures include exit doors with alarms and security guard rounds.
- **Pharmacy:** The Pharmacy doors are locked at all times. Surveillance cameras & remotely monitored alarm systems control access to the Pharmacy. In addition, entry is limited to authorized personnel, only.
- **Medical Records:** Access to Medical Records is controlled by entry of authorized personnel and locked doors.
- **Egress:** Staff in all sensitive areas is responsible for maintaining clear egress to exit routes at all times.
Emergency security procedures:
Security Incident: Any employee who witnesses or hears of an occurrence requiring security will immediately notify the security staff. The security staff can be reached directly by dialing “O” for operator. Non-emergencies are transmitted to security via two-way radio. The number is listed in the UPMC Horizon directory under “Security”. The security staff on duty or the nursing supervisor will use his/her best judgment in determining whether or not to call the police department for assistance. In the event that the police department is notified, the Director of Maintenance & Security, nursing supervisor, or security officer will notify the administrative person on call if warranted.

Weapons: Employees, patients, visitors, and medical staff of the hospital are not permitted to bring weapons into the hospital. It is against the law. In the event that it is discovered that a person has a weapon in his/her possession, the Director of Maintenance & Security or the security officer on duty must be notified. The Director of Maintenance & Security or the security officer will inform the person(s) possessing the weapon of the hospital’s weapon policy and request that person(s) remove the weapon from the hospital premises immediately. The person(s) will be asked to take the firearm and lock it in their vehicle or unload the firearm and lock it in the safe. If the person(s) refuses, the police department will be notified.

The only time firearms may be carried in the hospital is by law enforcement officers on official business in the hospital.

Handling of civil disturbances:

Individuals: If it is determined that a visitor is creating a civil disturbance, the person will be escorted out of the hospital by the security guard. If the person objects, the security guard should notify the police department. If assistance is needed, the security guard may page a “Code Purple” for assistance until the police arrive.

Groups: If a group of individuals is creating a civil disturbance in the hospital, then all entrances to the hospital should be secured. Where possible, the group should be isolated by activating the fire doors to prevent them from circulating through the rest of the facility. The security officer should immediately notify the police. It is important that the security officer try to keep the group calm until the police arrive. If necessary, the security personnel may call a “Code Purple” for additional assistance in carrying out the above process.

Human and vehicle control during disasters:
• The press will be directed to the media centers located in the lobby of each campus. The relatives or friends of disaster victims will be directed to the dining area at each campus. Family members coming to pick up discharged victims will be directed to the dining area of each campus.
• The security guard on duty is responsible for monitoring traffic coming into the hospital. Only families of disaster victims, families picking up discharges, physicians, and individuals assisting with the treatment of victims will be allowed into the hospital. All authorized
persons seeking entrance to the hospital will be directed to the rear employee entrance. All others seeking entrance to the hospital will be turned away.

- The Maintenance Department staff is responsible for monitoring traffic through the Emergency Department ambulance entrance. Only disaster victims, physicians, and individuals assisting with the treatment of victims will be allowed in these entrance doors.
INTRODUCTION/VALUE STATEMENT:
UPMC Horizon has developed the Life Safety Management Program to protect patients, personnel, visitors, and property from fire and the products of combustion, and to provide the safe use of buildings and grounds. This packet is designed to provide the basic information you should know regarding the Life Safety Management Program. Life Safety Management is part of the JC Standards for the Environment of Care and may be found in Chapter V of the Environment of Care (EOC) Manual.

OBJECTIVES:
After completing this packet, you will know the following:
✓ The use and function of the fire alarm system.
✓ Procedures to contain smoke and fire.
✓ Your responsibility when at the fire’s point of origin.
✓ Your responsibility when away from the fire’s point of origin.
✓ Where to obtain department specific fire safety information, including evacuation plans.
✓ Definition and purpose of ILSM (Interim Life Safety Measures).

Life Safety
Fires can be devastating to life and property. Knowing what to do in the case of a fire is extremely important in the hospital environment. Not only your own lives, but the lives of patients and visitors rely on quick and responsible actions. The Life Safety Management Program has been prepared to acquaint all Hospital personnel with their individual responsibilities in the event of a fire.

What to do if there is a Fire:
Knowing what to do before a fire occurs will help in eliminating some of the anxiety acquainted with fire response. Here are some basic fire safety points:

- Report ALL fires and locations, no matter how minor.
- Keep calm, do not panic or shout. Fear can do more harm than the fire.
- Know where the following are located in your area:
  * Fire alarm box (pull station)
  * Fire extinguishers
  * Next compartment for relocation of patients and staff (next smoke or fire barrier)
  * Oxygen shut-off valves
  CAUTION: After receiving clinical approval, Oxygen should be shut off when it is determined to be an immediate threat to life safety.
- Know the Hospital fire code: “CODE RED”.
➢ The person in charge of the department will be in command of the scene pending the arrival of the Fire Response Team and/or the Fire Department.
➢ Don’t use elevators! Use the stairs.
➢ Do not make unnecessary telephone calls, this only ties up the lines.

**Reporting a Fire:**
To report a fire, follow these procedures:

1. Pull the nearest fire alarm box (pull station).
2. Dial “5511” at the Shenango Valley Facility and “5555” at the Greenville Facility.
3. Be sure to give your name, the location and the extent of the fire. This is in addition to pulling the fire alarm.

**Use and Function of the Fire Alarm System:**
The alarm pull stations are conveniently located on the walls near the exits in every area of the hospital. The following will happen upon activation of the alarm system:

➢ All fire alarm response systems will be activated. Fire and smoke doors will close to contain fire or smoke.
➢ The alarm will sound and the bell pattern will indicate the location of the fire. (Listings for the bell-codes are located on the walls throughout the hospital).
➢ The switchboard operator will announce the “CODE RED” and the location of the alarm.
➢ Local fire companies will be alerted via 911.
➢ All smoke and fire doors will close automatically.
➢ All personnel will initiate the appropriate fire procedures.

**Fire Drills**
Fire drills will be conducted at each campus at least once per shift *per quarter*. All personnel are asked to cooperate and conduct themselves as though an actual fire exists.

**Fire Response - Point of Origin:**
JC Standards require you to be familiar with your responsibilities if you are at the point of origin of a fire. Protecting the safety of patients and fellow workers depends on you knowing the correct procedures. The following procedures have been developed for that purpose:

1. Any patient in immediate danger is removed from the room of fire origin, and all doors to the corridor are closed.

2. The person discovering the fire sounds the alarm or, while removing the patient, assigns a co-worker to sound the alarm. A call to the operator (“5555” – Greenville Campus) / (“5511” – Shenango Valley Campus) should also be made simultaneously in order to confirm the location of the fire. This action will:
   • notify the fire department
   • alert personnel throughout the hospital

3. Persons are evacuated from the threatened area, if needed. Patients in the immediate area of the fire or in danger should be moved to safety immediately. Begin with any patients in
the room containing the fire, then evacuate or remove of patients in the adjacent rooms, continuing until the immediate area is evacuated. Patients should first be evacuated horizontally on the same level behind the nearest smoke or fire door. Vertical evacuation will occur if ordered by the Fire Response Team. And/or the Fire Department.

4. To evacuate the immediate area of the fire, patients confined to bed should be evacuated in the bed, if possible, transferred to a carrier, or carried to safety. Patients able to be moved by wheelchair should be wrapped in a blanket and pushed to safety. Ambulatory patients should be wrapped in a blanket and led to safety. The evacuation of patients in the immediate area of the fire must be done quickly but calmly, and does not require the order of the Fire Response Team or Fire Department.

5. Should a fire occur in a patient bed, smother the flames with a pillow or blanket, remove the patient from the bed, then all patients from the room. A hand extinguisher, or even a pitcher of water or wet blanket, can be used to smother small fires (Use caution and common sense in deciding to fight a fire).

6. After the patient(s) has been evacuated from the room, other electrical equipment should be shut off. Oxygen should be shut off if in use after receiving clinical approval. All windows and the doors should be closed.

7. If fire hoses must be used, Maintenance, Security and/or the fire department will be the only departments authorized to utilize these hoses.

8. Utilities, such as gas, oxygen, and ventilating equipment, are controlled or shut-off. Utility “shut-offs” will be handled by the Maintenance Department. In the case of immediate danger, any employee at the fire’s point of origin may shut off the utilities after receiving clinical approval. Be sure to secure patient care!

9. Control of activities is turned over by the Fire Response Team to the fire department upon arrival.

**Fire Response - Away From the Point of Origin:**
If the fire alarm sounds, and the bells indicate that the fire is in another department, you still have responsibilities. The following procedures have been developed in compliance with JC Standards under the Environment of Care for response to fires away from point of origin:

1. Insure the calm and safety of all patients, visitors, staff, etc.
2. Ask all patients and visitors to remain in their rooms.
3. Turn off all unnecessary lighting, electrical appliances, etc.
4. All doors and windows must be closed.
5. Check all ceilings, floors, stairways, etc. for any sign of smoke or fire.
6. Do not leave your area/floor, unless absolutely necessary, and never go to the scene of the fire, unless directed to do so.
R.A.C.E.:
UPMC Horizon uses the acronym R.A.C.E. to assist employees in remembering the fire policy procedures.

R  Rescue people in immediate danger.
A  Pull Alarm (call the operator and confirm location).
C  Contain fire and smoke by closing all doors.
E  Extinguish and evacuate (use good judgment).

“No Smoking”
The most common cause of a fire is careless smoking and the careless mishandling of smoking materials. The hospital prohibits the use of smoking materials throughout its buildings and grounds. UPMC Horizon is a non-smoking facility.

Use of Fire Extinguisher
- Before you decide to fight a fire make sure the fire is confined to a small area and that it is not spreading beyond the immediate area.
- **Always** make sure that you have an unobstructed escape route between you and the fire.
- Make sure that you have read the instructions and know how to use the extinguisher. It is reckless to fight a fire under any other circumstances. Instead, leave immediately and close off the area.
- Be sure you have the right type of extinguisher for the fire. The flyer on the next page explains the different types of extinguishers for different types of fires.

Knowing when to fight a fire and what extinguisher to use will not help you if you don’t know how to use an extinguisher. UPMC Horizon has adopted the acronym P.A.S.S. to help its employees remember the procedure to correctly use a fire extinguisher. Remember to stand 6 to 8 feet away from the fire and follow the four steps of **P.A.S.S.** If the fire does not begin to go out immediately, leave the area.

- Pull the pin between the two handles.
- **Aim** at the base of the fire – If you spray the agent directly into fire, the pressure may spread the burning materials.
- **Squeeze** handles together.
- **Sweep** from side to side. Evenly coat entire area of the fire.

**Department Specifics:**
Every department should supplement this plan with department specific steps and procedures. Evacuation plans should be tailored to the area. If you have any questions, ask your supervisor.
**Fire Extinguishers:**
Small fires can be contained and extinguished before they can cause damage to persons or property if the right fire extinguisher is used. Fires are rated: A, B, C, or D, depending upon the type of “fuel” that is burning. Fire extinguishers are rated according to the type of fire that they can put out. This information is listed prominently on the extinguisher. Take a moment to learn the four types of fires so that you’ll know which extinguisher to use if you find yourself in a fire emergency.

**Fire Extinguisher Codes:**
Fire extinguishers come in many varieties – water, carbon dioxide, dry chemical or powder, and liquefied gas. Fire extinguishers are coded to reflect the type of fire they can put out: A (green label), B (red label), C (blue label), D (yellow label). Newer extinguishers have picture codes showing the type of fires they can be used on.

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**Types of Fires**

Be sure to use the right extinguisher for the type of fire you are confronting. Using the wrong extinguisher can actually make the fire worse.

**TYPE A-B-C:**
- Wood, paper, cloth, rubbish
- Flammable gas/liquids
- Electrical fires

**TYPE B-C:**
- Flammable gas/liquids
- Electrical fires

**Type K:**
- (For use in kitchen areas)
- For grease fires

**Halon:** For grease & electrical fires
MEDICAL EQUIPMENT MANAGEMENT

INTRODUCTION / VALUE STATEMENT:
Providing health care relies heavily on properly functioning medical equipment. Knowing the proper procedures when problems or failures occur can mean the difference between life and death. The Joint Commission (JC) recognizes the importance of medical equipment and has listed it under the Environment of Care Standards. This packet was designed to provide you with the information needed for problems or failures of medical equipment.

BEHAVIORAL OBJECTIVES:
After completing this packet, you will know the following:

✓ Where to obtain information on the operation and safety procedures for medical equipment in your department.
✓ The emergency procedure to use for equipment failures.
✓ How to report equipment problems or failures.
✓ Where to obtain back-up equipment in the event of a failure.

Medical Equipment Management

It cannot be overstated that today, health care relies heavily on properly functioning medical equipment. When a piece of equipment fails to function in the appropriate manner, UPMC Horizon employees must know how to react to ensure the continuity of care.

Purpose of the Policy:
The equipment management program has been developed in compliance with JC Standards and has the objective of ensuring the safe and operating effectiveness of patient-related medical instrumentation and equipment.

Patient related instrumentation and equipment is defined as “fixed and portable equipment used for the diagnosis, treatment, monitoring, and care of patients”.

Department Responsibility:
Department specific information regarding this program is the responsibility of the department manager.

Electrical/Medical Equipment Safety:
Electrical equipment is divided into three categories:
1. Medical Equipment: includes all equipment used in the diagnosis and treatment of patients
2. Computer Equipment: includes all PCs, printers, and other information system devices
3. All Other Equipment: includes all items not listed in the categories above, such as refrigerators, microwaves, floor buffers, and other equipment
Computer Equipment
ISD maintains all computer equipment. If you experience electrical problems with a piece of computer equipment, notify ISD at 412-647-HELP (4357).

Other Equipment
All other equipment is maintained through Maintenance and Engineering. If you experience a problem with any pieces of equipment such as refrigerators, microwaves, etc.
Contact:
- UPMC Horizon – Greenville: 724-589-6165
- UPMC Horizon – Shenango: 724-983-5258

Medical Equipment
- All medical equipment is inventoried and inspected when it is first received by the hospital. Clinical Engineering (BioTronics) is responsible for keeping inventory and conducting all inspections.
  - Equipment will be re-inspected on a regular basis at intervals determined by Clinical Engineering and the Safety Committee.
- Each piece of equipment has a small square sticker on it that states the month and year it will next be inspected. It is your responsibility to look at this sticker every time you use a piece of equipment in order to insure it has been checked.
  - If the listed date has passed, avoid using the equipment if possible and contact Clinical Engineering
- In the event of any failure or breakdown in medical equipment:
  - Take the equipment out of service
  - Put a label on it that it is out of service and not to be used
  - Alert Clinical Engineering immediately at
  - UPMC Horizon – Greenville: 724-589-6820
  - UPMC Horizon – Shenango: 724-983-7561
- Any department using defibrillators must visually check them every day the department is in operation, test fire them weekly or daily (depending on the type), and log the results. Instructions on the testing procedure are posted at each unit.

Emergency Procedures for Equipment Failures:
Request for Service
In the event that you have equipment problems or failures, your first responsibility is to your patient. Provide appropriate care through the use of backup or portable equipment. Your department should provide you with the information on how and where to obtain backup equipment for your area. Malfunctioning equipment should be tagged “out of use” to prevent someone else from mistakenly using the equipment. There are 3 ways to request service. The urgency of the service need should dictate the method of choice.

The 3 methods to request service are:
1. Call the Bio Medical Department for routine calls. A Biomedical Technician is on duty from 7:00 a.m. to 3:30 p.m. during weekdays.
2. Page the Bio Medical Technician for STAT needs during service hours.
3. Call the Switchboard operator after 3:30p.m. on weekends and holidays FOR EMERGENCY ISSUES ONLY!

The person operating the equipment when the problem occurred should complete the RED tag to include a brief description of the problem and their name so that the Bio Medical Technician can talk to them if there are any questions about the problem. **DO NOT CHANGE SETTINGS OR CALIBRATIONS.**

**Department-Specific Plans:**

Your department should have written policies and plans to care for the patient in the event of the failure of a piece of critical life support equipment. All equipment failure plans, which are written by the user department, should contain the following 3 elements:

1. **Clinical intervention**—Hands-on patient care which may need to be initiated until patient can be moved to another area of comparable care, or until back-up equipment can be obtained.
2. **Personnel** should know the location from which they can obtain designated back-up equipment.
3. **Personnel** should know the proper procedure for obtaining repair service on their shift.

**Retention of Medical Equipment Involved in an Adverse Event:**

There may be occasions when the malfunctioning medical equipment causes injury to the patient or the employee. Medical equipment and/or devices involved in an adverse event must be immediately removed from service.

Remove the “white sticker” from the “red tag” and affix it to the I.I.R. (Initial Investigation report). An I.I.R. is to be completed and forwarded to Risk Management.

The Bio Medical Department will impound the malfunctioning equipment until all investigations have been completed and cleared by Risk Management. All medical equipment and implanted devices are subject to the S.M.D.A. (Safe Medical Equipment Act) and must be reported to the manufacturer within 10 days.
UTILITY SYSTEM MANAGEMENT

INTRODUCTION / VALUE STATEMENT:
Knowing what to do when a utility system fails can mean the difference between life and death in some areas of the hospital environment. Utility failure is part of the JC Standard on the Environment of Care. Only by knowing the proper procedures to follow in the event of a failure, can you be assured of providing a safe environment for patient care as well as personal safety. This packet will provide you with that knowledge.

BEHAVIORAL OBJECTIVES:
After completing this packet, you will know the following:
✓ UPMC Horizon’s emergency procedure for utility failure.
✓ The process for reporting utility problems or failures.
✓ The use of the “Urgent” code in a utility failure situation.
✓ Where to obtain information on procedures for utility problems or failures that are specific to your department.
✓ The importance of knowing the location and use of emergency shut-offs (e.g., O₂, medical gases, and vacuums) for your department.

Utility System Management

This in-service packet will provide a general outline for utility failures. All utility failures should be reported to the maintenance department as soon as possible. The following are some basic utilities located in the Hospital along with procedures for failures. These procedures will be supplemented, in most cases, by more specific plans within your department.

Elevators
In the event of a failure to an elevator in which you are riding, there are some basic procedures to follow:
1. Use the emergency phone within the elevator to call for help. (If there is no phone, there should be an emergency horn or buzzer).
2. Never attempt to exit on your own or assist another to exit.
3. Wait for maintenance to arrive for help; they are trained to know what to do.

Medical Vacuum
Utilities used in direct patient care require special consideration. The employee must act immediately to ensure continuity of care. For failures of medical vacuums and gases:
1. Use clinical intervention as appropriate for patient care.
2. Use alternate outlet if available.
3. In case of a fire or other emergency, know where the shut offs are in your department and all the areas supplied by that shut off. All gases can be shut off at the wall outlets by closing the appropriate zone valve. All zone valves are identified and indicate the areas served (Do not shut off unless advised to do so by the person in charge of your department.)
4. Report all failures to maintenance. This should be a telephone report because of the urgency of the service.

**Electrical Systems**

Electrical safety is a very important topic in a hospital. Here are some of the do’s and don’ts in our facility:

1. Use the equipment only in the environment for which it was intended. Some devices are designed to work in a wet environment, other devices are not.
2. Do not use extension cords or multi-plug adapters. If additional outlets are needed, contact Engineering and Maintenance.
3. Portable heaters typically are prohibited from being used in this facility.
4. If you notice any cords becoming frayed, immediately remove that piece of equipment from service and notify Maintenance.
5. If someone has an electrical shock in your area:
   a. Immediately stop the flow of electricity by pulling the plug or turning off the breaker. Do not hit the on/off button.
   b. Initiate CPR if you are trained to do so.

**Emergency Situations**

Loss of Electricity:
- Emergency power is provided by motor/generator sets. The following procedures should be supplemented within your department with department specific procedures:
  1. Use clinical intervention as appropriate for patient care.
  2. Emergency power is available at all “RED” wall receptacles. Please use these for equipment necessary for patient care. (e.g., ventilators, I.V. pumps)
  3. Report all failures to maintenance immediately following securing patient care.
  4. Emergency power should be provided in approximately 3 - 8 seconds after loss of normal power.
  5. Lighting is provided in all corridors and all emergency/critical care areas. (Also certain other areas).

Loss of Water:
- Conserve water use to patient needs only.
- Bottled water will be delivered to all business units
  - Assist Maintenance with distribution of bottled water

Loss of Telephone Service:
- Use the emergency telephone system by plugging your phone cord into the phone jack port located on your fax machine
- Limit telephone communication to critical needs only
HAZARDOUS MATERIALS AND WASTE MANAGEMENT

The Pennsylvania Community and Worker Right-to-Know Law (1986) focuses on providing individuals with information on the hazardous substances they may encounter in the performance of their responsibilities in the workplace. This particular law addresses non-manufacturing jobs. It protects employees with certain rights and responsibilities. This packet is designed to fulfill the requirements of that law and JC Standards, and to provide you with the information you need to perform your job safely.

BEHAVIORAL OBJECTIVES:
After completing this packet, you will know the following:

✓ The basic emergency procedure for handling spills or exposures.
✓ The procedure for reporting spills or exposure incidents.
✓ Where to obtain department specific information on the management of hazardous materials or waste.
✓ Where to obtain information on safe handling, storing, use and disposal of hazardous materials or waste.
✓ What an MSDS is, and why it’s important to you.

Hazardous Materials Management

The purpose of this in-service is to provide the employees of UPMC Horizon with needed information about chemical hazards within the hospital. Each hazardous chemical has a Material Safety Data Sheet (MSDS), which we receive from the company that makes the product. As a hospital employee, you need to know the following information about the hazardous chemicals kept in your work area:

➢ Significant hazardous chemicals in your area.
➢ Different label types.
➢ Where to find Safety Data Sheets (SDS).
➢ How to read and interpret SDS.
➢ Physical and health hazards of chemicals in your work area.
➢ How to protect yourself from such hazards.

Hazardous Materials:
Hazardous materials can be defined as those materials that by their nature pose a potential threat to the health and safety of persons coming into contact with them, including materials regulated under SARA TITLE III, and those listed by the state of Pennsylvania. You may be exposed to many hazards every day. You must know the hazards that you face in your work area.
Hazardous chemicals can create two types of hazards:

**Physical and chemical hazards**--These are chemicals that are:
- **B. Flammable** = catch fire easily.
- **C. Explosive** = cause a sudden release of pressure, gas, and heat.
- **D. Reactive** = burn, explode, or release toxic vapor if exposed to other chemicals, heat, air, or water.

**Health Hazards**-- These can be long-term and may not show up for years (e.g., cancer), or they can have Acute (immediate) effects, such as being:
- **Irritating** = causes rashes or other skin irritations.
- **Corrosive** = burns skin or eyes.
- **Toxic** = causes illness or even death.

It is important that an employee be aware of the methods in which to detect the presence of a chemical. Visual appearance and odor are the most obvious – you can see or smell the chemical. Other methods of detection include exposure monitoring and continuous monitoring. Exposure monitoring is conducted when it is believed that possible exposure to a known chemical exists. This monitoring can be coordinated through Environmental Health and Safety.

**Safety Data Sheets (SDS):**
Safety Data Sheets provide detailed health and safety information on the hazardous substances used in your area. SDSs are required for each hazardous substance and must be available to staff at all times. Contact Environmental Health and Safety for questions on where to find SDSs for your facility.

A SDS typically shows the following information:
- Product Name
- Manufacturer
- Emergency Phone Numbers
- Ingredients
- Routes of Entry
- Personal Protective Equipment
- Health Effects
- Hazards
- Spill Response

**Reading a SDS:**
SDSs are required to be in a uniform format, and include the section numbers, the headings, and associated information under the headings below:
- **Section 1: Identification** – includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.
• **Section 2: Hazard(s) Identification** – includes all hazards regarding the chemical; required label elements
• **Section 3: Composition/Information on Ingredients** – includes information on chemical ingredients; trade secret claims
• **Section 4: First Aid Measures** – includes important symptoms/effects, acute, delayed; required treatment
• **Section 5: Fire Fighting Measures** – lists suitable extinguishing techniques, equipment; chemical hazards from fire
• **Section 6: Accident Release Measures** – lists emergency procedures; protective equipment; proper methods of containment and cleanup
• **Section 7: Handling and Storage** – lists precautions for safe handling and storage, including incompatibilities
• **Section 8: Exposure Controls/Personal Protection** – lists OSHA’s Permissible Exposure Limits (PELS); Threshold Limit Values (TLVs); appropriate engineering controls; personal protective equipment (PPE)
• **Section 9: Physical and Chemical Properties** – lists the chemical’s characteristics
• **Section 10: Stability and Reactivity** – lists chemicals stability and possibility of hazardous reactions
• **Section 11: Toxicological Information** – includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity
• **Section 12: Ecological Information**
• **Section 13: Disposal Considerations**
• **Section 14: Transport Information**
• **Section 15: Regulatory Information**
• **Section 16: Other Information** – includes the date of preparation or last revision

**Labeling:**
All chemical manufacturers are required to place the following information on a chemical label:
- Chemical Name
- Manufacturer’s Name
- Address/Emergency Contact Number
- Any Hazard Warnings

If a chemical substance is transferred to another container for use, then secondary container labeling requirements apply which includes placing the chemical name and hazard warning on the label. If it is your job to dispense the chemical into a secondary container, it also is your responsibility that the secondary container is labeled. Information for you label is found on the manufacturer’s label.
SUBJECT: Written Hazard Communication Program  
DATE: January 27, 2014

I. UPMC informs staff members and medical staff of toxic and hazardous substances used in the workplace and provides for the safe handling, use, and disposal of those items in accordance with the Occupational Safety and Health Administration's (OSHA) Hazard Communication Standard (HCS).

Links to policies referenced within this policy can be found in Section III.

II. PROCEDURE

A. Hazardous Substance Inventory

1. Each department should maintain a list of the hazardous substances used or stored in that department. These lists must be updated each time a substance is added or deleted.

2. Each department must submit its inventory to the designated Hazard Communication Coordinator for their institution.

B. Safety Data Sheets SDSs)

1. An SDS for every hazardous substance used or stored in a department must be maintained in the department and made available and accessible to the staff members in that work area at all times the worksite is in operation.

2. Methods used for procuring SDS at individual UPMC entities and are included as part of employee training at the local business unit. These methods may include the use of on line SDS management and retrieval systems and/or maintenance of hard copies of SDS in the department.

C. Labeling and Signage

1. Labels on containers of hazardous chemicals should contain:
   
i. product identifier;
   
ii. signal word;
iii. hazard statement(s);

iv. pictogram(s);

v. precautionary statement(s);

vi. name, address, and telephone number of the chemical manufacturer, importer, or other responsible party.

2. Where required by regulation, appropriate warning signs are posted in areas where hazardous substances are used or stored.

3. Pipes containing hazardous substances are also labeled. Questions concerning unlabeled pipes may be directed to Maintenance and Facilities Management.

4. When chemicals or hazardous substances are transferred from the manufacturer's container to a secondary container, the secondary container must be labeled by the staff member transferring the substance. The label of the secondary container shall include the product identifier and words, pictures, symbols, or combination thereof, which provide at least general information regarding the hazards of the chemicals.

5. The following label exceptions are permitted:

i. A portable container into which hazardous chemicals are transferred from properly labeled containers need not be labeled provided it is intended only for the immediate use of the transferring employee who performs the transfer and is for his use during that particular work shift. However, it is the policy of UPMC to label all containers regardless of the intended use.

ii. Signs and placards may be used to convey the product name and hazard information for specific circumstances where there are a number of containers all carrying the same contents, all with the same hazard.

D. Training

1. New staff members are given initial OSHA Hazard Communication Standard training during the UPMC’s orientation program.
2. Appropriate safety training specific to the department shall be provided at the
time of the initial assignment to the work area and when a new hazard is
introduced into the workplace and/or when exposures change. No staff
member shall be permitted to work with a hazardous substance until training
on the substance has been completed. Documentation of training sessions
should be maintained in department staff files.

Hazard Communication Standard training is provided to all employees as part
of the annual online mandatory training program. Each department should
additionally provide training sessions to review departmental policies
concerning the handling of the hazardous substances used in the department.

E. Concentra/Employee Health

1. Where required by OSHA regulations, Concentra or Employee Health
conducts periodic health evaluation.

2. Frequency of the evaluation depends on:
   a. the types of hazardous substances to which the staff member is
      exposed;
   b. the exposure levels at which the staff member is exposed (based on air-
      monitoring results, as appropriate); and
   c. the number and frequency of occurrences (i.e., spills) during which the
      staff member may have been exposed to elevated levels of a substance
      exceeding the OSHA Permissible Exposure Limit/Short-Term
      Exposure Limit.

3. The type of evaluation and testing performed depends on:
   a. the target organ(s) of the substance(s) with which the staff member
      works; and
   b. whether protective equipment (e.g., a respirator) is required during
      handling of the substance.

4. Record retention and reporting
   a. Concentra/Employee Health maintains exposure and medical records
      for all staff members in accordance with UPMC policy HS-HR0700
      Employee Health for a period of no less than 30 years after termination
      of employment.
b. Concentra/Employee Health notifies staff members, in writing, of the results of all medical evaluations.

F. Environmental Monitoring

1. Routine monitoring of hazardous substance levels is conducted according to OSHA guidelines.

2. The need for additional monitoring is determined on a case-by-case basis by Safety Officer in accordance with OSHA guidelines.

3. Arrangements for environmental monitoring may be made with the department responsible for Environmental Health & Safety (EHS). It is the responsibility of the Safety Officer or persons responsible for EHS to ensure that any regulatory changes pertinent to this policy are communicated to the appropriate committees.

G. Safety and Personal Protective Equipment

1. The need for personal protective equipment varies with the type of substance being handled, available engineering controls, and OSHA requirements.

2. Each department shall maintain appropriate personal protective equipment for staff members and shall provide training on the use of the equipment to staff members.

3. Once trained on the use of the equipment, staff members are responsible for complying with personal protective equipment requirements.

H. Outside Contractors

1. Outside contractors must provide appropriate information concerning any hazardous substance that the contractor may bring onto the premises. Such information is to be received by the department administering the contract and includes, but is not limited to:
   
a. the name of the hazardous substance;

   b. the SDSs, a copy of which should be sent to the facility Safety Officer by the department administering the contract; and

   c. the location(s) in which the substance will be used.
2. It is the responsibility of the appropriate department head to provide outside contractors with access to information concerning hazardous substances in the work area that may be encountered by the contractor.

3. Information on hazardous substances is to be exchanged prior to entry of the contractor into the work site in order to permit a review of the information and any necessary education or other precautionary measures.

4. Questions concerning the flow of information about hazardous substances between the UPMC entities and outside contractors should be directed to the department head or to the contract administrator.

I. Disposal

Hazardous substances shall be disposed in accordance with the appropriate regulations and policies.

J. Spills and Other Emergencies

1. Specific spill response instructions are established for each individual entity.

2. Patients, visitors, and staff members shall be removed from the immediate area of the spill and the area secured to keep uninformed staff from entering the area.

3. Appropriate clean-up measures shall be taken in accordance with the product's SDS. Disposal shall be in compliance with Environmental Protection Agency guidelines and the guidelines defined on the product's SDS.

K. Department Head Responsibilities

It is the responsibility of the department head to implement the applicable provisions of this policy including, but not limited to, the following:

1. maintaining and updating the department's inventory of hazardous substances and SDS file;

2. providing orientation, in-service training, and appropriate documentation on the safe use, proper handling, storage, emergency procedures, and disposal methods for hazardous substances used in the department;

3. ensuring that all staff members are trained prior to working with hazardous substances including methods of working with the hazardous substances and responding to accidental releases without an exposure above the PEL/TLV;

4. providing & maintaining appropriate safety equipment and keeping staff members informed of the location and use of such equipment;

5. monitoring the selection, safe handling, use, and disposal of hazardous substances, including the reporting of exposures, problems, accidental releases
or other incidents and the revision of procedures as needed, with emphasis on prevention of similar occurrences; and

6. developing written policies and procedures for the safe handling of hazardous substances that are used or stored in the department and updating and revising policies and procedures as needed.

L. Reporting

All unexpected occurrences shall be reported to the Risk Management Department and the Safety Officer.

III. POLICIES REFERENCED WITHIN THIS POLICY

HS-HR0700 Employee Health

HS-FM0207 Written Hazard Communication Program POLICY

HS-FM0208 Waste Management POLICY

HS-FM0208 Waste Management PROCEDURE

SIGNED: Elizabeth Concordia
Executive Vice President, UPMC, President, Hospital and Community Services Division

ORIGINAL: August 15, 2002

APPROVALS:
Executive Staff: January 27, 2014

PRECEDE: March 8, 2013

SPONSOR: EHS Integration Team

* With respect to UPMC business units described in the Scope section, this policy is intended to replace individual business unit policies covering the same subject matter. In-Scope business unit policies covering the same subject matter should be pulled from all manuals.
Identification/Storage/Transportation:

- The major identification used at UPMC Horizon for hazardous waste is the color coded bag system and labeling as specified in the Waste Management Program.
- Storage of recyclable wastes should be as specified in the Waste Management Program in approved safety containers, or in their original shipping packages until used or transferred.
- Transportation of hazardous chemicals and waste should be in approved safety containers or in their original shipping packages. Materials should only be transported in amounts comparable to regulated daily or weekly limits.

The procedures for properly identifying, storing, and transporting hazardous materials and waste should be covered in your department for any substances that you will be handling. Be sure you know how to handle a substance BEFORE handling or transporting.

Disposal/Emergency Response:

Although there will be department specific responsibilities to any hazardous materials incident, there are some basic steps to follow. Proper cleanup of individual chemical spills may vary, therefore, the following basic steps should be taken in the event of a spill:

1. Isolate the immediate area & remove all non-essential personnel.
2. Notify Environmental Services of the spill. Environmental Services will notify Maintenance if changes to the ventilation flow are needed.
3. Environmental Services will clean all spills except blood & chemo spills. (Blood spills are to be cleaned by the department staff where the spill occurred. Pharmacy or Oncology staff will clean a chemo spill.
4. Any individual experiencing a chemical exposure must complete an employee report of injury & report to Employee Health Services or the Emergency Department for evaluation per established procedure.

All chemical spill incidents must be reported on the I.I.R. (Initial Investigation Report), so that appropriate review of the incident may occur.
EMERGENCY MANAGEMENT

INTRODUCTION:
Certain emergency situations and disasters may put a strain on and disrupt UPMC Horizon’s ability to provide patient care. This in-service packet is designed to provide necessary information about the hospital’s plan for responding to these emergencies. This in-service is one of the requirements under JC Standards for the Environment of Care.

OBJECTIVES:
After completing this packet, you will know the following:
- The hospital’s system of emergency “Codes”.
- Your role and responsibility during an emergency and where to obtain information specific to your department.
- What back-up communications are used during emergencies.
- How to obtain supplies and equipment during an emergency.

Hospitals must be prepared to respond to a variety of emergency situations. Some emergencies are internal and require specific types of response. Other emergencies are external and may disrupt the hospital in its ability to care for patients within the facility or those that may arrive due to the emergency. An efficient and effective plan of response aids in preparing for such emergencies and reduces the response time. UPMC HORIZON developed a plan to manage the consequences of natural disasters or other emergencies through a set of emergency “Codes” with specific responses to specific types of emergencies. Each “Code” will activate an appropriate response to the emergency as needed.

EMERGENCY CODES & CONDITIONS
UPMC Horizon developed a plan to manage the consequences of natural disasters or other emergencies through a set of emergency “Codes” and “Conditions” with specific responses to specific types of emergencies. Each “Code” or “Condition” will activate an appropriate response to the emergency as needed.

“Condition A” – Cardiac/Respiratory Arrest

This condition is used to initiate a team to respond to a life-threatening condition. If you have an individual responsibility to respond to “Condition A”, you will be told during your departmental orientation.

“Condition C” – Medical Emergency

“Condition C” may be initiated when a patient’s condition changes significantly for the worse and additional staff is needed urgently to help manage the care of the patient. The “Condition C” Team will respond within building confines and all immediate entranceways.
“Condition Help”

Condition Help is a safety resource that allows patients and families to call for help. A call to the “Condition Help” extension will initiate dispatch of a “rapid response team.” “Condition Help” was created to address the needs of the patient in case of an emergency or when the patient is unable to get the attention of a healthcare provider.

“Condition L” – Patient Lost

“Condition L” is a rapid response to locate a missing patient who may have wandered away. The nurse from the unit which the patient is missing will contact the hospital operator and request a “Condition L” be called. The “Condition L” will mobilize security and staff from across the facility to systematically search for the patient.

“Code D” - Disaster

The purpose of “Code D” is to enable hospital personnel to care for large volumes of casualties resulting from a disaster situation such as a severe flood, tornado, or accident such as a plane crash, explosion, etc. The Emergency Physician will assume control of the situation and upon receiving any information will notify administration. Disaster situations identified in the plan will be set up to handle the victims and each department will carry out their unit specific instructions. Should a “Code D” be announced while you are working within our hospital, immediately report to your hospital supervisor.

“Code Pink” - Abduction

“Code Pink” is announced over the overhead paging system when unauthorized personnel have abducted an infant, child or adult from its present environment. The crime scene should be protected. An immediate search of the entire area must be performed. Family must be moved to a private area. If the abduction occurs at the change of shift, all personnel should be held in the area until excused by law enforcement officials. Each department in the facility has specific job assignments to perform in the event of a “Code Pink”. Be sure to ask your supervisor what department-specific responsibilities you have in the event of a “Code Pink”.

“Code Gray” - Severe Weather

“Code Gray” is announced over the paging system when UPMC Horizon receives notification of a “tornado watch” from the National Weather Service. You are to stay within your respective department or area. Each department will then implement that portion of the tornado instruction that pertains to their particular location on campus. Be sure to ask your supervisor what department-specific responsibilities you have in the event of a “Code Gray”.

“Code Urgent” - Non-Life Threatening Emergency

“Code Urgent” is used to request departmental response to any non-life threatening internal incidents (i.e., Maintenance, URGENT, Kitchen”). In this example, the Maintenance personnel would be summoned to the kitchen for urgent repairs.
“Code Purple” - Workplace Violence

“Code Purple” is a plan that provides direction to volunteers, employees and medical staff in violent situations which compromise the safety and well being of employees, medical staff, visitors or patients. UPMC Horizon is committed to ensuring that all employees, including supervisors and managers, comply with work practices that are designed to make the workplace more secure, and do not engage in threats or physical actions that create a security hazard for others in the workplace.

“Code S” – Secure Lock-Down

This code is used when an event occurs which may jeopardize the safety of building occupants. During a “Code S”, all persons are to remain inside the building until the “All Clear” is given. Security personnel will lock all exterior doors.

“Condition O” – Obstetrical Crisis

This condition is a safety response that establishes guidelines for responding to an emergent or potentially emergent obstetric condition in all inpatient and outpatient areas. Condition O is called for:
- Delivered patient brought into the ED
- Imminent delivery of OB patient
- Newborn who delivered outside of the hospital that is brought to the ED
- Emergency or potentially emergent condition arising in the ante partum or postpartum patient.

“Bronze Alert” – Active Weapon Incident

This alert is a safety response for employees in the vicinity of an action weapon incident. Employees should follow the 3E’s: Evade, Evacuate, Engage.

To initiate all internal Codes or Conditions dial:

*Shenango Campus* - “5511”    *Greenville Campus* - “5555”
REPORTING AN INCIDENT

Reporting Employee Events
UPMC employees should immediately report to their supervisor, manager, or administrator-on-duty any injury, illness, or infectious disease exposure that results as a consequence of the employee’s job related duties. All employees are required to follow work-related injury or illness reporting procedures as outlined in the Workers’ Compensation and Employee Health policies. UPMC employees should call UPMC Work Partners at 1-800-633-1197 to report work-related events. UPMC entities that do not use Work Partners should follow their listed processes to report job-related injuries.

Reports shall provide as much of the following information as reasonably known by the Reporter at the time of reporting:

1. identification of the staff member involved in the occurrence
2. date, time, and location of occurrence
3. brief, factual description of the occurrence
4. identity of any witnesses to the occurrence (this may include other staff, patients, or visitors)

Reporting Other Events
For events not patient or employee related, complete an event form in Risk Master or contact Pat Schnorr in Corporate Insurance Department at 412-432-7696.

What to Report
The basic rule of thumb is: When in doubt, report it.
UPMC staff members should report any and all events that could disrupt the care of a patient and any occurrences within the health care setting that may negatively affect visitors. Keep in mind that this is a quick guide and that any event or occurrence that disrupts the normal routine involving the clinical care of patients and the well-being of visitors is to be reported.

Examples of such events and occurrences are:

- missed or incorrect diagnoses that result in patient injury
- wrong patient, incorrect site or procedure, and other surgical issues
- patient-related medical events involving treatments or procedures such as adverse reaction to contrast material or re-intubation in the operating room or post-anesthesia care unit
- infections
- inappropriate medication administration
- lack of appropriate follow-up care
- falls
- significant birth injury (APGAR < 5 at five minutes)
- loss of limb, organ, or sense
- significant impairment of limb, organ, or sense
• life-threatening injury with permanent residual impairment
• retained foreign body
• patient/family complaints
• laboratory or radiology errors
• equipment malfunctions
• attorney request for records
• skin breakdown (Stage II or higher)
• stolen, missing, or damaged property (including vehicles)
• patient elopements and patients who leave against medical advice
• rape involving a patient

**How to Report**

Reporting an event is easy. There are three convenient ways to do so:

1. Log on to Risk Master, an online reporting mechanism accessed via Infonet. Select Quick Links located in the upper left-hand corner of the page. Select A-Z Listing from the drop-down menu, and choose the letter “I.” Select the link for “Incident reporting, nonemployee.” Alternatively, you may type [https://rm.upmc.com/webforms/](https://rm.upmc.com/webforms/) on your Internet browser.

   **Risk Master is the preferred reporting mechanism.**

2. Call UPMC Risk Management 412-647-3050 or the UPMC Patient Safety Officer for your facility.


**Who Has to Report?**

Any staff member, physician, employee, volunteer, student, or other individual who gains knowledge of a reportable event is required to report that event immediately, but no later than 24 hours after the occurrence using one of the three reporting options.

All licensed clinicians are required by Pennsylvania Medical Care Availability and Reduction of Error Act, also known as Mcare, to report any and all events that they have knowledge of within 24 hours of that occurrence or discovery.

When reporting events, all staff members, physicians, employees, volunteers, and other individuals are protected by the state Whistleblower Law, which prohibits retaliation for event reporting. However, if these individuals are aware of any event and do not report it with 24 hours of discovery, disciplinary actions can and will be taken against them.

**Definitions**

*Incidents.* Under Pennsylvania’s Medical Care Availability and Reduction of Error (Mcare) Act, an “incident” is defined as an event, occurrence, or situation involving the clinical care of a patient...
that could have injured the patient but did not either cause an unanticipated injury or require the delivery of additional health care services to the patient.

**Serious events.** As defined by Mcare, a serious event is an occurrence or situation involving the clinical care of a patient in a medical facility that results in death or compromises patient safety and results in an unanticipated injury requiring the delivery of additional health care services to the patient.

**Sentinel events.** As defined by the Joint Commission, a sentinel event is an incident, serious event, or unexpected occurrence involving death or serious physical or psychological injury. Serious injury specifically includes loss of limb or function. Any process variation for which a recurrence would carry a significant chance of a serious adverse outcome also is classified as a sentinel event. The following specific events are always considered sentinel events: infant abduction; infant discharged to the wrong family; unanticipated death of an infant born full term; rape (by another patient or staff); hemolytic transfusion reaction; surgery on the wrong patient or wrong body part; suicide of a patient in a setting where the patient received 24-hour care; and hospital-acquired infections associated with unanticipated death or major permanent loss of function.

**Infrastructure failures.** As defined by Mcare, infrastructure failures are undesirable or unintended events, occurrences, or situations involving the infrastructure of a medical facility, or the discontinuation or significant disruption of a service that could seriously compromise patient safety.

**Why Report?**

It is the policy of UPMC to comply with the requirements of the Joint Commission and the Pennsylvania Medical Care Availability and Reduction of Error (Mcare) Act to report any unexpected events or disruptions of normal routine involving the clinical care of patients.

In addition, the reporting of such events or disruptions is a critical step to promote patient safety and to reduce the risk of event recurrences. In short, a problem cannot be addressed unless it is reported and the appropriate clinical and administrative leaders of UPMC are made aware of it.
Relationship Based Care

Transforming the Patient Care Experience: Relationship Based Care Goals

- To create the best patient care experience and establish a delivery model for patient care that supports consistent, innovative, and effective care that fully integrates the patient and family as partners in care.
- To improve patient, family and peer relationships and communication.

Relationship Based Care (RBC) is comprised of four crucial relationships:
1. Care provider’s relationship with patients and families.
2. Care provider’s relationship with self.
3. Care provider’s relationship with colleagues.
4. Care provider’s relationship with community.

Relationship Based Care is a Pathway to Excellence
- Patient Satisfaction – RBC is all about the patient!
- Quality Outcomes
- Care Delivery Excellence
- Best Practice

Essentials
The key element to integrating the principles of and concepts of RBC in our model of care is COMMUNICATION.

RBC is as easy as 1-2-3..
1. Introduce yourself promptly
   - Nursing staff should place their name and Spectralink phone number on the white board located in the patient/exam room.
2. When handling off care and/or service to another provider, introduce your colleague.
3. Ask the customer – “Is there anything else I can do for you”?

SERVICE STANDARDS – At UPMC Horizon, we CARE
C – Communication
A – Attitude
R- Respect
E- Enthusiasm
COMMUNICATION

- Greet every customer with a warm and friendly smile.
- Introduce yourself promptly to patients, families, guests and co-workers.
- Be courteous
  - Ask customers how they would like to be addressed.
- Be engaged with patients.
  - Use eye contact
  - Sit at the bedside with the patient
  - Use appropriate touch
- Keep patients and families informed
  - Review plans/tests/desired outcomes
  - Validate patient and family engagement with plan of care

ATTITUDE

- Commit to treating others with dignity and respect.
- Display appropriate behavior.
- Use appropriate language in the conversation in the presence of patients, families, guests and co-workers.
- Take responsibility for reducing noise levels in patient care, work and public areas.
- Respect the individual needs of patients and assist in meeting requests in a timely manner.
- Act with a sense of urgency to requests by patients and families.
- Display a positive attitude at work.

RESPECT

- Respect individual patient/family needs.
- Work collaboratively with others.
- Treat others with dignity and respect.

ENTHUSIASM

- Take action to resolve concerns of patients, families, guests and co-workers in a timely fashion.
- Assess customer satisfaction by asking, “is there anything else I can do for you”?
- Take pride in yourself and in UPMC Horizon.

COMMITMENT TO MY CO-WORKERS

We are linked to one another by a common purpose; serving our patients and our community. Our co-workers, therefore, are our teammates. They deserve our respect. Without their contribution, none of us could perform our jobs. Just as we rely on our fellow employees, they rely upon us. Each of us has obligations to one another.

As your co-worker and with our shared organizational goal of excellent patient care, I commit to the following:

- I will accept responsibility for establishing and maintaining healthy interpersonal relationships with you and every other member of the team.
• I will talk to you promptly if I am having a problem with you. The only time that I will discuss it with another person is when I need advice or help in deciding how to communicate with you appropriately.

• I will establish and maintain a relationship of mutual trust with you and every member of my team. My relationship with each of you will be equally respectful, regardless of job titles or levels of educational preparation.

• I will not engage in 3 B’s (bickering, back-biting, and blaming). I will practice the 3 C’s (caring, committing and collaborating) in my relationship with you and ask you to do the same with me.

• I will not complain about another team member and ask you not to do as well. If I hear you doing so, I will ask you to talk to that person.

• I will accept you as you are today, forgiving any past problems and ask you to do the same.

• I will be committed to finding a solution to problems, rather than complaining or blaming someone and ask you to do the same.

• I will affirm your contribution to the quality of our work.

• I will remember that neither of us is perfect and that human errors are opportunities, not for shame or guilt, but for forgiveness and growth.

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**We Are This Hospital**

_You_ are what people see when they arrive here.

_Your_ are the eyes they look into when they are frightened and lonely.

_Your_ are the voices people hear when they ride elevators and when they try to sleep and when they try to forget their problems.

_You_ are what they hear on their way to appointments that could affect their destinies and what they hear after they leave those appointments.

_Your_ are the comments people hear when _you_ think they can’t.

_Your_ is the intelligence and caring that people hope they’ll find here.

If _you_ are noisy, so is the hospital. If _you_ are rude, so is the hospital.

And, if _you_ are wonderful, so is the hospital.

No visitors, no patients, no physicians or co-workers can ever know the real _you_ , the _you_ that _you_ know is there – unless _you_ let them see it.

All they can know is what they see and hear and experience.

And so, we have a stake in _your_ attitude and in the collective attitudes of everyone who works at the hospital. We are judged by _your_ performance. We are the care that _you_ give, the attention that _you_ pay, the courtesies that _you_ extend.

**Thank you for all that _you_ are doing!**
PRIVACY AND SECURITY AWARENESS

Numerous federal and state laws require that UPMC protect information that is created or collected for a variety of purposes, including patient care, employment, and retail transactions. Education and training is a key element of an effective compliance program. The Privacy and Security Awareness training is an example of UPMC's commitment to educate and promote a culture that encourages ethical conduct and compliance with applicable laws.

After completing this course you should be able to explain:

- your obligations regarding privacy
- your responsibilities for protecting information
- what you should do in the event that you suspect that a breach may have occurred

Additionally, you should become familiar with the UPMC policies that discuss these subject matters. All policies that are mentioned in this course will be reviewed from time to time and may change. It is your responsibility to periodically check these and become familiar with any changes or updates.

What is Privacy and Security?
Privacy is UPMC's obligation to limit access to information on a need-to-know basis to individuals or organizations so that they can perform a specific function for or on behalf of UPMC. This includes verbal, written, and electronic information.

1. **Security** - ensure that only those who need to have access to information can access the information. Security also includes ensuring the availability and integrity of information.

2. **Need-to-know basis** - information should only be provided to those that need it to perform their assigned job responsibilities.

Complying with UPMC Privacy and Security Policies
As an employee you are to comply with UPMC's Privacy and Security policies and procedures. To increase patient confidence, and ensure that information is protected at UPMC, all employees are required to:

1. Abide by UPMC policies and all applicable laws
2. protect patient privacy
3. safeguard confidential information
4. read and understand policies related to their job function

**Every employee must respect our patient's expectations that their information will be kept confidential.**

Consequences for Violating Privacy and Security Policies
Employees who violate any UPMC policy that supports compliance with HIPAA regulations may receive disciplinary action, up to and including termination.
1. The United States Department of Health and Human Services has appointed government agencies to enforce HIPAA compliance. Those who violate HIPAA can face the following penalties:
   - individual fines of up to $250,000
   - imprisonment up to 10 years

What is PHI?
Protected health information (PHI) includes any health information about our patients and is considered confidential. PHI can include, but is not limited to:

**General information:**
- patient's name
- medical record number
- social security number
- address
- date of birth

**Health Information:**
- diagnosis
- medical history
- medications

**Medical coverage information**

**Dental coverage information**

**Safeguarding Information**
You are only permitted to access and use patient information as it relates to your job. If you see or hear patient information in the course of doing your job, that you do not need to know, remember that this information is confidential. You are not permitted to repeat it or share it with others - even friends, family, or other employees who do not have a need to know it.

- Additionally, you are not permitted to share this information with others when you no longer work for UPMC.
- All UPMC staff members play an important role in safeguarding sensitive information.
- You are obligated to maintain a patient's privacy and safeguard protected health information (PHI) for anyone who receives services at UPMC facilities.

**Information Without Safeguards**
An unauthorized individual may be able to gain access to information if sufficient safeguards are not in place. This information may reveal confidential patient, staff, financial, research, or other business information.
Places where this type of information may be accessed:

- computers that were left logged into
- overheard in cafeterias or hallways
- found on fax machines and/or printers
- found in a wastebasket
- seen lying on a desk or counter

And it could be used in an inappropriate manner to:

- reveal confidential information
- sell information to a tabloid
- cause negative publicity

If this occurs:

- A patient's privacy rights may have been violated.
- State and federal laws may have been violated.
- UPMC and associated staff may be responsible for damages.

Potential Threats or Activities that May Compromise Information

There are many ways that confidential information can be inappropriately accessed or disclosed. All must be reported to your manager or Privacy Officer.

These may include:

- unauthorized access to information, either by an unauthorized individual or by an individual who has the right to access to information, but accesses the information for unauthorized reasons
- computer viruses
- inappropriately deleting information
- during a burglary, paper information may be accessed or duplicated
- theft of computer equipment, records, and/or information
- unauthorized disclosure of information

Oral Communication

Confidential or sensitive information should only be communicated or accessed on a need-to-know basis. You should access only the minimum amount of this type of information needed to perform your job.

You can maintain privacy by:

- disclosing confidential information only to those who have a need to know it
- speaking in an appropriate tone of voice (lower your voice when others are nearby and may be able to overhear your conversation)
• moving the discussions to areas where others cannot overhear
• asking those around you who do not need to know this information to leave the area so you may have privacy
• not conducting conversations which include confidential information in high-traffic areas such as hallways, reception areas, waiting rooms, elevators, and cafeterias.

What Should You Do?
A health care employee was using a cellular telephone when discussing protected health information (PHI) in a restaurant down the street from the hospital. Another hospital employee sitting nearby overheard the conversation and approached the individual.

The right thing to do . . .

• Employees should never conduct hospital business and discuss confidential information in public areas.
• All hospital employees have the responsibility to abide by hospital policies and to protect patient privacy.
• Protecting patient privacy is an expectation of all employees whether on duty or off duty.
• If you overhear others discussing confidential information, let them know that they can be overheard.
• In any event, any information that you overhear should not be repeated or communicated to others.
• You should report inappropriate incidents or situations to your hospital's privacy officer.

Physical Security
Simple measures can be taken to prevent an unauthorized individual from gaining physical access to confidential information.

These measures include:

• Question individuals you do not recognize if they are in or near areas that contain confidential information.
• Offer assistance to those who may be lost.
• Keep file cabinets, doors, and desks locked in nurses' stations, offices, etc.
• Insist that all repair/maintenance personnel show proper identification if they arrive in your work area to service equipment. If necessary, call the service company to have the identity of the repair or maintenance personnel confirmed.
• Accompany visitors and repair/maintenance personnel to and from their destinations.
• Notify Security when there is an unauthorized individual in a secured work area.

• Restrict access to computers and data centers to prevent unauthorized individuals from accessing electronic information.

• Ensure that any vendor representative, especially from the pharmaceutical, biotechnology, medical device, and hospital equipment industries, has registered with UPMC Supply Chain Management before they appear onsite.

Photocopiers
When making copies of confidential information, you should not leave the copier until your job is complete.

Additionally, employees should:

• Remove all papers containing confidential information.
• Check all areas of the photocopier, including the output tray, the input feeder, and the top of the glass surface.
• Not allow others to see the information that you are copying. If someone is standing close enough to see this information, advise him or her that you are copying confidential information. Offer to let the person know when you are finished so that he or she may come back to use the machine.
• Destroy or return any confidential information that has been left on a photocopier to the owner.

Fax Machines
The faxing of protected health information (PHI) should be performed only when absolutely necessary. Other, more secure ways of sending information should be considered (i.e., secure e-mail, registered/insured mail, etc). When you are asked to fax information to a UPMC location, determine if they can access the information electronically which would eliminate the need to fax the information.

If you must fax, you are required to use the UPMC approved standard fax cover sheet. This sheet contains your contact information and a confidentiality disclaimer. This form can be found on the Infonet Quick Links tab under Forms.

Additionally, employees should:

• When possible, program automated dial buttons with frequently dialed fax numbers.
• If available, use the button on the fax machine to dial pre-programmed number for the receiving party.
• Confirm the fax and telephone numbers of the person you are faxing to.
• Prior to faxing confidential information, let the person you are faxing to know so he or she may retrieve it from the fax machine immediately.
• Follow up with the person to verify that he or she received the fax.
• Immediately remove confidential information from the fax machine.
• Destroy or return any confidential information that has been left on a fax machine to the owner.
• Destroy confidential information that has been received in error and advise the sender of the error.
• Periodically verify that pre-programmed fax numbers are still correct.
• Contact the privacy officer to report inadvertent faxing to the wrong person.
• Consider using other means as opposed to faxing.

**Disposal of Confidential Information**

Never discard paper, computer disks, or other portable media that contain patient information in a "routine" wastebasket. This makes the information accessible to unauthorized personnel. Such confidential information should be discarded in accordance with your business unit's policies regarding the destruction of protected health information.

• Always shred or dispose of confidential information in an appropriate designated container.
• Check with your manager or supervisor to find out how your department disposes of confidential information.

**News Media Inquiries**

The news media may contact your facility for information if a well-known person or someone involved in a newsworthy situation, such as an accident, is being treated at your facility.

• Direct all news media inquiries to UPMC Media Relations.

**Report Inappropriate Use of Patient Information**

If you feel that a patient's privacy or confidentiality has been violated, report the incident to your facility's or business unit's privacy officer. If they are unavailable or you are not comfortable reporting it to them, you can also use the following options:

• UPMC HIPAA Program Office at 412-647-5757
• Compliance Helpline (anonymous option) toll-free at 1-877-983-8442.

**Protecting Electronic Information**

• Every UPMC staff member plays an important role in protecting UPMC's electronic patient, business, personnel, academic, and research information. Staff shall take reasonable precautions to ensure that electronic information is available, has integrity, and is secured against unauthorized access.

**Creating and Protecting Passwords**

A password is a unique combination of letters, numbers, and symbols that you use to verify your identity in a computer system. Your password is the electronic equivalent of your signature.
• Do not share your password with anyone (this includes your boss and the information technology staff).
• You are responsible for all actions performed under your username and password.
• Treat your password as you would treat any piece of personal and confidential information by taking measures to keep it confidential.
• You are to verify your identity in a computer system.
• Your password should be a unique combination of letters, numbers, and symbols.
• Your password is the electronic equivalent of your signature.

You are responsible for any activity that takes place under your username and password.

Creating Complex Passwords
Knowing how to create a complex password (one that cannot be guessed easily by someone else) is one way to protect your password.
• Don't base your password on information that is commonly known about you, such as your birth date, the names of your children or pets, or a hobby.
• It's also best to avoid common words, such as mother or father.

Passwords should meet the following requirements:
• must not contain all or part of the user's account name
• must be at least seven characters long
• must contain characters from three of the following four categories:
  ○ uppercase characters
  ○ lowercase characters
  ○ numbers, 0-9
  ○ non-alphanumeric characters (!, #, %, *, )

Examples:
I love to golf! = Iluv2GLF!
Opera singer = OpraS!ngr
I owe you $44.95 = iOu$449

Protecting Your Password
Once you've selected a complex password, follow these tips to keep it confidential:

• Don't share your password with anyone.
• Memorize your password.
• Never store your password in a computer file or PDA.
• Do not keep a written password in plain view or easily accessible to others. All written passwords are to be kept secured.
• If someone learns your password, you should immediately:
  ○ change your password
  ○ tell your supervisor and privacy officer
Remember, you are accountable for any actions made under your username and password.

**Protecting Your Computer from Viruses**
A virus is a computer program that performs unexpected or unauthorized actions. A virus can occur without your permission or knowledge. Viruses threaten all types of information, can render a system unavailable, and corrupt information contained in a system.

**A virus might:**

- expose or change confidential information
- delete or remove important files
- display unusual messages
- e-mail everyone in your address book
- disable computers
- spread to other computers

**Signs of a Computer Virus**
Contact the ISD Help Desk at 412-647-HELP (4357) or the help desk for your UPMC facility if you notice any of the following which might indicate your computer is infected with a virus:

- antivirus software pop-up alerts
- missing files
- unusual activity (for example, programs opening that you did not open)
- responses to e-mails that you did not send
- drastic, unexplained reductions in your computer's memory or disk space

**Preventing Viruses**
Precautions that you can take to help protect your computer from becoming infected with a virus are:

- Never open or run unexpected e-mail attachments or other programs.
- Always use antivirus software and never disable it.
- Scan all e-mails and downloads.

**Appropriate Use of E-mail**
Electronic mail (e-mail) is provided for the purpose of conducting UPMC business and providing service to our customers. Appropriate use of e-mail can prevent the accidental disclosure of confidential information and the disruption of computer services.

As an employee:

- Use e-mail only for official UPMC business and in accordance with UPMC policies.
- Do not use e-mail in a way that is disruptive, offensive, or harmful.
• Do not use e-mail to sponsor or promote a political party or candidate or to campaign against a political party or candidate.
• Do not use e-mail to solicit employees to support any group or organization.
• Confirm destination of e-mail addresses you are sending to.
• Do not use "reply all" unless necessary.

Although it is delivered electronically, e-mail is still a written form of communication. Approach it as you would other forms of written communication, such as a memo or fax.

You should:

• Delete unnecessary e-mail.
• Use additional security methods when sending confidential information.
  ○ Type “Secure:” (without the quotes) followed by a subject line for your email in order to automatically route the email message to the UPMC Secure E-mail Website and generates a notification email that is sent to the recipients
  ○ EX Subject Line of Email: Secure: Patient Billing Address
• Include a confidentiality disclaimer on e-mails.
• Don't write something in an e-mail that you would not say in an official memo.

Printers
Because many employees often share one printer, it is necessary to take measures to protect confidential information when printing.

Follow these steps:

• If your business unit has a Xerox multi-function machine you should use the "Secure" printing option. This means the document will not print until you release it by entering a code number that you select.
• If your business office does not have a Xerox multi-function machine then you should retrieve your documents immediately.

No matter what type of machine you are printing to, you must:
• Confirm to which printer you are printing, especially if you share a network printer.
• Immediately remove confidential items.
• Cancel or retrieve any confidential information printed on the wrong printer.
• Deliver or dispose of confidential information found on a printer.
• Only print what is necessary if you need to maintain a hard copy.

Internet Use
The Internet is a great source of information and a way to improve business efficiency. UPMC provides Internet access to facilitate business and for educational purposes.

• Do not use the Internet in a way that violates UPMC policies.
• Do not download software that is not approved for UPMC computers, including screen savers and games.
• Do not view information that is offensive, disruptive, or harmful to morale.
• Use antivirus software.

Proper Computer Workstation Use
Be sure to restrict the view or access of others by positioning your computer screen so that others cannot view it. Place your computer workstation in a secure area that is not easily accessible by unauthorized personnel. Make sure your screen saver is set to automatically activate and lock your computer and hide confidential information when your computer is not in use. If you cannot restrict others from viewing your screen, ask your manager to order a privacy screen for you that will be placed over your monitor. The privacy screen prohibits people who are not directly lined up to the monitor from viewing the information on the screen.

Employees should:
• restrict views of others
• place computers in secure areas
• use automatic screen savers that lock your computer

Log on and sign off procedures
Follow appropriate log on and sign off procedures. Follow these guidelines even when you are remotely logging into the UPMC system and accessing confidential information.
• Never use someone else’s username and password or allow someone else to use yours.
• Don’t offer to sign onto a computer so someone else may use it.
• Prevent another person from using your sign-on by locking or signing-off your computer workstation when leaving it unattended.
• To lock your workstation, press control/alt/delete, and select lock computer.
• Look away when other individuals are entering their passwords.
• Log off a computer when no longer using it.

Confidential Information Storage
Do not store sensitive and confidential patient information on local computer workstations (C Drive), laptops (C Drive), and mobile devices such as, flash drives or memory sticks unless you are authorized to do so. Instead, store information on your network shared drive or departmental shared folders.
• If you are authorized to store sensitive and confidential patient information on removable media such as, CD-ROMs, DVDs, floppy disks, flash drives, or memory sticks, then you must secure this removable media by keeping them in a locked drawer or cabinet.
• Delete files that are no longer needed.

Software installation/removal procedures
• Follow software installation and removal procedures:
• UPMC must own a valid software license for all software installed on its computers.
• Unlicensed software shall be removed or a valid license shall be acquired immediately.
• Don't download software that is not approved for UPMC computers.

**Technical Support**
Seek technical support when necessary, especially when installing and removing hardware or software. Do not attempt to fix computer-related problems yourself. You may cause more difficulties by attempting to resolve the problem on your own. Contact the ISD Help Desk at 412-647-HELP (4357) or the designated help desk for your facility about any technical support problems or questions. Do not install or remove hardware - for example, modems, sound cards, video cards, or CD-ROMs yourself. Submit a request to complete the project.

• Seek technical support for hardware installation and removal.
• Do not attempt to fix computer problems.
• Do not install or remove hardware.
• Contact the Help Desk for technical support at 412-647-HELP (4357).

**Remote Access Procedures**
UPMC offers ways to access its network resources from off-site (remote) locations. Regardless of where you access information, remote or on-site, this information must remain confidential and secure. Follow established remote access procedures. Contact your Help Desk to discuss these solutions.

• You should not install any hardware, such as a modem or software used for remote connections, on a UPMC computer.
• Always contact your Help Desk for this service.
• Use approved solutions for accessing UPMC's network.
• Do not install any hardware that would allow remote connections.

**Laptops and PDAs**
Laptops and personal digital assistants (PDAs) often contain confidential information. Therefore, all staff should take the following security measures. Contact the ISD Help Desk with any questions.

• Physically secure laptops and PDAs.
• Use a password.
• Encrypt information.
• Do not leave a laptop or PDA unattended in a public place.
• The use of any unsecured wireless network is not allowed, unless the appropriate approval has been obtained.
• Confidential information should not be accessed without approval.

**Disposal of Electronic Media**
Electronic media must be disposed of properly.

• Floppy disks, CD-ROMs, DVDs, and backup tapes containing confidential information should be physically destroyed.
• This can be done by using a CD-ROM shredder or placing the items in designated shredding bins, which is the preferred method. Caution: The process of manually breaking a CD-ROM can cause sharp pieces of plastic to fly through the air.
• Special measures must be taken to remove confidential information from fax machines, copiers, printers, and other devices capable of data storage.
• Contact the ISD Help Desk at your facility to have the appropriate technical support staff remove all traces of confidential information from a computer hard drive and other devices.

UPMC Privacy and Security Policy Overview
You are required to understand all UPMC privacy and security related policies. This section provides an overview of these policies. In addition to these, your business unit or facility may have additional privacy and security related policies or procedures. If you do not understand a policy or procedure, ask your manager for clarification.

Some forms such as the Authorization for Release of PHI, have been updated in accordance with applicable regulations.

UPMC Privacy and Security Related Policies
UPMC developed privacy and security policies that address a variety of topics. Summaries of these policies are on the next several pages. The complete text of these policies can be found in the system-wide policy manual located on Infonet.

Release of PHI
Strict rules apply to the release of protected health information (PHI) when necessary for reasons other than treatment, payment, or health care operations (TPO). These rules vary based on the sensitivity of the information. Please direct questions related to releasing patient information to your HIM department or your privacy officer.

• If you are involved with disclosing PHI, you are responsible for being aware of these rules.
• Generally patients must sign an Authorization to Release their PHI if for reasons other than TPO.
• If a patient pays for services out of pocket in full and supplies in writing their request that we do not share this information with their insurer we are not to release this information.
• A valid authorization must contain certain information.

Notice of Privacy Practices for PHI
The Notice of Privacy Practices is to be posted and made available in public areas of health care facilities, such as a registration area. The notice also must be given to patients during their first visit to UPMC and offered each additional time a patient registers for services. Patients should acknowledge that they have received a copy of the notice. At UPMC, patients acknowledge they have received the notice by signing the Consent for Treatment Form. If you are unable to obtain a patient’s acknowledgement, you must document the effort and the reason why the
acknowledgement was not obtained. During emergency situations, the acknowledgement should be obtained within a reasonable amount of time.

- All staff should read the Notice of Privacy Practices. The notice may be downloaded from the HIPAA section of UPMC Infonet.

**Notice of Privacy Practices (NOPP) describes:**

- how PHI may be used or disclosed
- patient rights under HIPAA
- who to contact if patients believe their rights have been violated

**Business Associates (Guidelines for Purchasing)**

A business associate is an external individual, business, or vendor that uses Protected Health Information (PHI) to perform a service or provide a product on behalf of UPMC. These services may include, but are not limited to, legal, actuarial, accounting, consulting, management, administrative, accreditation, data aggregation, or financial services.

- UPMC is required to enter into a contract with a business associate that clearly defines the business associates responsibilities for using, sharing, and safeguarding PHI, including the reporting of any breach of protected health information.
- All business associates must enter into an agreement with UPMC to safeguard PHI.
- For more details about these terms and conditions, business associates should refer to the Purchasing section of UPMC's public website.

**Use of PHI for Marketing**

Marketing is defined as any type of communication that seeks to convince an individual to use or purchase a product or service. UPMC must request and obtain written authorization from an individual to use or disclose his or her PHI for marketing purposes.

**Examples not considered marketing:**

- face-to-face communications, such as when pharmaceutical samples are given to a patient during a doctor's office visit
- communicating additional treatment options, care management activities, or alternative care settings.

**Use of PHI for Fundraising**

Fund raising refers to any activity to raise charitable donations that support research, education, or the advancement of health care activities within UPMC.

- Types of PHI that may be used for fund-raising purposes without obtaining the patient's authorization must be de-identified and include:
  - demographic information that does not identify the patient (age, race, gender, etc
  - dates that health care was provided to a patient
- The Notice of Privacy Practices describes how a patient's PHI may be used for fund-raising activities.
- Use of other types of PHI which identifies the patient, requires a separate authorization from the patient.
Use and Disclosure of PHI for Research Purposes Pursuant to the HIPAA Privacy Rule

All research activities must be conducted in accordance with the rules of the Institutional Review Board (IRB).

- Patients must sign a research authorization for their PHI to be used or disclosed.
- De-identified information (as described in the HIPAA Privacy Rule) may be used for research without the patient's authorization.
- UPMC also uses external institutional review boards for clinical trials such as the Independent Investigational Review Board. For a complete list, contact the UPMC Clinical Trials Office.

Accounting of Disclosures of PHI

Accounting of Disclosures (AOD) is a summary of where a patient's PHI was disclosed and includes a list of those people who have received or accessed protected health information.

- Patients have a right to receive an accounting of disclosures and AODs must be maintained for six years.
- Subject to a schedule established by federal law, UPMC must provide an accounting of disclosures of all individuals who have received or accessed a patient's electronic record for a period of three years prior to the date on which the accounting is requested.
- In addition, business associates will also be required to supply an accounting of disclosures when requested.

Filing a Complaint - Complaint Management Process

Patients and staff have a right to file a complaint if they feel their privacy rights have been violated. There are many options for filing a complaint.

Staff can file a complaint by first contacting their manager or supervisor. If they are unable to or uncomfortable with doing so, then complaints can be filed by using the same methods available to patients as described below.

Patients (or parent/guardian/other authorized person) can file a complaint by:

- Informing a UPMC employee
- Employee receiving a complaint must report it to the entity privacy officer
- Contacting the entity's privacy officer
- Calling the:
  - HIPAA Helpline - 412-647-5757
  - Compliance Helpline - 1-877-983-8442 (anonymous option)
  - Writing (paper or electronic) to the:
    - Secretary of the United States Department of Health and Human Services, 200 Independence Ave, SW Washington, DC 20201.
**Patient Access to PHI**

Patients have a right to access and review their PHI. A patient must submit a written request and schedule an appointment at the facility where the treatment was provided in order to access his or her PHI.

**UPMC may deny a patient access under certain situations:**

- contains psychotherapy notes
- compiled for court proceedings
- physician determines not appropriate
- could result in danger to another person
- prohibited by law

**Employees Accessing PHI**

If an employee has an account for a UPMC clinical system, the employee is generally permitted to access the employee’s medical information on that system. The exceptions are that (a) an employee is not entitled to access his/her behavioral health or drug/alcohol treatment information; (b) UPMC reserves that right to limit an employee’s access to his/her medical information on UPMC Clinical Systems; and (c) an employee's use of UPMC clinical system must not interfere with the employee’s or other staff’s work.

- Employees are prohibited from accessing medical records of their spouses, children, relatives, and others.
- Employees are permitted only to access information needed to perform their job.
- Employees will be subject to disciplinary action if PHI has been accessed inappropriately and may be subject to fine, imprisonment and termination.

**Patient Amendment to PHI**

Patients may request to amend or correct their PHI, if they feel that UPMC has recorded incorrect or incomplete information about them. A patient who wants to amend his or her PHI must make a written request to the facility holding this where the medical information was created. The request must include the reason the information should be amended.

**UPMC may deny a request when:**

- request to amend is not in writing
- patient does not include a reason to support the request
- information was not created by the facility
- health care provider verifies the existing information is true and accurate
- facility must notify the patient in writing whether the request to amend was approved or denied
- the patient may submit a statement of disagreement which will become part of the patient record when an amendment request is denied.
**Minimum Necessary Standards for Using PHI**

Protected health information (PHI) is available to UPMC staff on a need-to-know basis. Need-to-know means that you rely on or need PHI in order to do your job.

- However, you should access only the minimum amount of information that you need to perform your job.

- For example, all of the patient's health information is available for a physician, nurse, or other staff member to use to provide direct patient care. However, this same information is not available to the hospital's telephone operator. The need-to-know information the telephone operator requires is the patient's name and room number.

- Accessing patient information that is not relevant to your job may result in disciplinary action, up to, and including termination.

- A log of all users accessing PHI via electronic means is available to monitor this.

If you are required to disclose PHI to someone for purposes other than treatment, payment or operations, such as a court order, **you must verify:**

- who the requesting party is
- that they have a need-to-know this information
- that only the minimum necessary information is provided

- If a patient pays for services out of pocket in full, and supplies in writing their request that we do not share this information we are not to release this information.

- Questions regarding the minimum necessary standards for using or disclosing PHI should be directed to your privacy officer or Health Information Management (medical records) department.

**Reporting of Suspected Problems**

It is every employee's responsibility to be alert to unethical behavior or possible violations of UPMC policies.

There are many examples of inappropriate use or disclosure of protected health information.

**These include but are not limited to:**

- Faxing - If the patient's information is sent to the wrong fax number or wrong location, the doctor's office or requesting agent must report this to either HIM or their Privacy officer.
• Patient Identification - If a patient presents with identification that does not appear to be consistent with existing information, contact your privacy officer to notify him or her of the possibility of identity theft.

• Access/Disclosure - All inappropriate PHI access or suspected breach in security shall be reported in accordance with appropriate UPMC Policies.

Communicate your concerns and observations in a manner consistent with the chain of command. You should first contact your manager if you need assistance. If you are not comfortable or unable to follow the chain of command, the following additional resources are available:

• privacy officer
• compliance officer
• Corporate Compliance Office
• Human Resource
• Legal
• UPMC Compliance Helpline toll-free at 1-877-983-8442 (anonymous)

UPMC prohibits retaliation against anyone for raising, in good faith, a concern or question about inappropriate or illegal behavior. Retaliation is not allowed against anyone participating in an investigation or providing information related to an alleged violation.

Red Flag Rules: Reporting Suspected Identity Theft
Congress enacted the Fair and Accurate Credit Transaction Act (FACTA) of 2003 which amended the Fair Credit Reporting Act (FCRA) in response to the increase in identity theft. Subsequently, the Federal Trade Commission (FTC) issued the “Red Flag Rules”.

The Red Flag Rules aim to protect the consumer from identity theft. This rule requires that any business entity (“creditors”) who maintain an account (“covered account”) which allows deferred payment and or credit to a client must implement a program to identify, detect, and respond to identity theft.

Identity theft occurs when someone uses another person's personal information to fraudulently obtain medical services (e.g. name, address, Social Security number, credit card number insurance information or other identifying personal information).

Red Flags are defined as any pattern, practice, or specific activity that could indicate identity theft.

• If you suspect that identity theft has occurred communicate your concerns and observations in a manner consistent with the chain of command. You should first
contact your manager or supervisor who will perform an initial investigation. If you are not comfortable or unable to follow the chain of command, additional resources are available:

- privacy officer
- compliance officer
- UPMC Compliance Helpline toll-free at 1-877- 983-8442 (anonymous)

**UPMC Compliance Helpline** provides the employee with:

- A toll-free number that is answered 24 hours/day, 365 days/year by non-UPMC staff – this is a contracted service with Compliance Concepts Inc.’s *Compliance Line* service
- A means to report questions/concerns, and get answers, anonymously and confidentially – when you call, the *Compliance Line* staff will ask if you wish to remain anonymous. However, you will have to identify your business unit as there must be some means by which the Ethics and Compliance Office can focus its investigation, if necessary. The *Compliance Line* staff will assign a code number and call back time in order for you to call back and hear the answer/resolution to your question/concern.

**Theft and/or Breach of Personal Information**

**In General:**

A breach occurs when there is an unauthorized acquisition, access, use, or disclosure of protected health information. If you suspect that a breach has occurred, you should notify your supervisor or entity Privacy Officer immediately. If it is determined that there was a breach, UPMC will need to report the breach, including providing written notification to the affected patient(s).

- **Example:** Without a work related need, a nurse intentionally opens her co-worker's record.

- **Exceptions:** There are a variety of exceptions where a breach does not need to be reported, including situations, where it is unlikely that the information could be misused. However, this decision may only be made following an investigation by UPMC.
PATIENT RIGHTS & ORGANIZATIONAL ETHICS

BEHAVIORAL OBJECTIVES:
After reviewing this material the reader will be able to:
- Understand the rights and responsibilities of patients.
- Define ethics and ethical dilemmas in the organizational setting.
- Identify major areas of ethical dilemmas in an organization.
- Recognize how rights of patients are protected by ethical decision making.

Active participation in care decisions is not a patient’s privilege it is a fundamental right. If however, patients are not given the information needed to evaluate their options, they cannot exercise this right.

As healthcare givers, we must understand these rights so that all activities involving the patient are conducted with concern for him/her, and above all, the recognition of his/her dignity as a human being. Standards have been set which promote consideration and respect of individual values and preferences and includes the decision to discontinue treatment. Important activities related to these standards include advising patients of their responsibilities in the care process and making sure they fully understand the benefits and risks associated with planned procedures.

All hospital employees and medical staff are responsible for ensuring that the patient, parent and/or guardian are involved in all aspects of care. Patients must be involved in at least the following areas:

E. making care decisions; giving informed consent;
F. resolving dilemmas about care decisions;
G. formulating advance directives;
H. withholding resuscitative services;
I. forgoing or withdrawing life-sustaining treatment and planning care at the end of life.

Standards also recommend that the family be allowed to participate in care decisions, while recognizing the patient’s right to exclude any or all family members. Sometimes it is mandatory that people other than or in addition to the patient be involved in decision-making. This is especially true in the case of un-emancipated minors, when the family or guardian is legally responsible for approving care. Often a surrogate decision-maker must be identified in the event that the patient lacks the mental or physical capacity to make decisions or communicate them.

Ethical decisions regarding care can present all sorts of difficult questions and conflicts for the organization, patients, family members and other decision-makers. Defining ethics and understanding the areas of ethical dilemmas can help us make choices that have a positive impact on individuals and groups involved with the organization.

Ethics deals with right and wrong in the values and actions of individuals and the communities and organizations that they are a part of. Many ethical issues involve factors that make the choice of “right” and “wrong” decisions less than clear. These are called ethical dilemmas.
There are three (3) major areas where ethical dilemmas may occur within an organization. They include: 1) managing human resources; 2) managing stakeholders (customers, shareholders, suppliers, 3) government agencies, accrediting agencies, etc.); and managing one’s own personal career in relation to organizational loyalty.

Ethical decision-making is extremely complex and should be the result of sound reasoning. Four questions should be asked and evaluated thoroughly to help guide a person to an ethical decision. FIRST – consider who is affected by the decision. The more specific you can be about individuals and groups who may experience benefits or costs from a particular decision, the more likely it is that ethical decisions will be made. SECOND – what are the benefits and costs to these individuals or groups? Answering this question requires determining the interests and values of the specific individuals or groups. THIRD – who has rights, or who is entitled to the benefits of the decision? FOURTH – what are the decision rules? Is there government or accrediting agencies that have certain laws, rules or guidelines that must be taken into consideration when making decisions? Certainly, however, ethical decision-making goes beyond laws.

Dealing appropriately with ethical issues and educating patients and their families about their rights are empowering practices. The hospital’s efforts in these areas foster patient’s dignity, autonomy, and positive self-regard. Through education and consideration of ethical issues, patients are made aware of resources, environmental demands, individual strengths and weaknesses, and what they can expect from their on-going relationship with staff and the organization as a whole.

UPMC Horizon has developed a policy that specifically identifies the rights and responsibilities of its patients. A copy of this policy (included in the learning package) is offered to all patients in the form of a PE (patient education) pamphlet. When the patient is incapacitated, the responsible party receives the information. Simply giving the patients a list of their rights, however, is not enough. Instruction should be personal and interactive.

Likewise, a “Code of Ethical Behavior” has also been developed. The policy states that “…no patient will be denied admission to the hospital based on his/her ability to pay; billing statements will be provided for the time frame of service, with any billing complaints addressed immediately; patient confidentiality will be maintained; there will be full disclosure of conflicts of interest for decision makers at all levels of the organization; marketing of UPMC Horizon services or educational programs will not mislead the customer; contractual arrangement with other healthcare providers, educational institutions and payers will define each party’s responsibility; respect for the patient and family in all areas of care will be maintained; patients will be transferred to other institutions which can provide appropriate care when UPMC Horizon cannot; and UPMC Horizon staff and physicians will report all cases of abuse or suspected abuse in accordance with the laws.
**CONFLICT RESOLUTION**

**Definition of Conflict:**
Any situation in which your concerns or desires differ from another person’s. Conflict is a daily reality for everyone. Whether at home or at work, an individual’s needs and values constantly and invariably come into opposition with those of other people. Some conflicts are rather minor and easy to handle. Others are of greater magnitude and may require a strategy for successful resolution – and if left unattended, could create constant tension or lasting animosity in the home or at work.

This in-service packet is designed to help you understand conflict and give you effective strategies for dealing with conflict.

**The ability to resolve conflict successfully is probably one of the most important social skills anyone can master.** However, even though we may practice conflict resolution at home or at school, these strategies are usually not taught in a formal manner in these settings. Like other skills, it consists of a number of important smaller steps, each separate yet undeniably linked. Just like any skill to be mastered, these skills need to be understood and practiced regularly.

Successfully resolving conflict can provide the following benefits:
- Stronger relationships.
- Increased effectiveness.
- Continued employee performance development.
- Reduced stress.
- Improved morale.
- Time and energy savings.

**Conflict Resolution Model:**
For our purposes at UPMC Horizon, we utilize a five-stage model for conflict resolution. Before we look at each stage, it is important to remember that no approach is always right or always wrong. With practice, it will become easier to judge which approach will achieve the best results at a particular time for a particular situation. Sometimes, it is appropriate to try more than one approach over time, if the desired results are not immediate.

There are **TWO** basic aspects of **ALL** conflict strategies:
1. **Assertiveness** – The degree to which a person attempts to satisfy his or her own concerns.
2. **Cooperativeness** – The degree to which a person attempts to satisfy the concerns of another person.
Conflict Resolution Strategies:

![Diagram showing the strategies]

Each Strategy at a Glance:

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Assertiveness Level</th>
<th>Cooperative Level</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid</td>
<td>Low</td>
<td>Low</td>
<td>The goal is to Delay Events</td>
</tr>
<tr>
<td>Accommodate</td>
<td>Low</td>
<td>High</td>
<td>The goal is to Yield to another’s wishes</td>
</tr>
<tr>
<td>Compete</td>
<td>High</td>
<td>Low</td>
<td>The goal is to Win – so someone has to lose</td>
</tr>
<tr>
<td>Compromise</td>
<td>Moderate</td>
<td>Moderate</td>
<td>The goal is to find Middle Ground</td>
</tr>
<tr>
<td>Collaborate</td>
<td>High</td>
<td>High</td>
<td>The goal is to find a Win/Win solution</td>
</tr>
</tbody>
</table>

There may be advantages to using one strategy over another, depending on the circumstances.

Avoiding – I’ll Think About It Tomorrow
- Issues of Low Importance
- Reducing Tensions
- Buying Time
- Low Power
- Allowing Others
- Symptomatic Problems

Symptomatic Problems – Sometimes a problem is evidence of a much larger issue. If so, your energy is much better spent working on the root issue, rather than on the symptoms it is causing.
Accommodating – It Would Be My Pleasure
- Showing Reasonableness
- Developing Performance
- Creating Good Will
- Keeping “Peace”
- Retreating
- Low Importance

Allowing people to experiment and learn from their mistakes helps them to develop their performance. By being accommodating, you can encourage risk taking and empowerment in the people with whom you work.

Retreating – In situations where you are “outmatched” or losing ground, engaging in conflict may only further harm your cause. It may be in your best interest to give in for the time being.

Competing – My Way or the Highway!
- Quick Action
- Unpopular Decision
- Vital Issues
- Protection

Quick Action – emergency – fire (inside route vs. outside route).

Vital Issue – Issue of critical importance, when you know for certain that your position is correct.

Protection – To protect yourself in situations where noncompetitive behavior may be taken advantage of – in a meeting where this may be the only way you will be heard.

Compromising – Let’s Make A Deal.
- Moderate Importance
- Equal Power – Strong Commitment
- Temporary Solutions
- Time Constraints
- Backup

Backup – You may start out in either the competing mode or the collaborating mode and switch to compromising when it looks like the only way to resolve the issue.

Collaborating – Two Heads Are Better Than One.
- Integrating Solutions
- Learning
- Merging Perspectives
- Gaining Commitment
- Improving Relationships
When both sides of an issue are equally important – or – interdependent and an integrative solution is necessary.

Using a Conflict Resolution technique that is based in negotiation (Compromise and Collaboration) may allow both sides to win. These techniques seem to provide the most positive and least negative by-products of all conflict resolution.

Successful negotiation requires a set of skills that must be learned and practiced. These skills include:

- **Diagnosis** – the ability to determine the nature of the conflict,
- **Initiation** – effectiveness in initiating conflicts,
- **Listening** – the ability to hear the other's point of view,
- **Problem Solving** – the utilization of the problem solving processes to bring about a consensus decision.

**Diagnosis** – Diagnosing the nature of conflict is the starting point in any attempt at resolution through negotiation. The most important issue that must be decided is whether the conflict is:

- an ideological (value) conflict,
- a “real” (tangible) conflict,
- or a combination of both.

Value conflicts are exceedingly difficult to negotiate. A difference in values only becomes significant if it affects us in a tangible way.

It is important to determine whether a conflict is a real or a value conflict. If a conflict in values does not result in effects on either party, then it is best tolerated. If a tangible effect exists, that element of conflict should be resolved.

**Initiation** – A second skill necessary in conflict resolution is effectiveness in initiating a confrontation.

- It is important to not begin by attacking or demeaning the opposing party. A defensive reaction in one or both parties usually blocks quick resolution of differences.
- The most effective way to confront the other party is for the individual to state the tangible effects that the conflict has on him or her.

**Listening** – After confrontation has been initiated, the confronted must be capable of hearing the other’s point of view.

- If the initial statement made by the other person is not what the confronted is hoping to hear, defensive rebuttals, a “hard-line” approach or explanations often follow.
- Argument-provoking replies should be avoided.
- The confronted should not attempt to defend himself, explain his position or make demands or threats. Instead, he must be able to engage the skill termed reflective or active listening. He should listen and reflect and paraphrase or clarify the other person’s stand.
When the confronted has interpreted his opposition’s position to the satisfaction of the other person, he should again present his own point of view, being careful to avoid value statements and to concentrate on tangible outcomes.

Usually when the one confronted listens to the other person, that person lowers his defenses and is in turn more ready to hear another point of view. Of course, if both parties are skilled in active listening, the chances of successful negotiations are greatly enhanced.

Problem Solving – The final skill necessary to successful negotiation is the use of the problem solving process. The steps in this process are simply stated and easy to apply.

- Clarify the problem – What is the tangible issue? Where does each party stand?
- Generate and evaluate a number of solutions. All possible solutions should be raised in a brainstorming session and then evaluated.
- Decide together (not voting) on the best solution – the one solution most acceptable to all parties.
- Plan the implementation of the solution – How and when will it be carried out?
- Plan for an evaluation of the solution after a specified period of time.

The last step is essential because the first solution is not always the best or most workable. If the solution has flaws, the problem solving should begin again at step #1.

Since negotiation is the most effective of all conflict resolution strategies, the skills necessary to achieve meaningful negotiation are extremely important in facing conflicts.

Attitude!
Change definitely causes anxiety and sometimes disappointment.

- How long do you hold on to these feelings?

W. Clement Stone, author of numerous books said, “There is very little difference in people. But that little difference makes a big difference. The little difference is attitude. The big difference is whether it is positive or negative.” You can focus your energy and time on the things that you find upsetting, or you can direct your energy into correcting the problems. So, get caught up in the new direction of the organization! This is an opportunity to grow and change. Carefully make your choices – if you choose to be enthusiastic about the change, positive about new ideas and optimistic about your role in the organization, your personal benefit will outweigh the benefit you give to the organization. You are the winner and so is the organization!

Interlocking Accountability
Interlocking accountability is establishing and continually developing an environment that replaces blaming and ignoring with one of acknowledgement and supporting one another.

Accountability with respect to executing says to team members that:

- “You can count on me and I can count on you.
- I am accountable for my actions and work, and I expect you to hold me accountable for this.”

Make an agreement on what we can do to help each other get their job done. Is there anything that I can do to make your job easier or faster?
Communication
Communication is effective when it has certain characteristics.

- **Two-way communication**, with ideas, opinions, values, attitudes, beliefs and feelings flowing freely from one individual to another.
- **Responsive listening** – by people taking responsibility for what they hear (accepting, clarifying and checking the meaning of what the other person says).
- **Effective feedback** – Not only does each person listen responsively, they also respond to the other individual by telling that person what they are hearing.

Responsive Listening:
- Contributes to your understanding of the speaker’s needs and concerns.
- Gives you valuable information about potential problems and opportunities.
- Allows you to explore the potential usefulness of other ideas.
- Allows you to recognize and redirect performance which is off-target.
- Keeps you from acting on incorrect assumptions.
- Allows you to minimize a natural tendency to reject, ignore, or disagree with what you are hearing.
- Helps the speaker clarify his needs by asking him questions, showing interest in his problem, expressing concern and paying attention.

Tips for Improving Interpersonal Relationships:
- Never lose your temper or become angry.
- Respect everyone’s position and show a willingness to listen and evaluate what is being said.
- Do not damage another’s self-esteem by comments or actions.
- Have no hidden agenda and be candid in all exchanges.
- Clean up your personal messes/problems. Do not leave them for someone else to clean up.

Steps for Improving Group Decision Making & Group Dynamics:
- Seek the best solution for a problem instead of contending for a specific position.
- Discard the notion that there must always be winners and losers.
- Refuse to embrace an unsound solution simply to avoid conflict.
- Understand that difference of opinion may indicate an incomplete sharing of information.
- Believe that differences of opinion are natural and beneficial.
- Make certain that all agreements have been completely explored and are fully understood by all parties.
- Avoid compromise and favor swapping in order to reward someone.
- Refuse to accept negative predictions and thinking with regard to group decision making.
INTRODUCTION:
Used properly, radiation can help detect illness and treat cancer. But, it can be a hazard if accidental exposure occurs. This packet provides the information required for training by the Nuclear Regulatory Commission and the PA Department of Environmental Resources for Imaging Service personnel, Nursing, Maintenance, Environmental Services, and Security personnel. It will help reduce the risks of exposure to unnecessary radiation.

BEHAVIORAL OBJECTIVES:
Upon completion of this packet, you will know the following:
- The storage requirements for radioactive material.
- The devices used to monitor radiation exposure.
- Who is the Radiation Safety Officer is at UPMC Horizon.
- Who regulates the use of radioactive materials.
- UPMC Horizon’s policy for delivery of packages containing radioactive materials.
- How to recognize the hazard signs for radioactive materials.

This in-service is required by the Department of Environmental Protection (DEP) and is to be completed during orientation. The in-service is to be reviewed annually with Imaging Services personnel, Nursing, Maintenance, Environmental Services, and Security. During an inspection, an employee may be asked if they have been in-serviced on Radiation Safety. The following is a list of issues that are to be reviewed:
- **Storage and use of radioactive material:**
  ALL radioactive materials are stored in lead containers and used primarily for diagnostic procedures.
- **Monitoring of radioactive materials:**
  Monitoring devices are located in the Nuclear Medicine Hot Lab to assure there is no radioactivity detected from improper handling. Monitoring devices are located in various areas throughout Imaging Services to determine radiation exposure to the general public.
- The Radiation Safety Officer for UPMC Horizon is **Scott Pickering, MD.**
- The PA DEP regulates use of radioactive materials.

Delivery of packages containing radioactive material:
Couriers are advised which staff member can accept delivery.
- A memo is sent annually as a reminder that these packages can only be accepted in Nuclear Medicine and Radiology if the Nuclear Medicine Department is closed.
- All Imaging Services technologists wear film badges to determine their radiation exposure.
- Gamma cameras do not emit radiation, the radioactive material is given to the patient and the camera picks up the radioactivity from the patient.
Diagnostic doses of radioactivity are much smaller than therapeutic doses of radioactivity.

All radioactive waste is stored and decayed (no detectable radiation) levels prior to disposal. It is then monitored with a Geiger Counter to assure that there is minimal or no radioactivity present.

Most therapies such as treatment for hyperthyroidism are treated on an out-patient basis.

A “Caution Radioactive Area” sign is posted where radioactive material is stored and used.

Packages containing radioactive material are labeled with Radioactive Stickers with I, II, or III on them indicating the amounts of radiation contained.

**MRI Safety**

MRI utilizes a very strong magnet. Only non-ferrous objects are allowed in the MRI area. Signs are posted in the restricted area. The magnetic field is always active. It is never turned off.

Patients must be thoroughly screened prior to having an MRI procedure. Questions such as the following are asked:

- Do you have any metal on your body?
- Do you have any metal in your body such as a metal prosthesis or shrapnel?
- Do you have a pacemaker?
- Have you ever welded?

Ferrous material in a magnetic field can be extremely dangerous. The magnetic field will pull the ferrous material to the center of the magnet. The larger the ferrous metal, the greater the danger. For example, a wheelchair could pin someone against the magnet.
INTRODUCTION / VALUE STATEMENT:
As an employee of UPMC Horizon, you may be exposed to various microorganisms that can lead to infection. To help reduce the risks of infections for both the healthcare worker and the patient, the Occupational Safety and Health Administration (OSHA) requires employers to provide training in infection control. This packet is designed to protect all employees against the spread of infections.

BEHAVIORAL OBJECTIVES:
After completing his packet, you will know the following:
✓ How to outline the chain of infection.
✓ Good hand washing technique.
✓ The differences among cleaning, disinfecting and sterilization.
✓ How to describe proper measures to handle body secretions.
✓ The immunizations required by staff and patients.

ISOLATION CONTROL INSERVICE OBJECTIVES:
At the completion of this lesson the learners should be able to:
• Trace changes in the development of isolation practices.
• Describe standard precautions.
• List special measures that must be taken for transmission-based precautions.

OUTLINE:
Development of isolation practices
• Transition from segregating infected person to treating all people as potentially, infectious regardless of known status.

STANDARD PRECAUTIONS:
Replaces former universal precautions and body substance isolation.
• Used for all patients regardless if they are known to have infection or not, applies to handling of blood, body fluids, secretions, excretions, non-intact skin, and mucous membranes.

TRANSMISSION – BASED PRECAUTIONS
Condenses all former categories of isolation into three categories:
1. Airborne precautions
2. Droplet precautions
3. Contact precautions

Specific measures are used in addition to basic standard precautions.

ISOLATION PRECAUTIONS UPDATE
For well over 100 years, the control of infection by isolation has been a significant concern in health care facilities. When one looks at the development of isolation practices (see Highlights in Development of Isolation Practices at end of packet), one can see that we have gone from segregating all infected persons from uninfected people, to isolating people by organism or disease, to treating all people and their body substances as potentially infectious. As new infectious diseases, such as AIDS, appear and our understanding of how to control methods increases, continued change can be expected. In light of continued change and confusion that health care workers have (e.g., which type of body fluids require precautions, the circumstances in which gowns and gloves are needed, and precautions that are necessary beyond body substances isolation to prevent the spread of infection) the Centers for Disease Control and Prevention (CDC) developed new guidelines for isolation precautions.

TWO LEVELS OF PRECAUTIONS
The revised CDC guidelines contain two tiers or levels of precautions:
1. **Standard precautions** (replaces the former Universal Precautions and Body Substance Isolation, taking the major features of each).
2. **Transmission-based precautions** (condenses all former categories of isolation into three sets of precautions: Airborne, Droplet, and Contact).

STANDARD PRECAUTIONS
Standard precautions are used to protect against infection from unknown infected persons. In the past, this protection was obtained by following Universal Precautions that involved protection against blood, body fluid and Body Substance Isolation that focused on the isolation of moist body substances, including urine, feces, sputum, sweat, tears, nasal secretions, and vomitus. Now Standard Precautions replaces Universal Precautions and Body Substances Isolation. Whether or not the patients are known to have infections and regardless of their diagnosis, standard precautions are used and apply to the handling of:
- Blood
- All body fluids, secretions, excretions
- Non-intact skin
- Mucous membranes

The goal of Standard Precautions is to reduce the spread of infection by treating blood and body fluids of all patients as though they were infected.

The terms isolation and infection precautions are sometimes used interchangeably, but they are two different practices. **Isolation** refers to segregating the person who is infected from uninfected persons while **infection precautions** are the special actions taken to prevent contact with infection-causing organisms. With isolation precautions, the organism is isolated, not the person.

THE SPREAD OF INFECTION
Disease-causing organisms can be transmitted in a variety of ways. The five (5) main routes of transmission are:
1. **Contact**: This is the most common way that nosocomial (facility-acquired) infections spread. Transmission can occur by direct contact which involves contact between the infected person and one who is susceptible or indirect contact that entails a susceptible person touching an object that has been contaminated by an infectious person.

2. **Droplet**: Transmission occurs when droplets from the infected person come in contact with the conjunctiva, oral or nasal cavity. This can occur during talking, sneezing or coughing.

3. **Airborne**: Small droplets are expelled from the infected person and remain in the air or on dust particles for a period of time, to later be inhaled by a susceptible person.

4. **Common Vehicle**: The microorganism is carried by contaminated food, water, or equipment.

5. **Vector borne**: This refers to the spread of infection by vectors such as mosquitoes, flies, and rodents.

The components of Standard Precautions, used in the care of all patients, are as follows:

**Hand washing**
Wash hands after touching blood, body fluids, excretions, secretions, and contaminated items. If gloves are worn, wash hands immediately after removing them. Wearing gloves does not eliminate the need for hand washing!

**Gloves**
Wear gloves when touching mucous membranes, non-intact skin, blood, body fluids, secretions, excretions, and contaminated items. Wash your hands after removing gloves.

**Masks, Eye Protection Face Shields**
Wear a mask, face shield, and eye protection when performing procedures and care activities that are likely to generate splashes of blood, body fluids, secretions, and excretions.

**Gowns**
A gown is to be worn when performing procedures and care activities that are likely to generate splashes of blood, body fluids, secretions, and excretions. The soiled gown is to be removed as soon as possible and hands are to be washed after the gown's removal.

**Equipment**
Equipment that has been soiled with blood, body fluids, secretions, or excretions should be handled in a manner that prevents contact with skin, mucous membrane, clothing, or equipment that is to be used with another patient. Follow the facility procedure for the proper discarding of disposable supplies.

Use mouthpieces or other ventilation devices for mouth-to-mouth resuscitation. Place used disposable needles, syringes, scalpel blades, and other sharp objects in a puncture-resistant container.
Linen
Linen that has been soiled with blood, body fluids, secretions, and excretions should not come in contact with the skin, mucous membrane, clothing, or equipment of other people.

Patient Placement
Patients who contaminate the environment with their blood, body fluids, secretions, or excretions (such as a patient with dementia who expectorates or plays with feces) should be placed in a private room if possible. If this is not possible, discuss infection control measures with Infection Control or Department manager.

Education
In addition to all the employees of the facility, patients and visitors should be educated regarding infection control measures through formal classes, informal discussion, poster, and the distribution of printed information.

TRANSMISSION-BASED PRECAUTIONS
Special measures must be taken to prevent the spread of infection when a patient is known to be or carries a high risk of being infected. In the past, a variety of isolation precautions were followed to control the spread of infection under the categories of Strict Isolation, Contact Isolation, Respiratory Isolation, TB Isolation, Enteric Precautions, Drainage/Secretion Precautions. All of these categories are now condensed into three sets of precautions: Airborne Precautions, Droplet Precautions, and Contact Precautions. The Transmission-Based Precautions are added to the Standard Precautions; in other words, standard precautions are essential to follow in the care of all patients.

AIRBORNE PRECAUTIONS
These precautions are aimed toward reducing the spread of both airborne droplet nuclei (particles, 5 microns or smaller that remain suspended in the air for a long period of time) and dust particles that contain the infectious agent. Microorganisms carried in this way can be carried over a considerable distance from the infected patient where they originated. Tuberculosis, measles, and varicella are the types of diseases that can be spread through the airborne route. Precautions for this patient include a private room, limited movement and travel of the patient when transporting, having those who have contact with the patient follow respiratory protection practices (regardless of how brief the contact is!), exhausting room air to the outside, and having negative air pressure and a minimum of six air exchanges per hour in the room.

DROPLET PRECAUTIONS
These precautions are intended to reduce the spread of infections carried by droplets five microns or larger from an infected person to a susceptible person’s mouth, nasal mucosa, or conjunctivae. The large droplets can be expelled during coughing, sneezing, and respiratory procedures such as suctioning. Diseases spread through droplets include influenza and mycoplasma pneumonia. It is suggested that a private room be used by a patient who is on Droplet Precautions, however, if this is not possible, the patient can share a room with a patient with the same type of infection or one who is low risk. (A low risk patient is one who is not
confused, has no wounds, and no invasive devices.) Other precautions include the use of a mask when entering the room or within three feet of a patient and having the patient wear a mask when transporting.

**CONTACT PRECAUTIONS**

Contact precautions are taken to reduce the spread of infection through:

**Direct Contact**
1. Skin of infected person
2. Skin of susceptible person

Or

**Indirect Contact**
1. Inanimate objects, i.e., bedside commode, bed rails, IV poles

Scabies, clostridium difficile, and multidrug resistant organisms are causes for contact precautions to be used.

Contact precautions include the use of a private room or shared room with a patient who is low risk or who has a similar infection, equipment dedicated solely for the patient’s use, and protecting the removal of infected material.

**These precautions are summarized on the following pages.**
## TRANSMISSION-BASED PRECAUTIONS

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>STANDARD PRECAUTION</th>
<th>AIRBORNE PRECAUTIONS</th>
<th>DROPLET PRECAUTIONS</th>
<th>CONTACT PRECAUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>REDUCES THE RISK OF SPREADING INFECTION BY THE BLOOD, BODY FLUIDS, SECRETIONS, AND EXCRETIONS OF ALL PATIENTS AS THOUGH THEY WERE INFECTED REGARDLESS IF THE PATIENTS ARE KNOWN TO BE CARRYING INFECTION OR NOT.</td>
<td>REDUCES THE RISK OF SPREADING INFECTIOUS AGENTS THAT CAN BE CARRIED IN THE AIR BY DROPLETS (SMALL PARTICLES 5 MICRONS OR LESS) OR ON DUST PARTICLES, AND INHALED BY SUSCEPTIBLE PATIENTS.</td>
<td>REDUCES THE RISK OF SPREADING INFECTIOUS AGENTS THAT CAN BE CARRIED BY LARGE DROPLETS (LARGER THAN 5 MICRONS) ENTERING THE CONJUNCTIVAE, NASAL MUCOS, OR MOUTH OF SUSCEPTIBLE PERSON WHEN THE INFECTED PERSON COUGHS, SNEEZES, TALKS, OR IS SUCKED.</td>
<td>REDUCES THE RISK OF SPREADING INFECTIOUS AGENTS THAT CAN BE TRANSMITTED BY THE INFECTED PERSON TOUCHING A SUSCEPTIBLE PERSON (DIRECT CONTACT) OR BY THE INFECTED PERSON TOUCHING AN ITEM OR SURFACE THAT IS THEN TOUCHED BY SUSCEPTIBLE PERSON (INDIRECT CONTACT).</td>
<td></td>
</tr>
<tr>
<td>EXAMPLES/DISEASES</td>
<td>APPLIES TO ALL PATIENTS.</td>
<td>MEASLES, VARICELLA, (CHICKENPOX, HERPES, ZOSTER OR SHINGLES), TUBERCULOSIS.</td>
<td>PNEUMONIA, INFLUENZA, MENINGITIS, SEPSIS, STREPTOCOCCAL INFECTIONS, MUMPS, RUBELLA, PERTUSSIS.</td>
<td>HERPES SIMPLEX (FEVER BLISTER), IMPETIGO, PEDICULOSIS, SCABIES, CONJUNCTIVITIS, MULTIDRUG-RESISTANT BACTERIAL INFECTIONS, HEPATITIS, AND INFECTIONS CAUSED BY SHINGLE, CLOSTRIDIUM DIFFICILE, OR ESCHERICHIA COLI.</td>
</tr>
<tr>
<td>HAND-WASHING</td>
<td>AFTER TOUCHING BLOOD, BODY FLUIDS, SECRETIONS, EXCRETIONS, AND CONTAMINATED ITEMS.</td>
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<tr>
<td>ROOM PLACEMENT</td>
<td>NO SPECIAL PRECAUTIONS UNLESS PATIENT IS AT RISK FOR CONTAMINATING THE ENVIRONMENT WITH BLOOD, BODY FLUIDS, SECRETIONS, AND EXCRETIONS, THEN, PRIVATE ROOM IS RECOMMENDED. CONSULT WITH INFECTION CONTROL IF A PRIVATE ROOM IS UNAVAILABLE FOR THIS PATIENT.</td>
<td>PRIVATE ROOM THAT HAS MONITORED NEGATIVE AIR PRESSURE IN RELATION TO SURROUNDING AREAS, AT LEAST SIX AIR CHANGES PER HOUR, AND DISCHARGE OF ROOM AIR TO OUTDOORS OR SPECIAL FILTRATION SYSTEM. KEEP ROOM DOOR CLOSED. IF PRIVATE ROOM IS UNAVAILABLE, PLACE PATIENT IN ROOM WITH A PATIENT WHO HAS SIMILAR INFECTION.</td>
<td>PRIVATE ROOM. IF PRIVATE ROOM IS UNAVAILABLE, PLACE IN ROOM WITH PATIENT WITH SIMILAR INFECTION OR WITH LOW RISK ROOMMATE (I.E., ONE WHO IS NOT CONFUSED, HAS NO OPEN WOUNDS, AND NO INVASIVE DEVICES). MAINTAIN AT LEAST THREE FEET OF SEPARATION BETWEEN INFECTED PATIENT AND OTHER PATIENTS AND VISITORS.</td>
<td>PRIVATE ROOM. IF PRIVATE ROOM IS UNAVAILABLE, PLACE IN ROOM WITH PATIENT WITH SIMILAR INFECTION OR WITH LOW RISK ROOMMATE (I.E., ONE WHO IS NOT CONFUSED, HAS NO OPEN WOUNDS, AND NO INVASIVE DEVICES).</td>
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<tr>
<td>GLOVES</td>
<td>WHEN TOUCHING MUCCOUS MEMBRANES, NON-INACT SKIN, BLOOD, BODY FLUIDS, SECRETIONS, EXCRETIONS, AND CONTAMINATED ITEMS.</td>
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<td>WHEN ENTERING PATIENT’S ROOM AND HAVING CONTACT WITH PATIENT AND INFECTIVE MATERIAL.</td>
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<td>TRANSMISSION-BASED PRECAUTIONS</td>
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<tr>
<td><strong>STANDARD PRECAUTION</strong></td>
<td><strong>AIRBORNE PRECAUTIONS</strong></td>
<td><strong>DROPLET PRECAUTIONS</strong></td>
<td><strong>CONTACT PRECAUTIONS</strong></td>
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<tr>
<td><strong>Mask, Eye Protection, Face Shield</strong></td>
<td>During procedures when there is likelihood of splashing or spraying blood, body fluids, secretions, or excretions.</td>
<td>Wear respiratory protection when entering room of patient with known or suspected infectious tuberculosis. Avoid entering room of patient with known or suspected measles or varicella if susceptible to these infections.</td>
<td>Wear a mask when working within three feet of patient.</td>
<td>During procedures when there is likelihood of splashing or spraying blood, body fluids, secretions, or excretions.</td>
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<tr>
<td><strong>Gown</strong></td>
<td>During procedures when there is likelihood of splashing or spraying blood, body fluids, secretions, excretions, or when soiling of clothing is likely.</td>
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<td>During procedures when there is likelihood of splashing or spraying blood, body fluids, secretions, excretions, or when soiling of clothing is likely.</td>
<td>Same as standard precautions. Whenever entering the patient’s room if contact with the patient or the patient’s equipment is expected or when resident has diarrhea, ileostomy, colostomy, drainage, or incontinence.</td>
</tr>
<tr>
<td><strong>Equipment</strong></td>
<td>Handle with caution and clean before use with other patient if soiled with blood, body fluids, secretions, or excretions.</td>
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<td>Handle with caution and clean before use with other patients if soiled with blood, body fluids, secretions or excretions.</td>
<td>Dedicated for use of patient. If equipment must be shared assure adequate cleaning and disinfection between use.</td>
</tr>
<tr>
<td><strong>Linen</strong></td>
<td>If soiled with blood, body fluids, secretions, or excretions, hand, transport, and process in a manner to prevent exposure to skin and mucous membranes, and avoid contamination of clothing.</td>
<td>If soiled with blood, body fluids, secretions, or excretions, handle, transport, and process in a manner to prevent exposure to skin and mucous membranes, and avoid contamination of clothing.</td>
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TUBERCULOSIS PREVENTION

OBJECTIVES
This educational program will cover the following topics on Tuberculosis:

- Transmission
- Signs and Symptoms
- Diagnosis and Treatment
- Respiratory Protection
- Exposure Response

Tuberculosis
- Tuberculosis (TB) is a contagious disease caused by the microorganism (germ) Mycobacterium tuberculosis.
- TB usually affects the lungs but is can also affect the brain, kidneys, spine, and lymph nodes.

How is TB Spread?
- TB spreads from person to person through:
  - Sneezing
  - Coughing
  - Talking
  - Any time air is forcibly expelled from the lungs.
- People can become infected when they breathe TB contaminated air.

High Risk Groups
Groups of people who are more likely to develop TB include:
- The elderly
- The homeless
- IV drug users
- People with decreased ability to fight infections

Other high risk groups include people who have certain medical conditions, such as:
- HIV
- Cancer
- Diabetes

People with HIV are 400 times more likely to develop active TB disease if exposed to TB contaminated air.

Latent TB
- People with latent TB Infection have the microorganism (germ) that causes TB in their bodies and can have a positive TB skin test, however they can NOT spread TB to others.
- It is possible for them to develop active TB in the future and they may have to receive medication to prevent active disease.
Active TB
– People with active TB typically have symptoms of infection and can transmit the disease to others.
– These patients are prescribed drugs to cure the TB infection.

TB Symptoms
Common symptoms associated with active TB include:
• Coughing
• Fever
• Night sweats
• Weight loss

TB Evaluation
If a person is suspected of having TB infection, they can be evaluated in the following ways:
• Physical examination
• Tuberculin skin test (also called TST or PPD)
• Chest X-ray
• Sputum smear and culture

TB Skin Test (TST)
• This skin test will determine if a person has been exposed to TB, but it will not tell you if a person has active TB.
• The test is performed by injecting a small amount of TST fluid under the skin in the lower arm; (also called a PPD).
• The injection site is evaluated by a RN/Healthcare Practitioner between 48-72 hours later for a reaction.

Sputum Smear and Culture Test
• This test is the only definitive test for TB as it shows if acid-fast bacilli (AFB) are present.
• Sputum samples are collected and sent to the lab for analysis.
  – Sputum collection – at least three (3) consecutive sputum specimens obtained
  – Each specimen collected in 8-24 hour intervals with at least one specimen being an early morning specimen

Respiratory Protection
Proper use of respiratory protection by staff is critical to prevent the spread of TB. This protection is provided by a N-95 Respirator or a Powered Air Purifying Respirator (PAPR). This protection MUST be worn by all staff that enter a TB patient’s room and during sputum specimen collection.

PAPR-Powered Air-Purifying Respirators
• Powered Air-Purifying Respirators (PAPR) utilizes a hood and filter/fan system to provide HEPA filtered air to the wearer. PAPR’s do not require a fit test.
N-95 Respirator
• The N95 Respirator is a piece of personal protective equipment commonly used by healthcare workers and those who may be exposed to airborne diseases. The mask must be properly fitted to the individual to create a good seal. Because the N95 respirator is for one-time use and the mask must be molded to your face at the time of use, learning the proper technique to fitting the mask is imperative for safety reasons. Employees whose job requires them to wear a respirator, are fit tested initially and then annually.

Patient Care Measures
Patients who have been diagnosed with TB or who are in rule-out status must be housed in a negative airflow isolation room. This room must have a sign posted that identifies the requirement of Airborne Precautions.

Limit transport of the patient to essential purposes only. Maintain precautions during transport. Notify the area receiving the patient of the precautions.

Patients MUST wear a regular mask (not PAPR) if they leave their room or come in for a doctor’s appointment.

Patients are no longer considered contagious when:
• They have received effective therapy with clinical improvement.
• Sputum smears are negative 3 times in a row.

The physician and Infection Control determine when isolation can be discontinued.

Exposure
If you believe you have been exposed to TB:
• Follow the post-exposure procedures that are outlined in the UPMC Policy HS-IC0611 Tuberculosis Exposure Control Plan.
• Notify Employee Health at your facility.
• Follow any treatment protocols and follow-up procedures provided by Employee Health.

Questions
• If you have any questions regarding TB prevention, management, or exposure procedures, contact your facilities Infection Control Department or Employee Health.
DOMESTIC VIOLENCE

Upon completion of this packet, Domestic/Family Violence, the learner will be able to:

- Define domestic violence vs. intimate partner abuse.
- Describe the health effects of intimate partner abuse.
- Discuss criteria for identifying victims of abuse.
- Define child abuse.
- Differentiate the four generally recognized types of elder abuse.
- Identify important advocacy and support organizations available to the domestic violence victim.

INTRODUCTION:
Violence within the home is a problem that has afflicted families for ages. It is perpetrated by men and women, husbands and wives, rich and poor, and members of every race and religion. When parents or other partners physically or mentally abuse one another, it has disastrous effects on the family. For this reason, it is the policy of UPMC Horizon to screen all patients for potential violence, abuse, or neglect and to provide appropriate intervention.

UPMC Horizon Criteria for Identifying Victims of Abuse

- Review of medical record information, eyewitness report, or statement of attending physician reveals suspicion or evidence of past history of abuse.
- Evidence of serious physical or mental injury unexplained by the available history and physical findings.
- Evidence that the injury has resulted from acts of omission by the person responsible for the patient’s welfare.
- The patient’s statement of alleged abuse.
- Display of inappropriate behavior toward the caretaker (e.g. exhibition of fear of caretaker.)
- Display of abuse witnessed by healthcare giver.

Physical signs that a person may have been abused include:

1. Multiple injuries at various stages of healing.
2. Patterns left by whatever was used to inflict injury (teeth, ropes, hands, or utensils).
3. Telltale burns - those shaped like a cigarette tip or curling iron or resembling a glove or sock because the extremity was immersed in scalding water.
4. Injuries on unusual parts of the body, on several different surfaces, or in central areas – for example, the face, neck, throat, chest, abdomen, or genitals.
5. Fractures that require significant force or that rarely occur by accident – for example, a spiral fracture, the result of a twisting motion.

Behavioral indicators of abuse that you may see include:

1. Recurrent episodes of injury attributed to being “accident-prone”.
2. Repeated visits to health care facilities.
3. Complaints of pain without tissue injury.
4. Thoughts about or attempts at suicide.
5. Confused, anxious, withdrawn, timid or depressed.
7. Suspected abuser insists on remaining close to the patient and answers all questions.
8. Fear of returning home.

**Intimate Partner Violence**

The term *domestic violence* is used synonymously with other terms such as wife battering, spouse abuse, and battered wife syndrome. Its definition has expanded over the last few years to include all types of abuse that happens within the home such as child abuse, sibling abuse, elder abuse, and abuse between intimates. For this reason, the Centers for Disease Control and Prevention (CDC) has asked that we use the more specific term “**intimate partner violence**” (IPV) when discussing the issues of spouse abuse, etc. The CDC defines intimate partner violence as, “the intentional and/or physical abuse by a spouse, ex-spouse, boyfriend/girlfriend, or date”. It can also be described as “a pattern of assultive and coercive behaviors used in the context of dating or intimate relationships”. Intimate partner violence can include actual or threatened physical injury, sexual assault, psychological abuse, economic abuse and/or progressive social isolation.

This packet often refers to the battering of women, since **90% - 95% of intimate partner violence** is directed against women according to the U.S. Department of Justice, Bureau of Justice Statistics. *However, it can also occur against men.*

**Statistics**

- Approximately 1 to 2 million women are battered each year by their partners (1 in 4 lifetime prevalence).
- 1 in 5 pregnant women and 1 in 4 pregnant teens are abused.
- It is now the leading cause of injury to American women, accounting for more hospital emergency room visits than car accidents, muggings, and rapes combined.
- The prevalence of intimate partner violence among patients in ambulatory care settings has been estimated to be between 25% and 35%.
- **IPV remains extensively under-detected.**
- Although battered women seek medical care frequently, the practitioners to whom they turn for help accurately identify only 1 in 20.
- Inability to identify abuse is largely due to lack of knowledge and training, however, one's own experience with abuse or the feeling like intervention will not help may be a barrier.
- **Battered women expect healthcare providers to initiate discussions about abuse.**

**Risk Factors**

Risk factors for victimization of the female include:
- pregnancy
- age range between 17 and 28 years of age
- unmarried (single, separated or divorced)
- poverty (now emerging as a risk factor)
**Why Women Stay In Abusive Relationships**

There are many reasons women stay in abusive relationships that go beyond the scope of this in-service. Further, it is not our goal to have the woman leave her abuser when she presents to us, but to be non-judgmental and supportive in meeting her immediate physical and emotional needs. Offers of consults to social service and women’s advocacy groups are appropriate, however, a woman needs a well thought out plan before she leaves her abuser. *In fact a woman is at greatest risk for serious injury or homicide when she leaves the relationship.*

**Health Effects to the Victim of IPV:**

Physical health effects to the victim include:

- acute trauma.
- chronic pain (this is the #1 health complaint of abuse victims).
- pelvic pain.
- recurrent sexually transmitted diseases (STD’S), HIV.
- eating disorders.
- non-compliance with the treatment of chronic illnesses.

Behavioral health effects to the victim include:

- somatization (expressing a mental condition or stress into a physical ailment).
- drug/alcohol abuse.
- sleep disturbances.
- chronic fatigue.
- anxiety, panic disorder, and depression.
- response to stress is six times faster than those who have not experienced abuse.

Impact on maternal/child health include:

- pre-term labor.
- low infant birth weight.
- STDs including HIV.

**Screening Victims of Intimate Partner Violence**

The goals of screening include:

- Identify abuse that impacts the physical and emotional well-being of your patient.
- Provide information and education regarding resource and referral services that will promote informed decision-making regarding safety and options.

**Where and How Should Screening Be Done?**

*Screening should be done:*

- By the professional staff.
• In a private setting and never in front of another person (do not screen if this is not possible).
• Questions should be face to face as part of the healthcare encounter.
• Written questions should be reviewed and reinforced.
• Our attitude should be non-judgmental.
• Confidentiality must be assured.
• Document assessment, intervention and referrals in the medical record.

**Find screening questions that are comfortable for you.**
The following may be helpful:
• Are you emotionally and physically safe with the person (partner) you are with?
• Because violence is so common in many people’s lives, I have routinely started to ask all my patients about it.
• Are you currently in a relationship where you are threatened or made to feel afraid?
• Tell me what happens when you and your partner argue.
<table>
<thead>
<tr>
<th>Assessment</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient denies violence/abuse – no conflicting indicators</td>
<td>• Document “negative screen”.</td>
</tr>
<tr>
<td>Patient denies violence/abuse but has conflicting indicators</td>
<td>• Re-direct the screening question to the patient, i.e. “Many times when I see patients with injuries like yours it means that someone has tried to hurt them. Is this happening to you?”</td>
</tr>
</tbody>
</table>
| Patient continues to deny abuse | • Offer referral to resource according to needs.  
• Document actions. |
| Patient says “Yes” | • Validate patient’s message, i.e. “I am sorry this is happening to you, you are not to blame”.  
• Assess type and severity of abuse; document findings in medical record.  
• Assess safety needs & discuss indicators for lethality & concerns about safety.  
  • increase in frequency/severity of abuse.  
  • attempted strangulation; use of weapons to inflict abuse.  
  • threats of homicide or suicide.  
  • forced sexual contact.  
  • violence towards the children.  
  • physical abuse during pregnancy.  
  • drug/alcohol abuse.  
• Discuss patient options, referral resources & planning for safety.  
  • Consult Social Service for safety planning & to coordinate shelter needs if appropriate.  
  • Discuss greater risk for injury when woman decides to leave abuser. |
| Patient decides to stay in relationship | • Develop a safety plan with patient to include:  
  • memorizing emergency numbers.  
  • access to a list of referral services.  
  • practicing how to get out of the house quickly.  
  • Keeping a bag packed with essentials (birth certificate, medications, etc.) for quick exit.  
  • Identifying someone to stay with if they must leave quickly.  
  • If fight is unavoidable, go to room with exit; stay away from rooms where weapons may be available (kitchens).  
  • If children must be left behind, call police as soon as she reaches safety. |
| Patient decides to leave relationship | • Discuss patient’s need for careful planning and increased risk for injury when she leaves her partner.  
• Refer them to a shelter advocate to help plan for safety and legal advocacy services. |
1. Document all physical injuries:
   - Detailed description of injuries including type, size, number, location and possible causes.
   - Document an opinion as to whether the injuries are consistent with the patient’s account of injury.
   - Take photographs for forensic documentation with patient consent.

2. The family or primary care physician should be contacted to obtain the patient’s past medical history & definitive treatment.

3. Assess for behavioral health needs and make appropriate referrals.

4. Include intimate partner abuse as part of diagnosis/problem list.

5. Police Reporting:
   - Notify police department of locale where incident occurred or state police.
   - Reporting should never be done without the knowledge of the patient experiencing abuse; careful safety planning must be in place.
   - Consult Risk Manager for questions about police reporting in cases of IPV.

6. The nurse shall offer the services of an A.W.A.R.E. counselor or provide the National Domestic Hotline number. (A.W.A.R.E. counselors may stay with victim during physical exam and police investigation). Phone numbers are as follows:

   **A.W.A.R.E. Counselors**
   **Mercer County**  (724) 981-1457 (24 hour hotline)
                     (888) 981-1457 (24 hour toll-free hotline – from any state)
                     (724) 981-3753 (Business)
   **Crawford County** (814) 724-4637 (24 hour number)
   **Lawrence County** (724) 652-9236
   **Trumbull County** (330) 393-1565
   **Mahoning County** (330) 747-4040

   **National Domestic Hotline**
   (800) 799-SAFE (7233) or (800) 787-3224 (for hearing impaired)

**Sexual Abuse/Assault**
- Treat any and all emergency problems, life threatening situations, & emotional problems.
- Take the patient to a private room.
- Notify police if patient has not done so.
- Offer to call AW/ARE counselor prior to physician exam (Counselor or other family member may stay with victim during exam if she chooses).
- Obtain and record complete medical history on Emergency Record and “Sexual Assault Victim Evidence Kit” to include:
  - Time & place of incident.
  - Nature of suspected physical assault/sexual assault.
  - Interval between assault and examination.
  - Patient’s physical & mental state.
- Determine if patient has taken shower or douched since assault.
- Record menstrual history including date of LMP.
- Document information on the “Victim’s Medical History and Assault Information” form; provide appropriate copies to the medical record, evidence kit, and law enforcement agency doing investigation after exam is complete.
- Explain exam to patient & obtain written consent on evidence kit consent form.
- Emergency or Attending physician is responsible for collecting various specimens following directions in the evidence kit.
- Give specimens to police officer investigating the case.
- Place copy of consent & the assessment form from the evidence kit on the patient’s record.
- Follow the physician orders for HIV, STD and pregnancy testing and medication prophylaxis.

**What to do if you become a Victim of Domestic Violence**

- If you believe you are in danger, leave your home and if there are children, take them with you.
- If you are unable to leave, ask someone you trust to stay with you.
- Develop an “exit plan” in advance for you and your children. Pack an overnight bag in case you have to leave in a hurry. Include toilet articles, medications, and extra set of keys, clothing, and a special toy for each child.
- When you decide to leave take the following items: drivers license or some acceptable type of identification card, money, checkbooks, credit cards, address book, Green card(s) for immigration verification, yours and children’s birth certificates, title to your car, lease, rental agreement, house deed, bankbooks, insurance papers, pictures, medical records for the whole family, social security cards, welfare identifications, school records, work permits, passport, divorce papers, jewelry and other valued items.
- Once you move be careful to whom you give your new address and phone number. Be aware that addresses are a part of restraining orders and police records. If you go to court, you should consider using only your post office box or perhaps using your lawyer’s address as your own.

**What is Child Abuse & Neglect?**

The Child Abuse Prevention and Treatment Act defines child abuse and neglect as the physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child, by a person who is responsible for the child’s welfare under circumstances which indicate that the child’s health or welfare is harmed or threatened thereby. As a result of the Child Abuse Amendments of 1984, the Act also includes as child abuse the withholding of medically indicated treatment for an infant’s life-threatening conditions.

**Statistics:**

- *In 1995, an estimated 3 million children were reported for abuse and/or neglect to public social service/child protective services agencies, according to the National Child Abuse and Neglect Data System Project.*
- A large number of children who are abused and neglected are never reported to the authorities that can help them and their families.
• A child of any age, race, sex, religion, and socioeconomic background can fall victim to child abuse and neglect.
• Child abuse is a community concern. No one agency or professional alone can prevent and treat the problem; rather all concerned citizens must work together to effectively identify, prevent, and treat this horrific problem.

Types of Maltreatment Suffered by Children
Based on 1 million confirmed child abuse cases in 1995, children suffered according to the following breakdown:
• 52% involved Neglect.
• 25% involved Physical Abuse.
• 13% involved Sexual Abuse.
• 5% involved Emotional Abuse.
• 3% involved Medical Neglect.
• The remainder involved other types of maltreatment such as abandonment, threats to harm the child, and congenital drug addiction.

Included under physical abuse is Munchausen Syndrome by Proxy. It is an abusive situation where the parent or guardian falsifies the history and may injure the child with drugs, add blood or bacterial contaminants to urine specimens, etc. to simulate illness. The child often goes through painful medical procedures before the situation is recognized.

Who Are the Abusers?
• Based on data from 43 states, about 80% of abusers were parents.
• An additional 10% were other relatives.
• 2% were foster parents, childcare providers, and staff at other care taking facilities.
• 5% were non-caretakers, including strangers, other household members not responsible for the care or supervision of the child, friends, neighbors and others.

Emotional Abuse Suffered by Children
Emotional Abuse is defined as a pattern of behavior that can seriously interfere with a child’s positive emotional development. Those patterns of behavior can include:
• Constant rejection of the child.
• Terrorizing the child.
• Refusal to provide basic nurturance.
• Refusal to get help for a child’s psychological problems.
• Failure to provide physical or mental stimulation that a child needs to be able to grow.
• Exposing a child to corruption including drug abuse, criminal behavior, etc.

Emotional abuse can be very hard to diagnose or even to define. In some instances, an emotionally abused child will show no signs of abuse. For this reason, emotional abuse is the most difficult form of child maltreatment to identify and stop. This is because child protective services must have demonstrable evidence that harm to the child has been done before they can intervene.
Although visible signs can be hard to identify, this type of abuse leaves hidden scars that manifest themselves in numerous behavioral ways such as:

- Insecurity & poor self-esteem.
- Destructive behavior & angry acts (i.e. fire setting, cruelty to animals).
- Withdrawal & poor development of basic skills.
- Alcohol or drug abuse.
- Suicide.
- Difficulty forming relationships.
- Unstable job histories.

All children need acceptance, love, encouragement, discipline, consistency and positive attention. Emotionally abused children often grow up thinking that they are deficient in some way and the ultimate tragedy of this kind of abuse is that when these children become parents, they may continue the cycle with their own children.

**Laws Regarding the Reporting of Child Abuse**

- **UPMC Horizon staff and physicians shall report all cases of child abuse or suspected child abuse in accordance with Pennsylvania and Ohio laws.** The law states that any person who, in the course of his/her employment, occupation, or professional practice, comes in contact with an abused child or when abuse is suspected, must report or initiate a report of the abuse or suspected abuse.
- **Any person, institution, or agency making such a report in good faith shall have immunity from civil or criminal liability.**

**Guidelines for Reporting Child Abuse**

- **Contact hospital social workers (designated agents for UPMC Horizon in managing suspected child abuse).**
- **Make a telephone referral to the appropriate Child Line Hotline BEFORE the child is released from the hospital.**
- **Contact appropriate county Child & Youth Services (CYS) & report incident of suspected abuse or neglect.**

**Pennsylvania:** 1-800-932-0313  
**Ohio (Columbus):** 1-614-466-9824

- **Complete “Report of Suspected Child Abuse CY-47” form & mail original to appropriate CYS agency within 24 hours. Place copy on medical record.**
- **Also, send copy of nurse & physician assessment, photographs and reports of medical testing to CYS with CY-47 form. (A signed release from a patient/parent is **NOT** required before sending information to CYS.)**

Be observant of interactions of parents, family members and other close contacts with children under our care. Reportable events that constitute child abuse are repeated hitting or hitting with a closed fist, or a single blow that knocks the child down or causes physical trauma. (Verbal abuse or shoving does not constitute significant reasons to report.)
Other Issues for Newborns/Children at Risk for Abuse/Neglect

Newborns
- Report newborns with a positive drug screen to CYS.
- Nursing and CYS will assess the parents’ ability to parent. Provide referrals as needed.

Infants/Children Returning for Care (Hospital or Physician Office)
- When significant risk for child abuse or neglect is identified, make a referral to CYS.
- If necessary, CYS may obtain a restraining order from Juvenile Court (prevents the parent(s) from removing the infant/child until a shelter hearing is held).
  - Place restraining order on patient’s chart.
  - Social worker will confirm that CYS counselor explained restraint order to birthmother/parent.
  - CYS will arrange for foster care placement or designate to whom the infant/child is to be discharged.

Restraining Orders
- Physicians, with help from the social worker/nurse, may ask for a restraining order from Juvenile Court when parents resist placement of their child outside the home or threatening to remove the child against medical advice.
- Contact CYS to help obtain order.
- Note date, time, and name of judge who issued the order on the patient’s chart.
- Place a copy of the restraining order on the patient’s medical record.
- If a verbal restraining order cannot be obtained because a judge is not available or a situation reaches crisis proportions, it may be necessary to invoke the 24-hour protective custody provision of the Child Protective Service Law.
  - Physician, in consultation with social worker, should inform parents that, under the guidelines of Pennsylvania State Child Protective Service Law, the hospital is assuming protective custody of the child.
  - Social work will immediately:
    - Report the circumstances to Child Line (1-800-932-0313).
    - Notify Safety and Security that protective custody has been assumed.
    - Document action/reason for action on medical record.
    - Contact CYS to inform them that emergency custody has been taken.
- CYS may conduct site visit & arrange for court order to permit custody to last beyond 24 hours. (In no case should protective custody remain past 72 hours.)
Child and Youth Services Telephone Numbers and Addresses

**PENNSYLVANIA**

**Mercer County Child and Youth Services**  
8425 Sharon-Mercer Road  
Mercer, PA 16137  
Telephone: (724) 662-2703, Monday – Friday, 8:30 AM – 4:30 PM  
Emergency Hotline: (724) 662-3112 (after hours, weekends, & holidays)

**Lawrence County Child and Youth Services**  
1001 East Washington Street  
New Castle, PA 16101  
Telephone: (724) 658-2558, 24 hours per day

**Crawford County Child Welfare**  
632 Arch Street, Suite B 101  
Meadville, PA 16335  
Telephone: (814) 724-8380, Monday – Friday, 8:30 AM – 4:30 PM  
(8140 724-2548 (after hours, weekends, & holidays)

**OHIO**

**Ashtabula County Children Services Board**  
P.O. Box 458  
Ashtabula, Ohio 44004  
Telephone (440) 998-1811  
Hotline: 1-888-998-1811, 24 hours per day  
(Written report required; will accept the form that is used to report abuse or suspected abuse in Pennsylvania).

**Trumbull County Children Services Board**  
2282 Reeves Road N.E.  
Warren, Ohio 44481  
Telephone: (330) 372-2010, 24-hr number–hold through the recording & leave message after hours.  
(Requires telephone referral for initial report; may request written report & copy of Emergency Department Record at a later date).

**All Other County Agencies:**

<table>
<thead>
<tr>
<th>PENNSYLVANIA</th>
<th>OHIO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child-Line:  1 (800) 932-0313</td>
<td>Child-Line:  1 (614) 466-9824</td>
</tr>
</tbody>
</table>

**Violence and the Older Adult (Elder Abuse)**

Elder abuse is defined as the occurrence of one or more of the following acts to a person 60 years of age or older:
• Abandonment – desertion of the elder by a caretaker.
• Abuse – infliction of physical injury, unreasonable confinement, intimidation with resulting injury, willful deprivation by caretaker of good or services necessary to maintain physical or mental health, sexual harassment, rape, or abuse as defined in the Protection from Abuse Act.
• Exploitation – conduct by a caretaker or other person against an elder or the elder’s resources without the informed consent of the elder or consent obtained through misrepresentation, coercion or threats of force that results in monetary, personal or other benefit to the perpetrator or personal loss to the elder.
• Neglect - failure to provide for oneself or failure of caretaker to provide goods or services essential or physical or mental health.

Statistics
• The National Aging Resource Center on Elder Abuse estimates the incidence of abuse in domestic settings (not institutions) at approximately 2 million cases per year.
• Researchers estimate that only 1 out of 14 incidents of elder abuse actually comes to the attention of law enforcement or human service agencies.
• Elderly people may be victims of neglect or physical violence, verbal, sexual, or psychological abuse or financial exploitation.
• Elder abuse seems to be related to the inability of one party to meet the care demands required by the elderly, by him- or herself, or by the situation.
• More than two thirds of older abuse perpetrators are family members of the victim, typically serving in a care giving role.
• At greatest risk is the frail and/or isolated.

Reporting Guidelines
Non- Hospital Affiliated Persons
• Voluntary
  ➢ Any person who believes that an older adult is being abused, neglected exploited or abandoned may file report 24 hours a day with any Area Agency on Aging or call statewide elder abuse hotline at 1 (800) 490-8505.
  ➢ Reporters may remain anonymous.
  ➢ Anyone reporting such activity has legal protection from retaliation, discrimination and civil or criminal prosecution.

• Mandatory
  ➢ Employees & administrators of nursing homes, personal care homes, domiciliary care homes, adult day care centers and home health agencies are required to report elder abuse to local Areas on Aging.
  ➢ If abuse involves serious injury, sexual abuse or suspicious death, reporters must also call the state police. A written report must also be made to the local law enforcement agencies within 48 hours.
Local Area Agency on Aging must report deaths, serious physical injury to PA Department of Aging, and in deaths that are suspicious to the Coroner orally and in writing within 24 hours of oral report.

Consequences for Not Complying with Reporting Guidelines

- Administrator or facility owner who intentionally or willfully fails to comply, or obstructs compliance with reporting guidelines may be subject to administrative or criminal sanctions.
- An employee or administrator who fails to report under this act may be found guilty of a summary offense or a misdemeanor.

Hospital Employee/Volunteer

- Skilled Nursing Facility is required to notify Department of Health within 24 hours of any report of alleged abuse.
- Required to report and investigate suspected resident abuse, neglect and misappropriation of property by any individual used by facility to provide services to residents.
- After completing an investigation of allegation, the Skilled Nursing Facility is required to complete Report Form PB-22 and file it with Department of Health Division of Nursing Care Facilities.
- For any employee alleged to have committed abuse, the facility will immediately implement a plan of supervision or, where appropriate suspend the employee.

Rights of Victims under the Provision of Protective Services

Victims of abuse or suspected abuse have certain rights that must be guaranteed. They are:

- the right to be told that someone has reported that they might be a victim of abuse and need protective services;
- the right to refuse protective services;
- the right to legal counsel when the Area Agency on Aging attempts to obtain an emergency, involuntary intervention court order;
- the right to confidentiality in all matters concerning their case.

Alleged abusers have the right to be notified after substantiation of a report and given an opportunity to challenge the findings of an investigation.

Procedures for Screening and Intervention

- Nurse and physician should assess the patient’s general appearance, mental status, ability to communicate, hygiene, and/or unexplained physical injuries.
- If physical evidence of abuse is present, obtain consent for photographing & placement of the picture in the medical record.
- Social Work may be consulted to provide further assessment of the situation and provide appropriate follow-up care and referrals.
- An older adult who is “incapacitated or unable to perform or obtain services to maintain physical or mental health” and who is without a responsible caretaker, may be admitted to
the hospital for medical treatment and evaluation by Social Services and/or the Area Agency on Aging.

- If the patient meets the criteria for suspicion of abuse, the staff must notify the Area Agency on Aging by telephone. The Elder Advocate or Acting Ombudsman will determine need for agency intervention.
- Medical record documentation of abuse notification to the Area Agency on Aging should include time of report, name of person accepting report and his/her recommendations.
- Access to the patient’s medical record by an outside agency will follow hospital policy.

**Telephone numbers for reporting cases for older adult abuse:**

**PENNSYLVANIA:**
Mercer County:  (724) 662-6222
(724) 662-2949 (after hours, weekends or holidays)

Lawrence County:  (724) 658-3729

Crawford County:  (800) 321-7705

**OHIO:**
Ashtabula County:  (440) 994-2020

Trumbull Counties:  (330) 746-2938

UPMC Horizon has a policy on **Domestic Violence and Abuse** that can be found in the Administrative Policy Manual.
INTRODUCTION/VALUE STATEMENT:
UPMC Horizon expects that our work environment is free from sexual harassment or harassment based on race, color, religion, sex, sexual orientation, national origin, age, or disability. Such harassment is forbidden and violates UPMC policy as well as state, federal and local laws. UPMC Horizon believes that prevention is the most effective tool in eliminating sexual harassment in the workplace and will NOT tolerate or condone instances of sexual harassment.

BEHAVIORAL OBJECTIVES:
After completing this packet, you will be able to:
- Define harassment and sexual harassment.
- Identify behavior that is considered harassment or sexual harassment.
- Identify steps to take if you are being harassed.

What is Harassment?
Harassment is verbal or physical conduct that demeans or shows hostility or hatred toward an individual because of his or her race, color, religion, sex, sexual orientation, national origin, age, or disability, or because of a relationship with relatives, friends or associates.

Negative Effects of Harassment
- It can create an intimidating, hostile, or offensive working environment.
- It can unreasonably interfere with an individual’s work performance.
- It can adversely affect an individual’s employment opportunities.

Examples of Harassment
- Nicknames, labels, slurs, negative stereotyping.
- Threatening, intimidating or hostile acts that relate to race, color, religion, sex, sexual orientation, national origin, age or disability.
- Written or graphic material that demeans or shows hostility or hatred toward an individual or group because of race, color, etc. that is openly displayed within the work environment.

Examples of Behaviors That Could be Defined as Sexual Harassment
- Pressure for sexual activity.
- Sexual graffiti or visuals, innuendos, jokes or comments.
- Disparaging remarks to a person about his/her gender or body.
- Unwelcome patting, hugging or touching a person’s body, hair or clothing.

Primary Types of Sexual Harassment:
- Quid pro quo – which means “this for that”. An employee’s job security, pay raise, and/or promotion are a benefit if a sexual favor is provided to a person who holds a higher position.
Environmental Harassment – the workplace is offensive or intimidating to the victim. This hostile environment may include: crude offensive language, vulgar gestures, demeaning terms, or talk about sexual activities or physical attributes.

How do I Know if I am Being Harassed?
Ask yourself:
- Was the conduct blatantly offensive or gender hostile?
- Was the harasser a co-worker or a supervisor?
- Was this conduct a one-time event or is it repetitive?
- Was the harassment a group action, one gender against the other?

Four Key Steps to Take if Harassment/Sexual Harassment Takes Place:
1. CONFRONT THE PROBLEM – tell him/her that the behavior is offensive and explain how you feel.
2. IMMEDIATELY REPORT such harassment to his respective manager or director. If not comfortable reporting to manager or if manager is the harasser, the complaint should be filed with the director of Human Resources.
3. DOCUMENT OFFENSIVE CONDUCT – include all details of incident and names of any witnesses.
4. SEEK SUPPORT – a friend or colleague may be able to help you feel less isolated and you may find others in the same situation.

How to Avoid Sexual Harassment
- Respect your co-worker – watch your language, don’t tell lewd jokes.
- Innocent fun to you may be interpreted differently by others.
- Your personal life is your OWN business.

Points to Remember:
- Harassment constitutes discrimination and violates Title VII of the Civil Rights Act of 1964, the Age Discrimination in the Employment Act, the Americans with Disabilities Act, or the Rehabilitation Act of 1773, as applicable.
- Sexual harassment is using sex as a weapon and IS illegal.
- There doesn’t have to be an implied threat toward your job.
- Only unwelcome conduct is Harassment/Sexual Harassment.
- Sexual Harassment is an invasion of your own set values and personal space.
I. POLICY/PURPOSE

It is the policy of UPMC to maintain an environment that is free from sexual harassment or harassment based on race, color, religion, sex, genetics, sexual orientation, national origin, age, disability or military affiliation for all staff members, patients, and any other persons whom contact is made during employment at UPMC. Such harassment is forbidden and violates UPMC policy as well as state, federal and local laws.

This policy establishes the procedure by which staff members and patients can make their complaints known to appropriate administrative staff. It is a violation of UPMC policy to attempt to retaliate against a person who files a complaint of harassment. Retaliation against any staff member because he or she has reported, assisted or participated in any manner in an investigation proceeding, hearing, or lawsuit, pursuant to a harassment claim is prohibited.

II. SCOPE

Every person associated with UPMC, while on United States premises, including staff members, volunteers, contractors, physicians, students, vendors and other affiliates, is required to conform his or her behavior to this policy and to report any violation of this policy.

III. DEFINITIONS

A. Harassment on the basis of race, color, religion, sex, genetics, sexual orientation, national origin, age, disability or military affiliation.

1. Harassment on the basis of race, color, religion, sex, genetics, sexual orientation, national origin, age, disability or military affiliation constitutes discrimination in the terms, conditions, and privileges of employment and, as such, violates Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act, the Americans with Disabilities Act, the Rehabilitation Act of 1973, or Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA) as applicable.
2. Harassment is spoken, written or physical conduct that demeans or shows hostility or hatred toward an individual because of his or her race, color, religion, sex, genetics, sexual orientation, national origin, age, disability or military affiliation, or that of his or her relatives, friends, or associates, and that:

   a. has the purpose or effect of creating an intimidating, hostile, or offensive working environment;

   b. has the purpose or effect of unreasonably interfering with an individual’s work performance; or

   c. otherwise adversely affects an individual’s employment opportunities.

3. Harassing conduct includes, but is not limited to, the following:

   a. nicknames, labels, slurs, negative stereotyping, or threatening, intimidating or hostile acts that relate to race, color, religion, sex, genetics, sexual orientation, national origin, age, disability or military affiliation; and

   b. any form of communication or graphic material that demeans or shows hostility or hatred toward an individual or group because of race, color, religion, sex, genetics, sexual orientation, national origin, age, disability or military affiliation and that is placed on walls, bulletin boards, computers, or elsewhere on the employer’s premises or circulated in the workplace.

B. Sexual harassment is an unwelcome sexual advance, request for sexual favors, or other verbal or physical contact of a sexual nature when:

1. submission to such conduct is either made or implied as a term or condition of employment;

2. submission to or rejection of such conduct by an individual is used as the basis for employment decisions; or

3. the conduct has the purpose or effect of substantially interfering with an individual’s work performance or creates a hostile or offensive work environment.
The following are examples of inappropriate behaviors which may constitute sexual harassment (this list is only intended to illustrate the kinds of conduct prohibited by this policy and is not all-inclusive):

1. improper suggestions or gestures;
2. display of pornographic, lewd, indecent, or sexually suggestive objects or pictures;
3. graphic or descriptive comments or discussions about an individual’s body or physical appearance;
4. degrading verbal or written comments, including, but not limited to, e-mail messages.
5. sexual flirtations, advances, or propositions;
6. jokes, “off-color” stories, or comments of a sexually explicit nature;
7. unwelcome and intentional physical contact which is sexual in nature, such as touching, pinching, patting, rubbing, grabbing, blocking movement, or brushing against another individual’s body,
8. perceived pressure for sexual activity,
9. questions about an individual’s sexual conduct, orientation, or preferences.

C. UPMC fully supports and complies with state regulations for Nurses on Avoidance of Sexual Exploitation.

1. Conduct defined by state regulation as a sexual violation or sexual impropriety with a patient during the course of a professional relationship violates standards of nursing conduct.
2. For a registered or licensed nurse involved in providing mental health services, the relationship which shall be deemed to exist for a period of time beginning with the first professional contact or consultation between the nurse and patient and ending 2 years after discharge from or discontinuance of services. For a patient who is a minor, a professional relationship shall be deemed to exist for 2 years or until 1 year after the age of majority, whichever is longer, after discharge from or discontinuance of services.
3. For a registered or licensed nurse not involved in providing mental health services, the relationship which shall be deemed to exist for a period of time beginning with the first professional contact or consultation between a registered nurse and a patient and ending with the patient's discharge from or discontinuance of service by the nurse or by the nurse’s employer. The administration of emergency medical treatment or transitory trauma care will not be deemed to establish a professional relationship.
4. Consent of a patient to a sexual impropriety or sexual violation cannot be a defense in a disciplinary proceeding before the Board and that a nurse who engages in conduct prohibited by the amendments is not eligible for placement into an impaired professional program under either the Professional Nursing Law or the Practical Nurse Law.

IV. RESPONSIBILITY

A. The Human Resources VP/Director will be responsible for the implementation and enforcement of this policy.

B. Management and supervisory staff of UPMC will be responsible for:

1. operating his or her function in a manner consistent with the letter and spirit of this policy,

2. taking immediate and appropriate action once he or she observes or is informed of any act of sexual harassment or harassment based on race, color, religion, sex, genetics, sexual orientation, national origin, age, disability or military affiliation after consulting with Human Resources to determine the appropriate corrective action; and

3. communicating to all staff members the provisions of this policy, including the procedure for raising issues of workplace harassment.

V. PROCEDURE FOR RAISING ISSUES OF HARASSMENT OR FILING A COMPLAINT

A. A staff member, patient, or other person who believes he or she has been sexually harassed, harassed on the basis of race, color, religion, sex, genetics, sexual orientation, national origin, age, disability or military affiliation, or has witnessed harassment or has knowledge of harassment is encouraged to promptly provide information regarding the matter to any one of the following individuals:

- the department head, clinical director or administrative representative; or

- the Human Resources VP/Director or any other professional member of the Human Resources staff with whom the staff member feels comfortable.

B. The individual to whom a complaint of harassment is made has the responsibility for reporting the complaint to the Human Resources VP/Director.

C. The Human Resources director or designee will conduct a confidential investigation and determine what corrective action, if any, is appropriate to the situation. All information regarding the investigation will be kept in confidence to the greatest extent practical and appropriate under the circumstance.
D. UPMC reserves the right to place any individual alleged to have engaged in harassing conduct in violation of this policy on unpaid suspension pending the outcome of the investigation.

E. The Human Resources director/VP will issue a written reply to the complainant with the results of the investigation.

F. Retaliation against any staff member because he or she has reported, assisted or participated in any manner in an investigation proceeding, hearing or lawsuit, pursuant to a harassment claim is prohibited.

VI. SANCTION

Violation of this policy will not be tolerated and will be subject to UPMC Policy HS-HR0704, Corrective Action and Discharge. Action appropriate to the circumstances may range from reassignment of staff members, departmental education and/or attendance at training and development courses, and/or referral to the EAP, and/or corrective action including a written warning, suspension, or termination of employment.

SIGNED: Gregory K. Peaslee
Senior Vice President UPMC, Chief Human Resources and Administrative Services Officer

ORIGINAL: June 1, 2000
APPROVALS:
Executive Staff: July 8, 2013

PRECEDE: July 27, 2012
SPONSOR: Senior Vice President UPMC, Chief Human Resources and Administrative Services Officer

* With respect to UPMC business units described in the Scope section, this policy is intended to replace individual business unit policies covering the same subject matter. In-Scope business unit policies covering the same subject matter should be pulled from all manuals.
INTRODUCTION/VALUE STATEMENT:
As an employee of UPMC Horizon, you will come in contact with people of various ages. Understanding the processes and developments that go on throughout the life span may help you deal more effectively with the people you have to interact with. This packet is designed to familiarize you with growth and development of children as well as with the aging process and to fulfill the JC Standard on ‘Population Specific Competencies’.

Population-specific competencies are skills that enable volunteers and staff to help care for individuals at every stage of life. Volunteers and staff members should be sensitive to the needs of every patient.

- We all must remember that every patient has different physical impairments, learning abilities, cultural differences, emotional stress and language barriers.
  - For the hearing impaired, TTY devices will be made available.
  - For patients with language barriers, the Social Services Department has a list of community members who sign and speak different languages,

We all must remember that every patient has different physical impairments, learning abilities, cultural differences, emotional stress and language barriers.

OBJECTIVES:
At the completion of the Growth and Development of Children section the participant will be able to:

- Describe how children grow and develop.
- List 2 items that influence growth and development of children.
- List the common characteristics of each stage of development:
  Infant – Toddler – Preschooler – School-aged - Adolescent
- Identify the primary physical changes that occur during each age group.
- List at least two ways to comfort a sick child and promote their growth and development in each age group.

GROWTH AND DEVELOPMENT OF CHILDREN
Growth and development is a process of changes that takes place during the lifetime of an individual. This packet will provide information on the specific age groups of childhood: infancy, toddlers, preschool years, school-age years and adolescence.

Influences on Growth and Development:
- Heredity
- Physical environment
Family and relationships with other people.
TV, radio, interactive computer media and reading materials.
Environmental factors such as where one lives, plays, goes to school and nature of neighborhood and community.
Cultural beliefs and attitudes – may influence language spoken, foods eaten, how one behaves, and social roles.

Considerations When Caring for Infants: Birth to One Year of Age

Characteristics:
- Rapid growth and development at this age.
- Crying is infant’s major method of communication.
- Sucking is used to relieve stress and receive food.
- Interaction and playing with the infant promotes a sense of love, well being and security.

Physical Growth:
- The soft spot on the back of the head is closed in two months.
- In the first 4 months, development centers around the head (smiling, following objects with eyes, maintaining head control).
- In the second 4 months, the trunk muscles grow stronger; the infant can turn over, sit with support, and grasp objects with their hands.
- Birth weight doubles by 4-6 months, triples by one year.
- Primitive reflexes are replaced by purposeful and voluntary movement by 6 months.
- Between or at 8-12 months.
  - increased muscle strength in the legs
  - begins to creep, stand, walk, and pick up objects using finger & thumb
- Becomes familiar with his/her body by putting hands and feet in mouth.

Ways You Can Promote Growth and Development
1. Be sensitive to cues that indicate an infant is over stimulated. These include:
   - closing of eyes
   - fretting
   - turning away
   - increased formation of stool
   - increased motor activity
   - hiccoughing
   - change in color
   - hyper-alertness
2. Soothe the infant by:
   - changing the diaper, feeding the infant
   - talking softly and calmly
   - holding the infant close
   - giving a pacifier
   - wrapping the infant snugly with rolled blankets on each side
   - providing toys for the infant to pick up, shake, chew on
**Considerations When Caring for Toddlers 1-4 Years of Age**

**Characteristics:**
- Toddlers fear injury and separation from loved ones, therefore, they are more vulnerable to hospitalization than adults.
- Physical growth slow but psychosocial growth continues at a rapid pace.
- Crying and repetitive use of a few words are common behaviors in a stressed toddler.
- Highly mobile and begins to exert some control over his/her environment.
- The toddler’s comprehensive level is much greater than their verbal capacity.
- Play is the most effective method to decrease the toddler’s distress level.
- Play helps to promote behaviors and learning.

**Physical Growth:**
- The soft spot in the front of the head closes by 18 months.
- The chest is round and short.
- They have a protruding abdomen with extra subcutaneous fat.
- The heart size increases; the heart rate slows down.
- The abdomen rises and falls with breathing.
- When sick, the toddler may become dehydrated because 60% of his/her total body weight is water.

**Ways You Can Promote Growth and Development:**
- Allow parents to remain with the child as much as possible.
- Allow mobility and control by only restraining those extremities directly involved in fluid administration.
- Explain to the toddler not to touch his/her I.V. lines but encourage use of his/her hands in play activity.
- Allow the toddler to “help” with procedures such as removing his/her dressing or gown.
- Provide toys, including objects of the hospital environment for creative/imaginative play.
- Speak and pay with the toddler to reduce stress.

**Considerations When Caring for the Preschooler: 4-6 Years of Age**

**Characteristics:**
- The preschooler may see hospitalizations as punishment for a misdeed – reassure him/her that it is not.
- The predominant fear is separation from parents, mutilation, immobility, the dark and pain.
- Explain procedures and events in terms of sensations or smells (feel sleepy, the injection will sting, medicine tastes and smells like cherries).
- Preschoolers are very imaginative and learn procedures best through use of medical equipment and dolls.
- Stress is exhibited by feelings of abandonment, anxiety and night terrors.

**Physical Growth:**
- Develops right/left orientation at four years.
• Begins to develop fine motor skills (ties shoes, rides two-wheeler).
• Older preschooler begins to lose baby teeth.
• Large muscle coordination remains far advance of small muscle coordination.
• Baby fat becomes muscle tissue so that posture becomes erect.
• Can run with skill and agility and balance on toes.

Ways You Can Promote Growth and Development:
• Time activities with familiar events.
• Allow parents to remain with the preschooler as much as possible.
• Encourage use of comforting objects (stuffed toys, blanket) and comforting behaviors (hugs, cuddles, praise).
• Use toys and replicas of medical equipment to explain procedures/care.
• Reassure often that the procedures are not punishment.
• Keep explanations short and simple.
• Explain to the child how he/she can “help”; prepare the child close to the time of the procedure - longer if it’s an older preschooler.
• Set limits during the procedure such as “can cry”, “can’t move”.
• Use band-aids to “plug up holes”.
• Whenever possible, allow one nurse, phlebotomist, physical therapist, etc. to develop a trusting relationship with the preschooler and parents.

Considerations When Caring for the School Age Child: 6 – 12 Years of Age
Characteristics:
• The school age child has a strong sense of right and wrong.
• Enjoys completing tasks.
• Able to understand cause and effect.
• Can perceive future and past.
• Can concentrate on concrete reality and is able to focus, reason, and deal with several concepts in sequence.
• Greatest fears are school failure, separation from loved ones, disability, death, loss of control and forced dependency, bodily injury and pain, and invasive procedures involving the genital area.
• Stress is manifested by regression to an earlier behavior, anxiety, withdrawal, depression or increased dependency.

Physical Growth:
• Grows taller, with longer legs and arms.
• Graceful, coordinated movements; hand-eye coordination is well established.
• Fluctuations in appetite due to uneven growth pattern and tendency to get involved in activities.
• Secondary sex characteristics begin to develop.
• Eruption of permanent teeth completed by age 12 years.
• Most play is active play.
Ways You Can Promote Growth and Development:
- Explain to the school age child how he may help.
- Allow privacy as much as possible – prepare in privacy away from other children.
- Begin preparation for procedures as soon as the procedure is scheduled.
- Be specific about body areas or parts affected; give concrete information; use correct medical terminology; correct misunderstandings immediately.
- Explain if the procedure will hurt, its purpose, how it will make him/her better and what injury could result.
- Be aware of nonverbal requests for support.
- Allow parents and peers to visit as much as possible.

Considerations When Caring for the Adolescent: Age 13 – 18 Years of Age
Characteristics:
- Possesses a fairly mature level of responding and understands his/her illness as an adult would.
- Cognitive skills include problem-solving skills, ability to draw inferences.
- Has well developed mechanisms to cope with stress, however, stress may be manifested by aggression, irrational behavior, fears and rebellion.
- Fears losing control, independence and threats to his/her physical appearance.
- May be frightened but will not show it.

Physical Growth:
- Rate of growth significantly increases. By age 18, 99% of growth has occurred.
- Sexual maturation occurs.

Ways You Can Promote Growth and Development:
- Do not talk down to the adolescent – use proper medical words.
- Encourage interests/hobbies that can be pursued in the hospital.
- If he/she identifies a favorite nurse, phlebotomist, physical therapist etc., assignments should reflect his/her preference.
- Encourage visiting from family, friends, and interaction with roommates.
- Perform teaching away from peers, roommates, and parents. Explanations should be thorough and can be complex or abstract.
- Respect privacy and fear.

The following are lists of the normal ranges for pulse, respiration, blood pressure and temperature for the above different age groups.
### NORMAL PULSE RATES

<table>
<thead>
<tr>
<th>AGE</th>
<th>RANGE</th>
<th>MEAN</th>
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<tbody>
<tr>
<td></td>
<td>(beats/minute)</td>
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</tr>
<tr>
<td>Newborn</td>
<td>100-180</td>
<td>120</td>
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<tr>
<td>Infant (less than 1 year)</td>
<td>100-190</td>
<td>140</td>
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<tr>
<td>Toddler (1-3 years)</td>
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<tr>
<td>Child (3-8 years)</td>
<td>60-150</td>
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<td>Older Child (8-12 years)</td>
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<tr>
<td>Adolescent (greater that 12 years)</td>
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### NORMAL RESPIRATORY RATES

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<th>AVERAGE</th>
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<td>(breaths/minute)</td>
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<td>Child (3-8 years)</td>
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<td>Adolescent (greater that 12 years)</td>
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### NORMAL BLOOD PRESSURE

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<tr>
<td>Older Child (8-12 years)</td>
<td>95/60</td>
<td>140/90</td>
</tr>
<tr>
<td>Adolescent (greater that 12 years)</td>
<td>95/60</td>
<td>140/90</td>
</tr>
</tbody>
</table>

### AVERAGE BODY TEMPERATURES IN WELL CHILDREN

#### UNDER BASAL CONDITIONS

<table>
<thead>
<tr>
<th>AGE</th>
<th>TEMPERATURE RANGE</th>
<th>°F</th>
<th>°C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rectal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newborn</td>
<td>Rectal 97.7-100.2</td>
<td>36.5-37.9</td>
<td></td>
</tr>
<tr>
<td>Infant (less than 1 year)</td>
<td>Rectal 98.6-100.4</td>
<td>37.0-38.0</td>
<td></td>
</tr>
<tr>
<td>Toddler (1-3 years)</td>
<td>Rectal 98.6-100.4</td>
<td>37.0-38.0</td>
<td></td>
</tr>
<tr>
<td>Child (3-8 years)</td>
<td>98.0-99.6</td>
<td>36.6-37.6</td>
<td></td>
</tr>
<tr>
<td>Older Child (8-12 years)</td>
<td>98.0-99.6</td>
<td>36.6-37.6</td>
<td></td>
</tr>
<tr>
<td>Adolescent (greater that 12 years)</td>
<td>98.0-99.6</td>
<td>36.6-37.6</td>
<td></td>
</tr>
</tbody>
</table>

*Data from Rainbow’s Pediatric Intensive Care Transport Service: Pediatric Cardiopulmonary Resuscitation Guidelines, 1993, University Hospital of Cleveland*
## GENERAL TRENDS IN PHYSICAL GROWTH DURING CHILDHOOD

<table>
<thead>
<tr>
<th>Age</th>
<th>Weight</th>
<th>Height</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infants:</strong></td>
<td>Weekly gain: 140-200 grams (5-7 ounces)</td>
<td>Monthly gain: 2.5 cm (1 inch)</td>
</tr>
<tr>
<td>Birth –6 months</td>
<td>6-12 months Weekly gain: 85-140 grams (3-5 ounces) Birth weight triples by end of first year</td>
<td>Monthly gain: 1.25 cm (0.5 inch) Birth length increases by approximately 50% by end of first year</td>
</tr>
<tr>
<td>6-12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Toddlers</strong></td>
<td>Birth weight quadruples by age 21/2 years.</td>
<td>At 2 years, approximately 50% Growth during second year: about 12 cm (4.8 inches) Growth during third year: about 6-8 cm (2.4-3.2 inches) Birth length doubles by 4 years of age Yearly gain: 6-8cm (2.4-3.2 inches)</td>
</tr>
<tr>
<td></td>
<td>Yearly gain: 2-3 kg (4.4-6.6 pounds)</td>
<td></td>
</tr>
<tr>
<td><strong>Pre-schoolers</strong></td>
<td>Yearly gain: 2-3 kg (4.4-6.6 pounds)</td>
<td>Yearly gain after age 7: 5.0 cm (2 inches) Birth length triples by about 13 years of age</td>
</tr>
<tr>
<td><strong>School-age children</strong></td>
<td>Yearly gain: 2-3 kg(4.4-6.6 pounds)</td>
<td></td>
</tr>
<tr>
<td><strong>Pubertal Growth spurt</strong></td>
<td>Weight gain: 7-25 kg(15-55 pounds)</td>
<td>Height gain: 5-25 cm(2-10 inches; approximate mature height achieved by onset of menarch age – mean: 20.5 cm</td>
</tr>
<tr>
<td>Females 10-14 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males 11-16 yrs</td>
<td>Weight gain: 7-30 kg(15-65 pounds)</td>
<td>Height gain:10-30 cm(4-12 inches; approximate mature height achieved by skeletal age – mean: 27.5 cm</td>
</tr>
</tbody>
</table>

*Yearly height and weight gains for each age group represent averaged estimates from a variety of sources.

Considerations When Caring for the Adult Patient, Up to Age 64 Years

Characteristics:
- Young adults reach sexual maturity and their adult height and weight.
- Most young and middle age adults can function independently both physically and mentally.
- They have developed a personal identity and are self-reliant.
- Careers are usually established in the early adult years.
- Young adults often choose a mate and start a family.
- Adults 40 to 64 years begin to experience physical changes, such as decreased endurance.
- Women in the 40 to 64 age range experience menopause.
- Middle age adults have concerns for the next generation and help their children gain independence.
- Middle age adults often become active in their community.
- Middle age adults may seek further education, possibly for a career change.
- Middle age adults plan for retirement.
- Fears in this age group relate to concerns for their families while they are ill as well as concern for their own general health.
- Continue to encourage immunizations, checkups and screenings.
- Educate about injury prevention and a healthy lifestyle (through exercise, weight control, hygiene, etc.)

Considerations When Caring for the Older Adult – Ages 65 – 79 Years
- Adults in this age group may have retired from work, however, many continue to work part-time at other jobs or volunteer their time in their communities.
- Adults in the age group experience changes in their sensory abilities and may have problems with hot/cold sensations and visual and hearing problems.
- Skin loses its elasticity during the aging process and wrinkles and wounds heal more slowly.
- Muscle mass decreases and strength declines.
- Since they have a higher risk of health problems and chronic illnesses, they may experience depression, loneliness, and anxiety over changes or about the future.
- They sleep more, often by napping during the day.
- They may have reduced attention spans and may make decisions and remember things (such as names) more slowly.
- Stress the need for immunizations, check-ups and screenings.
- Encourage healthy habits – nutrition, exercise, social activity.
- Educate about safety measures including fall prevention, safe medication use and caution with hot water.
- Speak clearly and avoid background noise.
- Use larger print materials, ensure enough light, give information in short segments and repeat as needed.
- Avoid rushing.
- Give the patient chances to reminisce to help promote a positive self-image.
Considerations When Caring for Adults – Ages 80 and Older

- All of the considerations of adults, ages 65 to 79 years carry over into this age group.
- They have a higher risk of infections, dehydration, poor nutrition and chronic illness.
- Effects of chronic illness may be more severe.
- Mobility becomes harder.
- These adults may feel isolated or upset due to loss of family, friends, sensory abilities or financial independence.
- They may lose self-confidence as their abilities decline.
- Adults of these ages reflect on their lives and come to an acceptance of death.
- Continue to stress the need for screenings, check-ups and immunizations.
- Encourage physical and social activity and encourage reminiscing.
- Monitor age-related risks such as skin problems.
- Ensure safety measures to prevent falls and burns.
- Educate about home safety and safe medication use.
- Utilize education methods similar for the adult, age 65 – 79.

Reference:
Age-Specific and Cultural Competencies, Channing L. Bete Co., Inc., 2000
POPULATION SPECIFIC COMPETENCIES FOR (NON-CLINICAL STAFF)

INTRODUCTION/VALUE STATEMENT:
As an employee of UPMC Horizon, you will come in contact with people of various ages. For non-clinical staff, an understanding of the processes and developments that go on throughout a person’s life span may help you relate more effectively with the people you have to interact with. This packet is designed to familiarize you with the communication process and developmental issues of infants, children, adolescents and adults, the aging process and to fulfill the JC Standard on ‘Population Specific Competencies’.

OBJECTIVES:
At the completion of information on age specific issues, the participant will be able to:
- Describe communication abilities of the various age groups.
- Discuss important issues that impact the development of relationships with others.
- Identify key safety issues to be considered when dealing with infants, children and aging adults.

Issues to Consider When Relating to Infants/Toddlers – Ages Birth to Age 3
- Infants communicate by crying and making simple sounds.
- Toddlers learn simple words and sentences.
- Developing trust and a sense of being loved is important in infancy.
- Play is important to help build social and other skills.
- Cuddle an upset infant or toddler and talk in soothing tones.
- Keep crib rails up while an infant or child is in the crib.
- Don’t leave small objects lying around – infants and toddlers put just about everything in their mouths.
- Monitor hallways and keep doors to stairwells and utility closets closed on departments where small children are staying.
- Watch for wandering toddlers not accompanied by adults.

Issues to Consider When Relating to Young Children Ages 4 – 6 Years
- Young children are aware of others’ feelings.
- They may have fears, especially about being separated from their parents or being injured.
- They enjoy playing with other children and make friends.
- They begin to develop a sense of privacy.
- Young children are curious, imaginative and like make believe play.
- They ask lots of questions, enjoy conversation, and like stories.
- Explain what you are doing in simple words when working around children within this age group.
- Give the child chances to express feelings and ask questions through talk and play.
- Keep objects, chemicals and medicines that could injure the child out of reach.
- Because of their increased independence, children in this age group may wander off. Pay attention to children in this age group who are wandering unattended by an adult.
Issues to Consider When Relating to Older Children Ages 7 – 12 Years

- Older children can do a variety of activities from sports to crafts.
- They can accept rules and responsibilities and enjoy having achievements recognized which helps build self-esteem.
- They enjoy having friends around.
- Children in this age group enjoy riddles, games and play on words.
- They have a better understanding of time.
- They want more privacy.

Issues to Consider When Relating to Adolescents Ages 13 – 18 Years

- Adolescents have a good grasp of language and its use – do not talk down to them.
- They can solve problems and can think abstractly, for instance about values and concepts like justice.
- They may have emotional swings and face peer pressure.
- Stress is sometimes shown by aggression, irrational behavior, fears and rebellion.
- The adolescent fears losing control, independence and threats to his/her physical appearance.
- They may be self-conscious (about body image, for example).
- They do not always think about long-term consequences of their actions and often take risks that may lead to emotional or physical injury, for instance, the use of drugs, alcohol, sexual activity that leads to pregnancy or sexually transmitted diseases, and dangerous driving habits.

Issues to Consider When Relating to Young Adults Ages 19 – 39

- Young adults develop a personal identity and self-reliance.
- This is the time of life when they often choose a mate, start a family and establish a career. Therefore, the young adult may have concerns or fears relating to these issues when hospitalized.
- They carry on intelligent conversations and make decisions independent of others.
- They look at problems from different points of view, establish values and use them to make life choices.
- They evaluate new information in terms of their past experiences.
- Engage in friendly conversation with young adults to make them feel comfortable in the hospital environment.

Issues to Consider When Relating to Middle Adults Ages 40 – 64

- Adults in this age group develop a concern for the next generation and help their children gain independence.
- They become active in the community, often through volunteering.
- They may seek further education, possibly for a career change. They are interested in learning.
- They plan for retirement.
- As with younger adults, engage in friendly conversation to make them feel comfortable in the hospital environment.
Issues to Consider When Relating to Adults Ages 65 – 79

- Adults in this age group experience changes in their sensory abilities and may have problems with hot/cold sensations and visual and hearing problems.
- Since they have a higher risk of health problems and chronic illnesses, they may experience depression, loneliness, and anxiety over changes or about the future.
- They sleep more, often by napping during the day.
- They may have reduced attention span and may make decisions and remember things (such as names) more slowly.
- They start to think and prepare for death.
- If you notice the older adult having communication problems, speak distinctly, a little slower and always face the person when talking with him/her; avoid background noise.
- Keep hallways and rooms free of clutter to prevent falls.
- Make sure foods and drinks are not too hot to prevent burns.

Issues to Consider When Relating to Adults Ages 80 and Older

- These adults have a higher risk of infection and chronic disease and mobility becomes harder.
- Again sensory deficits may be present and they sleep more.
- They may feel isolated or upset due to loss—of family, friends, sensory abilities or financial independence.
- They reflect on their lives and like to relive the past.
- These adults come to an acceptance of death.
- They may have reduced attention spans.
- Avoid rushing the older adult.
- Talk slowly and distinctly, facing the adult and give him/her a chance to reply.
- Provide for safety in the older adult’s area, keeping hallways and rooms free of clutter.
- Make sure foods and drinks are not too hot to prevent burns.

References

Age Specific and Cultural Competencies, Chaning L Bete Co., Inc., 1999
OBJECTIVES:
After completing this packet, you will be able to:

- Identify the culture groups in your service area;
- Discuss experiences dealing with cultural issues either from the literature or from personal experiences;
- Discuss the benefits of incorporating cultural consideration in each patient/client assessment;
- Identify facility resources that may be used to enhance the assessment and treatment of patients/clients from varied cultural backgrounds.

INTRODUCTION:
The United States is a nation of immigrants. More than one million immigrants arrive each year, thus producing a multi-cultural society. According to the 1990 Census of Population and Housing for Mercer County, the following ethnic groups live within Mercer County:

- American Indian
- Amish
- Asian (Chinese, Japanese, Korean, Filipino, Vietnamese)
- Black American
- Indian (Asian)
- Mexican
- Puerto Rican
- White American

Cultural beliefs are as diversified as individual personalities. All patients/clients and their families, no matter what their cultural, ethnic, linguistic, and socioeconomic background, want to receive health care and wellness promotion advice from warm, caring, competent professionals who are willing to listen to them and to reassure them, explaining in words that are readily understood. UPMC Horizon honors the rights of patients to receive holistic care including their psychosocial and spiritual needs. The system recognizes the rights of patients to exercise cultural beliefs and will provide optimum care for the dying patient.

The purpose of this in-service is to increase awareness and promote the inclusion of cultural considerations in patient care.

Facility Resources
- Bi-Lingual Listing: A list of people who have agreed to assist employees with patients who do not speak English. The list is available in the Culture and Communications Manual found on each department.
- Clergy: A list of clergy who are available for patients. The list is available at the System’s switchboard.
- Cultural Information Sheets: Specific information about a variety of cultures and found in the Culture and Communications Manual.
Cultural Considerations
One must learn to be on guard against the human tendency to assume that all people have similar ways of showing respect, handling time and space, interpreting behavior and gestures, and prioritizing values. Also realize that the patient’s lack of expertise in the knowledge, skills and techniques within our profession is matched by the professional’s lack of full knowledge of the patient’s life ways: beliefs, practices, values, and goals. Each side has much to learn from the other to achieve a successful, mutually satisfying relationship.

Items to consider when communicating or caring for patients/families of different cultures include:

- Avoid using technical jargon and phrasing which may not be easily understood by laypersons.
- Be aware that attempts to translate professional language into lay terminology may inadvertently compound the problems.
- Silence and the word “yes” lead to numerous misunderstandings. Neither necessarily signifies agreement. Silence can mean, “I do not agree with what you are saying, but I am too polite to say so”. Yes can mean, “I am listening but not promising or agreeing”. It may also mean, “I do not understand what you are saying, but I acknowledge that you are trying to tell me”.
- Direct verbal communication is highly esteemed in American culture but is a sign of rudeness in many other cultures. Other cultures may rely on body postures and indirect phrasing more than direct words.
- Middle-class Americans place importance on the individual and her/his right and duty to be self-reliant and independent, making decisions and taking responsibility for their behavior stemming from those decisions. However, many cultures around the world interpret dependence on the family as proper and expected. Decisions are made in the group and often standing up for one’s rights is negatively valued.
- American’s tend to be preoccupied with clock time, punctuality and haste. Americans interpret tardiness or not showing up at all as rudeness or a sign of lack of interest or commitment. Other cultures, such as those from Arab nations, may not be as concerned with punctuality. A promise “to have it ready tomorrow” in another culture may simply mean “we’ll get around to it eventually”.
- Questioning the behavior or intentions or even asking questions of people in authority may be an unpardonable offense for some cultures. Since the healthcare professional is often seen as a person in authority, he/she must be especially careful to explain, furnish reasons, and ask the client to rephrase or demonstrate back the information to ensure that the message has been understood properly.
- Some cultural backgrounds emphasize the need to trust the individual as a person before proceeding to the business at hand. The client may ask highly personal questions to reassure him/herself that you are not only competent in your field but also a decent and caring person.
- Hesitation by the patient after suggesting an action is often a sign that you have hit an invisible cultural wall. Offering the patient an opportunity to bring family or clergy in for a discussion before proceeding further may be the best way to ensure eventual mutual agreement.
Remember the following about various cultures:

- Hand gestures may have different meanings in different cultures – avoid them whenever possible.
- Folk medicine or ritual practices may be used and should be allowed as long as they are not harmful to the patient and do not interfere with the privacy, care or rights of other patients.
- The Korean culture shows respect by addressing people by their last name rather than their first. (Consider that we should address all of our patients as Mr., Mrs., or Miss first and then ask how they would like us to address them in the future).
- Religions of various cultures may permit polygamy.

Caring for the Amish:
The Amish are a unique group of people who live in Mercer County and surrounding areas. It is important to respect their beliefs:

- The Amish usually do not have health insurance as it is a “worldly product” and may show lack of faith in God.
- The Amish need to have church permission to be hospitalized.
- The Amish do not forbid the use of medical care. If deemed necessary, they can have surgical procedures, dental work, anesthesia and blood transfusions.
- It is the Amish belief that all life is given and taken by God and their beliefs tell them to accept God’s will as it is.
- The Amish prefer to give birth at home.
- The Amish generally do not like to be seen by a healthcare provider who is in the “learning process.”

If You Need Help, What Should You Do?
If you feel impatient or annoyed during a clinical encounter, it probably signifies that you are experiencing an unrecognized intercultural misunderstanding.

- Try to find out what the problem is by either consulting with more experienced colleagues.
- Asking for guidance from a sympathetic member of the same ethnic group as your client.
- Consult the resources listed under the title, “Facility Resources”, in this in-service.

Surprisingly, an attempt to treat your clients or patients the way you would want to be treated is often unhelpful. One should try to treat people the way they would like to be treated. This requires a willingness to be flexible and to remain alert to subtle communication cues that vary from person to person.
FALL PREVENTION AND MANAGEMENT PROGRAM

OBJECTIVES:
At the completion of this program, the participant will be able to:
1. List 6 risk fall reduction actions.
2. Describe actions to be taken when a fall occurs.

Scope of the Problem...
- In the 12 months after a hip fracture resulting from a fall, there is a 23% increased incidence of mortality.
- Medicare no longer covers the extra cost of providing care to a patient who fell in the hospital.

Consequences of Falls
- Increased Mortality
  Falls are the leading cause of death for persons > 65 years of age
- Increased Morbidity
  Physical injury (15% of all falls)
    - fractures
    - hematomas
    - joint dislocation
    - muscle spasm
    - head injuries
  Immobility with progressive organ system consequences (skin breakdown, pneumonia, deep vein thrombosis)
  Psychosocial implications
    - increased length of stay
    - social isolation
- Institutional Effects
  Increased costs - labor, nursing, medical equipment

What Happens if a Patient Falls
Nursing staff will assess the patient’s condition using the Post-Fall Documentation Checklist.

Nursing Assessment...to include
- Airway, breathing, and circulation.
- Vital signs – pulse, respiration, blood pressure.
- Level of consciousness post fall.
- Symptoms experienced at time of fall.
- Location of fall.
- Activity engaged in at time of fall.
- Time of fall.
- Trauma (physical, psychological) associated with fall.
  - Hemorrhage
- Fracture
- Sprain
- Dislocation
- Environmental obstacles related to fall.
- Restraints in use at time of fall.

**Tips for Reducing Falls:**
- Assure call lights are in reach and that patients are able to use them.
- Keep personal items within easy reach of patients.
- Maintain beds in low position.
- Suggest the patients wear non-skid, well-fitted footwear.
- Arrange for daily exercise.
- Orient new patients to their surroundings.
- Keep the patient room and work unit obstacle-free.
- Provide adequate lighting.
- Beware of furniture with wheels.
- Make sure assistive devices are customized to the patient.
- Respond to requests for assistance promptly.
- Assess elimination needs every 2 hours.
- Check on patient every 1 hour if patient has bed alarm.
- Remain with high risk patients while in the bathroom.
- Encourage patients to use handrails.
- Make sure patients are wearing their eyeglasses.
TEAMWORK--WHAT’S IT ALL ABOUT?

OBJECTIVES:
- Identify the five elements of an effective team.
- Identify at least three instances where teams outperform individuals.
- List several positive characteristics of high performing team.

In today’s rapidly changing world, teamwork plays a critical role in the success of any health care organization. With concerns about patient safety, customer service, quality of care, cost effectiveness and changes in regulatory guidelines, delivering health care services to our customers can be a difficult task.

Understanding what an effective team is and how teamwork benefits everyone in the organization can strengthen your team dynamics, help you and your teams reach greater performance levels, and increase your individual job satisfaction.

What is a Team?
A team can be any number of people brought together to do specific work or activity. These people may be from one department and work routinely with one another or, on occasion, people from other departments may become part of the team for a short period of time until a specific job is completed.

Not every team is effective, however. An effective team is a group of willing and trained individuals who are:
- united around a challenging, common goal;
- structured to work together;
- sharing responsibility for their task(s);
- depending on each other;
- empowered to implement consensus decisions.

Empowerment: Decision-making authority is delegated to the employee by the manager/director. It should include:
- getting the employee to own and buy into the team’s mission;
- giving the employee some influence and control over their own work;
- making the employee responsible for implementing their decisions;
- holding the employee accountable for what they do;
- Manager provides support and counsel to help the employee(s) make right decisions

In the real world, empowerment isn’t absolute. It is more accurate to say that managers will share some power with employees and/or other departments).

Teams outperform individuals when:
- the task is complex;
- creativity is needed;
- the path forward is unclear;
- more efficient use of resources is needed;
fast learning is necessary;
high commitment is desirable;
implementation of a plan requires cooperation of others.

**Benefits Derived from High Performing Teams**
- Increased productivity by as much as 35% – 70%.
- Increased quality by as much as 45% - 70%.
- Lower operating costs.
- Improved employee morale (people are having FUN doing their job).
- Improved job satisfaction.
- Increased sense of community.
- Enhanced motivation.

**How Does Your Team Measure Up?**

**High performing teams** can elevate an organization into a top achiever category, one that others will benchmark against. Poor teamwork, where team members are only interested in self-preservation, can be disastrous for the organization and the team members. How does your team compare to the positive attributes of a highly effective team?

**Here are some characteristics to judge your team by:**
- The working environment is informal, comfortable and relaxed.
- Team discussions are focused and shared by everyone.
- Work objectives are well understood and accepted.
- Staffs listen respectfully and encourage participation by others.
- Conflict is handled with open discussion and seen as an opportunity to improve. The group is comfortable with disagreements.
- Decision-making is reached by consensus with dissenters free to respectfully voice their opinion.
- Criticism is constructive and directed toward removing obstacles to getting the job done. Criticism is not directed toward individual team members. The team is relatively comfortable with criticism.
- Leadership has the knowledge and skills to lead the team. The leader has commitment from the team and assures that communication flows in all directions to the team. Leadership is also shared and shifts from time to time depending on circumstances.
- Assignments are clearly stated and accepted by all despite disagreements.
- Feelings are freely expressed and open for discussion. No one is “put down”.

**So, What If My Team Doesn’t Measure Up?**

When a team works well together, members can concentrate on their primary goals of caring for patients, solving problems and improving work processes. Personal differences, individual strengths and weaknesses, commitments to the job and home life are all concerns that, if left unaddressed, can inhibit a group’s chance of becoming an effective team. Therefore, spending time on the “group process” or social dynamics will help the group advance toward becoming an effective team.
Resolving the following issues that are not often discussed, but common to all of us may help improve the functioning of your team.

1. “Am I in or Out?” Most of us want to be part of the “in” group. Those who feel “in” cooperate more, work harder and more effectively and bring enthusiasm to the group. Those who feel “out” often withdraw, work alone, daydream and engage in self-defeating behavior. Ask yourself, “Do I belong?”, “Do I want to belong?”, “What can I do to fit in?”, “How can I help others to feel like they fit in?”.

2. “Do I have any power or control?” All of us want to feel like we are in control of our situation and immediate environment and that we have enough power and influence to get our needs met. When faced with changes that we are unable to influence we feel powerless and experience a loss of self-esteem. Part of keeping control of our situation or environment is knowing what is going on in our department and organization. Ask yourself, “Do I attend my department staff meetings, the organization’s town hall meetings or read the reports from these meetings regularly?”, “Do I request information from my co-workers and manager when I am unsure about department and organizational goals, initiatives or activities?”, “Am I willing to be part of department or organization process improvement teams so I have a say on how we do our work?”.

3. Can I use, develop and be appreciated for my skills and resources? It is important that we all feel as though our skills and knowledge are needed and valued and that we are respected for what we have to offer our departments and organization. We can support each other by recognizing and appreciating all the wonderful things they do. Focus on people’s strengths rather than their weaknesses. Acknowledge and recognize what people do well. Volunteer for special projects that will “show off” your special talents. Recognize areas where you need to improve your skills or advance your knowledge and seek out educational programs that will help you do that.

Conclusion/Summary

UPMC Horizon is composed of many teams made up of knowledgeable, diverse, and skilled people, dedicated to providing the best healthcare services to our customers. Our teams are a valuable asset and essential to the effectiveness and efficiency of our healthcare organization. However, we must stay focused on keeping our teams “healthy” so they in turn can continue with their purpose of keeping our patients healthy.

References

INTRODUCTION:
It is our goal that every employee, physician, contract employee and agent attains the highest standards for ethical conduct. IT IS SIMPLY THE RIGHT THING TO DO.
UPMC Horizon has developed the Corporate Compliance Program to:
• inform employees of their legal and ethical responsibilities,
• provide a mechanism for employees to ask about ethical work issues & confidentiality,
• & report suspected misconduct.

BEHAVIORAL OBJECTIVES:
After completing this packet, you will know the following:
✓ The basics of UPMC Horizon’s Corporate Compliance Plan.
✓ Your responsibility related to Corporate Compliance.
✓ The mechanism for reporting instances of suspected fraud or misconduct.

Definitions:
Corporate Compliance: Refers to following the federal, state and local laws, regulations, and your organization’s policies/procedures that combat fraud, abuse and waste in healthcare.
Ethics: Simply a set of values. In healthcare it is a way to provide care that is honest, legal, and respects the rights of others. It reflects our organization’s mission.
Fraud: Healthcare fraud is willingly and knowingly making false statements to obtain payment or benefit that would not have been correctly paid for. Fraud requires demonstration of intent.

Why UPMC Health System Has Established a Compliance Office:
The Office of the Inspector General (OIG) of the Department of Health and Human Services encourages health care organizations to establish voluntary compliance programs to combat fraud, abuse, and waste in the health care industry.

The Health System understands the need for a compliance program to remain attuned to the complex and continuously changing regulatory requirements that govern the Health System’s interaction with the Medicare and Medicaid programs. As a result the Health System has established, funded, and staffed a Compliance Office function since late 1997.

Goals of the Compliance Program
The UPMC Health System’s Corporate Compliance Program is designed to promote outcomes consistent with the following set of goals:
• Assist UPMC facilities and programs to communicate the Standards of Conduct (see below) to the employees.
• Educate employees to recognize their ethical and legal responsibilities.
• Provide a confidential means for employees to ask about work-related ethical issues and report instances of suspected misconduct.
Mission and Code of Ethics

UPMC Health System’s Code of Ethics is a guide for staff and physicians that assures that the Health System fulfills its mission: “to provide premier programs in patient care, biomedical and health service research, and teaching that will contribute to the prevention, diagnosis, and treatment of human disease and disability.”

A component of the Health System’s voluntary compliance program, the Code of Ethics consists of a statement of values and standards of conduct that are intended to assist staff and physicians as they carry out their responsibilities.

Values

The UPMC Health System Code of Ethics includes the following seven values:

- We value patient satisfaction among our highest priorities and strive to ensure a compassionate, patient-centered environment.
- We nurture highly skilled and ethical physicians and other health care professionals and encourage multidisciplinary collaboration.
- We strive to provide an environment that supports and encourages the active participation of both full-time and voluntary faculty.
- We seek to be responsive to the needs of individuals of all backgrounds and serve as a vital resource to the local community.
- We believe that each member of the faculty and staff is responsible for the continuous improvement of quality in all aspects of the services we provide.
- We strive to set the standard of excellence in cost-effective, quality health care.
- We commit to establishing mutually supportive liaisons with other local and regional health care facilities in the areas of research, patient care, and teaching.

Standards of Conduct

Seven standards of conduct are included in the UPMC Health System Code of Ethics. They are as follows:

- Quality health service that anticipates and responds to the needs of the people and communities served is a primary responsibility.
- UPMC Health System will fulfill its mission through compliance with the laws and regulations and by dealing with others in an honest, ethical, and fair manner.
- Information will be processed and communicated in an honest, accurate and appropriate manner. Misrepresenting facts or falsifying records will not be tolerated.
- Business relationships will be based on mutual respect and integrity while avoiding conflicts of interest or even the appearance of conflicts between personal interests and those of UPMC Health System.
- Consultants, representatives, and agents will not act on behalf of UPMC Health System in any manner that is inconsistent with applicable laws, regulations, or UPMC Health System’s standards of conflict.
- Employees and agents of UPMC Health System are responsible for using resources in an economical manner while protecting against loss, theft, misuse, or damage. Resources include people, physical property, and proprietary information.
At UPMC Health System, the most important asset is the contributions of individuals. Every individual, in every department, in every job, represents a valuable contribution toward compassionate, high quality, and cost-effective health care. In turn, UPMC Health System is committed to honesty, just management, and fairness; providing a safe and healthy environment and respecting the dignity due everyone.

**Compliance Questions, Compliance Problem Resolution and Compliance Help Line**
Employees who have compliance questions or wish to report suspected misconduct are encouraged to use the standard chain of problem resolution. In other words, start with your supervisor. If an employee is uncomfortable reporting a problem to their supervisor, then they are encouraged to call the Compliance Office directly at 412-623-6923. If the employee is uncomfortable speaking with either their supervisor or a member of the Compliance Office, then they can make an anonymous call to the UPMC Health System Compliance Help Line toll-free at 1-877-983-8442.

The Help Line is staffed and managed by an outside company. The outside company will provide the employee caller a call identification number and give a date for the employee to call back to get an answer to their question or problem. The outside company sends all information provided by the employee caller to the Compliance Office for investigation and resolution. The Compliance Office sends a report to the Help Line Company to be read to the employee caller when they call back.

**Benefits of a Compliance Program**
An effective compliance program can bring about the following benefits to the UPMC Health System:
- Promote honest and responsible conduct by all employees.
- Promote and provide methods to ask questions and report potential problems.
- Promote and provide efficient corrective action to identified problems.
- Minimize the organization’s exposure to penalties by systematic risk assessment and risk mitigation.
EMTALA

EMTALA (Emergency Medical Treatment and Active Labor Act) requires that anyone who presents/arrives to the hospital seeking medical examination and treatment MUST be given an appropriate medical examination by a qualified person to determine if an emergency medical condition exists.

Presenting to the Hospital
Patients must be card for if they are presented to:
- The emergency department (ED)
- Hospital property/hospital campus other than the ED
- Hospital owned/operated ambulances
- Off campus facilities

Definition of a Hospital Campus
The entire hospital campus is defined as the physical area adjacent to the main buildings and the other areas within 250 yards of the main buildings including sidewalks, parking lots, the cafeteria, physician office buildings, etc.

Rules When EMTALA Applies
- When any individual presents to the hospital campus
- When there is a request for an evaluation of medical condition (not necessarily emergency).
  - Request may be made by anyone.
    - If an objective, prudent layperson, observed the person and believes the person needs and is seeking care, they can make the request.
    - If a patient is admitted to observation status, they are considered an outpatient (even if in a hospital bed).

When Does EMTALA Not Apply
- The person is an inpatient.
- The patient is an outpatient receiving treatment in the hospital.

What You Cannot Say to the Patient
Under no circumstances shall the employee inquire as to the insurance status or method of payment of a patient seeking emergency treatment, so as to delay the initiation of the Medical Screening Examination (MSE) or further stabilizing treatment of that patient.

Penalties for Violating EMTALA
- Termination of hospital’s Medicare provider agreement
- Hospital fines of $25,000-$50,000
- Physician fines of $50,000 per violation
- Exclusion of physician from Medicare and Medicaid programs
- Hospital liable for personal injury civil damages
- Receiving hospital can sue for financial loss
If an employee suspects that they have received an improper transfer, they are required to report it to the hospital compliance officer or risk management immediately.

**Questions Concerning EMTALA**
- Refer all patients requesting treatment to the emergency department
- If the patient refuses to go to the emergency department, contact your supervisor who will consult risk management for further guidance.
True or False

1. ___ Goals of UPMC Horizon include Academic Excellence and Community Citizenship.
2. ___ Employees and volunteers should be aware of, and comply with all UPMC policies.
3. ___ Human Resources is responsible for recruiting, developing and engaging a diverse and talented workforce.
4. ___ Sexist jokes and/or remarks are not considered sexual harassment.
5. ___ The only person with responsibility to report a crime against a transitional care resident is the administrator.
6. ___ When drug and/or alcohol abuse is suspected in a physician, medical associate or hospital staff member, co-workers should not report information to their superior.
7. ___ Back injury is the number one injury to employees in all types of industries, including healthcare.
8. ___ It is permissible to smoke on UPMC Horizon’s campus at all building entrances and exit areas.
9. ___ All staff, including volunteers and students, must wear a nametag while on duty.
10. ___ The acronym, RACE, stands for Rescue, Alarm, Contain, Extinguish/Evacuate.
11. ___ Medical equipment that is not properly functioning should be removed from service and tagged with a GREEN tag immediately.
12. ___ All utility failures should be reported to the Maintenance Department as soon as possible.
13. ___ In the case of an electrical failure, Emergency Power is available at all RED wall receptacles.
14. ___ All radioactive materials are stored in plastic containers and are used primarily for diagnostic procedures.
15. ___ Restraints are used as a last resort and ONLY with a physician order.
16. ___ “Condition D” may be initiated when a patient’s condition changes significantly for the worse and additional staff is needed urgently.
17. ___ Material Safety Data Sheets (MSDS) give you all the critical information you need about hazardous chemicals and products.
18. ___ An example of a Sentinel Event would be infant abduction or discharge to the wrong family.
19. ___ Hand washing is the least effective way to prevent the spread of infection.
20. ___ Personal protective equipment (PPE) protects you from contact with blood or other potentially infectious materials.
21. ___ Annual tuberculin skin testing (TST) is only mandatory for employees.
22. ___ Active participation in care decisions is a patient’s right.
23. ___ While working in the hospital, you notice your neighbor’s name on the patient census, so you should go home and tell your neighbors so they may send a get well card.
24. ___ UPMC Horizon’s “Code of Ethical Behavior” policy states that no patients will be denied admission to the hospital based on his/her ability to pay.
25. ___ Staff must confirm four patient identifiers prior to administration of medications or blood/blood products, and whenever taking any specimen collection for clinical testing or providing treatments/procedures.
26. ___ All patients have the right to appropriate assessment and management of pain.
27. ___ Abuse and neglect only causes physical harm.
28. ___ UPMC Horizon now accepts that ALL patients are at risk of fall, and requires basic precautions known as Universal Fall Interventions.
29. ___ Privacy is UPMC’s obligation to limit access to information on a need-to-know basis to individuals or organizations so that they can perform a specific function for or on behalf of UPMC. This includes verbal, written, and electronic information.
30. ___ Corporate Compliance demonstrates honesty and responsible behavior.
31. ___ Patient information should only be provided on a need-to-know basis to individuals or organizations that use the information in order to provide treatment, obtain payment, or perform other related healthcare operations.
32. ___ EMTALA requires a hospital to provide an appropriate medical examination to any person who comes to the hospital emergency department and requests treatment.
33. ___ UPMC Horizon’s Relationship Based Care acronym is C.A.R.E.
34. ___ Teamwork includes being on time to your workstation and meetings.
35. ___ Compromising is the only conflict resolution method used at UPMC Horizon.
36. ___ Age-specific competencies mean that all individuals, regardless of age, should be treated in the exact same manner.
37. ___ Inclusion includes gender, age, cultural/ethnic identity, religious beliefs and illness and wellness practices.
38. ___ Every culture holds the same views and ideas about healthcare.

39. Circle two infection control procedures specific to your position:
   a. Hand washing
   b. Using appropriate personal protective equipment (PPE)
   c. Using hand sanitizer stations
   d. Receiving the annual tuberculin skin test

40. Circle two patient safety concerns specific to your position:
   a. Reporting frayed carpeting
   b. Using two patient identifiers when collecting specimens or administering medications or blood/blood products
   c. Reporting spills
   d. Understanding the meanings of the color coded wristbands and the medical condition associated with each wristband.