



Orientation Booklet  
**Students** *in a*  
Clinical Facility

*Revised: 9/2016*

  
Intermountain  
Healthcare  
*Healing for life®*

# Table of Contents

---

Introduction.....	3
Intermountain Healthcare	
Mission, Vision and Values	
Healing Commitments	
Student Requirements.....	5
Campus Conditions.....	6
Parking	
Tobacco Free	
Roles and Responsibilities.....	7
Intermountain Facility Role / Responsibility	
Student Role / Responsibility	
Supervising Students in Patient Care Areas	
High School Student Opportunities	
Professional Image.....	9
Personal Identification	
Personal Appearance	
Patient Rights and Responsibilities.....	10
Cultural Diversity and Sensitivity.....	11
What is Culture?	
Cultural Competency	
Environmental Safety.....	12
Safety is Everyone's Concern	
Emergency Code Response	
Active Shooter	
Fire Prevention and Response	
EMTALA	
Student Health.....	15
Infection Prevention and Control	
Ergonomics	
Back Safety	
Student Injury / Illness Reporting	
OSHA: Occupational Safety and Health Act.....	19
Corporate Compliance.....	19
Legal Compliance	
High Ethical Standards	
Reporting Requirements	

Privacy and Security of Health Information.....	20
Identifiable Information	
Facility Patient Directory	
Accounting for Disclosures	
Quality Assessment Performance Improvement.....	23
Continuous Improvement: Zero Harm.....	24
High Reliability	
Serious Safety Events	
Getting to Zero Harm	
National Patient Safety Goals.....	26
Event Reports / Incident Reports.....	27
Report Facts	
When to complete an Event Report	
Sentinel Events	
Workplace Violence.....	28
Recognizing the Warning Signs	
Responding to Situations that could become Violent	
Preventing Workplace Violence	
Reporting Workplace Violence	
Harassment Free.....	30
How to report Harassment	



# Introduction

---

## Intermountain Healthcare

- Intermountain is a premiere, not-for-profit healthcare system of doctors, hospitals and health insurance plans dedicated to providing high quality healthcare. Intermountain combines the financial, administrative and delivery aspects of healthcare into one integrated network that is nationally renowned for providing high quality, low cost care. Intermountain was created as a charitable, nonprofit, nondenominational system governed by community leaders who serve as volunteer, unpaid trustees.
- As part of a nonprofit system, Intermountain's facilities provide care to all those with a medical need, regardless of their ability to pay. Intermountain provides millions of dollars in charitable assistance to people who need healthcare but are not able to pay for it.
- Intermountain employees, volunteers, students and contingent workers are expected to exhibit behaviors consistent with company Mission, Vision and Values.
- Students may call the Intermountain *Compliance Hotline* at 1-800-442-4845 if they feel Intermountain is not meeting their stated mission, vision or values.

## Mission, Vision and Values

### Our MISSION

Helping people live the healthiest lives possible.

### Our VISION

Be a model health system by providing extraordinary care and superior service at an affordable cost.

The Dimensions of Care include:

- *Clinical Excellence:* We deliver outstanding clinical care in a consistent, coordinated way—always improving through evidence-based practice.
- *Patient Engagement:* We provide a compassionate healing experience, fully involving patients in clinical and financial decisions about their healthcare and encouraging them to take responsibility for healthy life choices.
- *Operational Effectiveness:* We are wise and innovative stewards of our resources and maintain the financial stability necessary to meet our high standards of quality and affordability.
- *Physician Engagement:* We respect the professional and clinical skills of our physician colleagues and engage them in teams that help us deliver optimal outcomes and best serve our patients.
- *Community Stewardship:* We help meet the diverse healthcare needs of our communities by providing excellent care at the lowest appropriate cost, regardless of the patient's ability to pay. This is an important part of our strong not-for-profit heritage.
- *Employee Engagement:* We honor the noble cause that inspires us as Intermountain colleagues. Together, we create a workplace that is built on our values, attracts and rewards caring and talented individuals, and engages us to live lives *that* are connected, balanced, secure, and healthy.

### Our VALUES

- *Integrity:* We are principled, honest, and ethical, and we do the right thing for those we serve.
- *Trust:* We count on and support one another individually and as team members.
- *Excellence:* We perform at the highest level, always learning and looking for ways to improve.
- *Accountability:* We accept responsibility for our actions, attitudes and health.
- *Mutual respect:* We embrace diversity and treat one another with dignity and empathy.

## Healing Commitments

Intermountain Healthcare is committed to providing a healing environment to those they serve. The following are six Healing Commitments are focused on specific ways we can ensure extraordinary care and healing for patients, guests and co-workers.

### **I help you feel safe, welcome and at ease**

When people come to an Intermountain hospital or clinic for care they often feel vulnerable and are experiencing something unfamiliar, perhaps even frightening. Understanding and concern are very important.

### **I listen to you with sensitivity and respond to your needs**

Words, gestures, actions, and listening intently provide an opportunity to understand, to engage, and to contribute to healing.

### **I treat you with respect and compassion**

Respect and compassion require an environment where people know their dignity will be preserved, their privacy respected, and their needs met with comfort and care.

### **I keep you informed and involved**

Timely information, shared in a concerned manner, decreased feelings of helplessness, increases participation in care, and can help lead to healing.

### **I ensure our team works with you**

Helping people understand and trust how the team works is vital to providing an experience that inspires confidence.

### **I take responsibility to help solve problems**

Recognizing problems and responding promptly provides the greatest opportunity to find solutions that bring about the best possible results when problems occur.

# Student Requirements

---

<sup>1</sup> Students must meet the following requirements prior to beginning their experience at Intermountain Healthcare. Student placements are coordinated by an Intermountain regional or facility-based student placement coordinator or designee.

## Education Affiliation Agreement

Students must be covered by a current contract with Intermountain Healthcare. Contracts are verified through the Intermountain region or facility Student Programs office.

## Accredited Educational Programs

Students must be from educational programs that are accredited by National accrediting bodies.

## Verification & Documentation

The educational program must have verification or documentation of the following items:

- 1) Criminal background check (if 18 years of age or older).
- 2) SAM 5 urine drug screen.
- 3) Immunizations / vaccinations:
  - Measles (Rubeola), Mumps and Rubella requirement. One of the following is required:
    - Proof of two (2) MMR vaccinations.
    - Proof of immunity to Measles (Rubeola), Mumps, Rubella through a blood test.
  - Tuberculosis screening requirements. One of the following is required:
    - 2-step TST (two separate Tuberculin Skin Tests, aka PPD tests) within twelve months of each other. The last TST should be completed at the time the student begins their rotation at an Intermountain facility.
    - One (1) Quantiferon Gold blood test with negative result.
    - If previously positive to any TB test, the student must complete a symptom questionnaire and have a chest x-ray read by a radiologist with a normal result. If chest x-ray is abnormal, the student needs to be cleared by their physician or local health department before beginning their rotation at an Intermountain facility.
  - Varicella (Chicken Pox) requirement. One of the following is required:
    - Proof of two (2) Varicella vaccinations.
    - Proof of immunity to Varicella through a blood test.
  - Tdap requirement:
    - Proof of one (1) Tdap vaccination after age ten.
  - Flu Vaccination requirement:
    - Proof of current, annual influenza vaccination.
  - Hepatitis B. The Hepatitis B series should be offered to anyone who is at risk for an occupational exposure, which is defined as someone with a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of their duties. One of the following should be performed:
    - Documentation of three (3) Hepatitis B vaccinations and blood test with "Reactive" result. Students who are currently in process of receiving their vaccinations are allowed to begin their rotation.
    - Documentation of three (3) Hepatitis B vaccinations given more than 8 weeks prior to start date with no documented blood test results (no blood test is required, but a baseline titer should be run immediately if the person has a significant exposure to blood or body fluids).

---

<sup>1</sup> The term student is general and does not refer to the level of or type of student discipline.

- Blood test with "Reactive" result.
- Documentation of six (6) Hepatitis B Vaccinations with blood test result of "Not Reactive" (this person is considered a "Non-Responder").

Note: If a medical contraindication exists which would prohibit the student from obtaining an immunization, documentation must be provided and signed by a physician. If an ongoing medical condition exists, documentation must be signed and verified annually. Personal or religious exemptions are not accepted.

### **Read the Student Orientation Booklet**

This orientation booklet provides a list of responsibilities and performable skills allowed by students in Intermountain facilities. Students are subject to general rules, policies and regulations of Intermountain.

Students will be provided facility and department specific orientation independent of this booklet.

### **Complete the Student Forms Packet**

Along with this booklet, students will receive a student forms packet. The following items are provided in the packet:

- Student Profile
- Access and Confidentiality Agreement
- Confidentiality Guideline
- Intellectual Property Agreement (if indicated)
- Student Orientation Quiz

All items must be completed and returned to the assigned Intermountain region/facility student placement coordinator.

### **Identification Badge**

Once the forms packet is completed and returned the student can obtain an Intermountain ID name badge. The Intermountain region/facility student placement coordinator approves and coordinates student badging.

- The ID badge may be utilized in all Intermountain sites of service during a semester rotation.
  - Exceptions: Medical students and medical residents/fellows are provided an annual badge.
- The ID badge must be worn at all times when on-site at an Intermountain facility.
- Students are not provided with security access on their ID badges.
  - Exceptions: 3rd and 4th year medical students, medical residents/fellows.
  - Independent proxy badges may be provided if approved by the department manager.

At the end of the semester/year, the ID badge must be returned to the student coordinator.

## **Campus Conditions**

---

### **Parking**

Students must follow facility specific parking guidelines. These guidelines insure enough parking for all who need access to Intermountain facilities at any given time of the day.

- Students who do not comply with facility parking guidelines will be ticketed and fined accordingly.
- Facility specific parking requirements are found in the *Facility Information* booklet.

## Tobacco Free

Intermountain Healthcare maintains smoke and tobacco-free, or partially smoke-free facilities in order to provide a healthy environment for our patients and customers and to comply with applicable laws. Tobacco products include cigarettes, cigars, pipes, spit tobacco and any lighted or heated plant product intended for inhalation such as hookah, e-cigarettes or other electronic devices.

- In facilities that permit smoking, it is not allowed in patient rooms, places of public access, common areas, common work areas, or other areas except in designated smoking areas.
- Facility specific information is found in the *Facility Information* booklet.

# Roles & Responsibilities

---

## Intermountain Facility Role / Responsibility

The Intermountain Facility will:

- Accept any student otherwise qualified without discrimination on the basis of any protected class under state or federal law.
- Plan with educational entity to provide learning experiences for the student to fulfill the objectives of the field instruction. Placements will be coordinated with and assigned through the region or facility-designated representative.
- Orient the student to Intermountain's mission, philosophy, and general physical structure. Inform the student of facility rules, policies and regulations with which they are expected to comply.
- Support an Intermountain facility orientation prior to the learning experience. Provide materials needed for appropriate orientation.
- Provide for the overall supervision of the student based upon program objectives (provided by the educational entity) and student need within those objectives.
- Introduce the student appropriately to patients and ask permission for the student to participate in their care.
- Retain responsibility for patient care, recognizing that student will not replace Intermountain staff or give service to patients apart from its educational value.
- Retain the right to dismiss a student from the clinical rotation for cause, including but not limited to, patient endangerment.

## Student Role / Responsibility

The student will:

- Wear an Intermountain ID badge indicating student status and affiliated school.
- Adhere to general rules, policies, and regulations of the Intermountain facility.
- Act professionally and refrain from making comments, gestures, or acting in any manner which can be construed as harassment towards other employees, patients or guests.
- Work under the direction of the assigned staff member who retains responsibility for the patient.
- Receive patient information as per unit protocol and abide by all patient privacy regulations.
- **Immediately** inform the patient care provider of significant changes in a patient's condition.
- Respectfully support the patient's rights and inform the patient care provider immediately whenever a patient requests the student not participate in their care.

- Not give any medication (PO, IM, IV) or perform any invasive procedures unless the Intermountain patient care provider is providing direct supervision (physically standing next to student) and only in accordance with the student's syllabus.

Exception: In conjunction with school course description, nursing students in the final semester of their educational program may, with oversight of their preceptor/supervisor, administer medications independently after verifying the correct medication, dose, route, time, and patient.

- Work within appropriate level of education, seeking direction and validation from the Intermountain preceptor/supervisor or his/her instructor. If the student is not able to competently perform the skills assigned, he/she must inform his/her preceptor/supervisor.
- Utilize the materials and/or orientations provided to become knowledgeable of facility safety procedures.
  - Know how to handle emergencies, hazardous materials contact, or disasters;
  - Know of and follow facility security, safety, and infection control procedures;
  - Be BLS certified if providing direct patient care.

## Supervising Students in Patient Care Areas

Patient care is the responsibility of Intermountain Healthcare. Student supervision is under the direction of the Intermountain patient care provider and assigned supervisor/preceptor.

- The Intermountain patient care provider or supervisor/preceptor will assess the student's competence level to ensure patient safety. Student assignments involving direct patient care activities are supervised.
- Patient care assignments should be in accordance with the student's syllabus. Students should not perform clinical skills which are not relevant to their course work.
- Students are expected to know and follow Intermountain policies and procedures in every situation. In high risk events such as EMTALA issues, situations requiring event reports, etc., the student may observe if appropriate to student learning, but must not interfere with the normal functioning of any identified team or process. If properly certified students can participate in Basic Life Support if being monitored by clinical staff.

## High School Student Opportunities

### Vocational Internships (observation only)

High school students are allowed limited observation if enrolled in a qualified vocational program, such as Work Based Learning (WBL), requiring an introduction to a health science career. Supervised social contact is also allowed between the student and the patient when appropriate.

The following clinical departments are not offered to vocational / WBL high school students:

- Operating Rooms.
- Labor Rooms. Though students are allowed on the nursing unit they cannot watch live deliveries.
- Nurseries, including well baby and NICU.
- Emergency Rooms.
- Any location in which blood or body fluid splashes are likely or in which the spread of infection is a major concern as defined by the facility/region.
- Any location where an invasive procedure is performed as defined by the facility/region.

### Clinical Rotations

High school students may participate in hands-on patient care if they are enrolled in a clinical program offered through their high school, or concurrent enrollment program, requiring clinical course work to complete a healthcare certification. These students are provided an opportunity within defined and controlled parameters.

Acceptable high school and concurrent enrollment courses requiring clinical rotations:

- Certified Nurse Assistant (CNA)
- Dental Assisting
- Emergency Medical Technician (EMT)
- Medical Assistant (MA)
- Pharmacy Technician
- Surgical Technician

Age appropriateness:

- Students who are 17 years of age can request clinical slots within the conditions defined above.
- Students who are 16 years of age must provide a written request and endorsement from their instructor / guidance counselor. Intermountain reserves the right to accept or deny any request.
- Students under the age of 16 will not be allowed a clinical rotation at any Intermountain clinical facility or site of service.

Placement is dependent upon:

- Availability of excess clinical slots, which are subject to shift variance and clinical location. Department managers will determine placement availability per semester (managers will work directly with the student placement coordinator when allocating slots).
- Availability of qualified preceptors.
- Each Intermountain facility and/or department has the right to limit or deny clinical slots to high school students.

## Professional Image

---

### Personal Identification

An Intermountain name badge must be worn in a visible location on the upper torso area at all times while at work. ID badges are to be free of pins, stickers, or any other material that might interfere with the viability of the photo or the identification of the person wearing the badge.

### Personal Appearance

- Workers/students are expected to manage personal hygiene habits to control cleanliness and avoid offensive body odors. Strong perfume, cologne or lotions that might interfere with those who are ill or allergic to such odors or fragrances should not be used.
- Cosmetics should be moderate.
- Hair must be well-groomed and neat. Hairstyles and color should not be extreme. Extreme styles which may distract from providing exceptional care should be avoided. Hair should not make contact with patients or guests.
- Beards and mustaches are to be neatly trimmed.
- Fingernails should be short to moderate length and clean. Workers/students in patient care areas, including those who handle food, medications, or laboratory specimens cannot wear artificial nails, nail wraps and nail jewelry. Gel and shellac nail polish is not allowed. Regular nail polish is permitted but must be chip free. Workers/students assigned to surgical areas are prohibited from wearing any type of fingernail polish. Students should ask their assigned supervisor for facility or department specific requirements.
- Department managers may ask students to cover tattoos while on duty if the tattoos are deemed to be unprofessional or distracting.

## Jewelry

- Jewelry must not create a safety hazard or interfere with work assignments.
- **Visible body piercing is not permitted** except for ear piercing. A maximum of two conservative earrings per ear are permitted. Ear gauges must be small and neutral in color.
- Extreme piercing or body modifications are not permitted (e.g., tongue piercing, split tongues, extreme earlobe spacers, skin disfiguring implants, etc.).

## Clothing Appearance

- Clothing should be modest, clean, pressed, and in good repair, without holes, rips or tears. Immodest or cut off clothes are not permitted (e.g., shorts, mini-skirts, bare midriffs, tank tops, tube tops, halter tops, spaghetti straps, etc.).
- Students are to wear clothing that is appropriate to their work setting; however, they are not obligated to wear standard employee uniforms (e.g., specific scrub color related to work assignment).

Unacceptable clothing and footwear:

- Jeans, cargo pants, mini-skirts, baseball hats, non-dress T-shirts (no silk screens, no logos, collars preferred), sweat pants/shirts/hoodies, athletic or track clothing, tight or revealing clothing.
- Beach-type footwear (made from foam, rubber, or similar material suitable for recreational, e.g., flip-flops, velcro sandals, etc.), outdoor footwear such as hiking boots or water shoes.

## Lost or Stolen Items

Intermountain Healthcare is not responsible for personal items lost or stolen. Students are encouraged to lock up all personal items necessary to have on site during their educational experience.

# Patient Rights & Responsibilities

---

Intermountain Healthcare outlines the rights afforded to each person who is a patient in our facilities. This *Patient Rights and Responsibilities* document discloses Intermountain's commitment to an environment of trust where patients can feel comfortable and confident with the care they receive.

The *Patient's Rights Policy* has been adopted to promote quality care with satisfaction for the patient, the family, the physician, and the staff, regardless of age race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression. *Patient Rights and Responsibilities* signs are posted in English and in Spanish throughout Intermountain facilities.

Some areas within Intermountain have slightly modified versions of the rights and responsibilities that are more specific to their patients, residents, or members. Questions regarding these modified versions may be directed to the department director or the facility compliance coordinator.

Students are responsible to locate the *Patient Rights and Responsibilities* sign posted in the Intermountain facility they are assigned and assist with Intermountain's commitment to patient rights.

# Cultural Diversity & Sensitivity

---

## What is Culture?

Culture is the values, beliefs and practices shared by a group of people. Intermountain has an obligation to be respectful and sensitive to another's belief system (co-workers, patients, families, guests, etc.).

## Cultural Competency

Students should consider these questions:

- Who are my customers?
- How can I learn about them?
- What are my beliefs about this group?

Acquire basic knowledge of the cultural values, beliefs and practices:

- Ask questions
- Listen
- Account for language issues
- Be aware of communication styles

## Be sensitive to personal health beliefs and practices

Students should ask their supervisor/preceptor to help with the following questions:

- How does the patient stay healthy?
  - Special foods, drinks, objects or clothes
  - Avoidance of certain foods, people or places
  - Customary rituals or people used to treat the illness
- What are the expectations for medicine usage?
  - Past experiences with medicine usage
  - Will the patient take medicine even when he/she doesn't feel sick?
  - Is the patient taking other medicines or anything else to help them feel well?
- Family and community relationships
  - Are illnesses treated at home or by a community member?
  - Who in the family makes decisions about healthcare?
- Language barriers
  - Can the patient understand limited English?
  - What, if any, is the patient's literacy level?
  - If necessary, use visual aids and demonstrate procedures
  - Check understanding
  - Is an interpreter necessary? If yes, follow Intermountain guidelines by using a trained medical interpreter. Avoid using family members
- Body language. Is there cultural significance for:
  - Eye contact
  - Touching
  - Personal space

- Privacy / modesty
- Religious / Spiritual beliefs. Are there sensitivities / beliefs associated with:
  - Birth and/or death
  - Certain treatments, blood products
  - Prayer, medication and worship
  - Food preparation, clothing, special objects, and gender practices
- Other cultural factors to consider
  - Gender
  - Wealth or social status
  - Presence of a disability
  - Sexual orientation

## Environmental Safety

---

### Safety is Everyone's Concern

Students should call Security when they:

- See any criminal activity
- See any suspicious circumstances
- Need to access lost and found items
- Need to report visitor accidents or visitor needs
- Need escort or vehicle assistance

Each Intermountain facility has a number to contact security directly. This information is found in the *Facility Information booklet*.

### Emergency Code Response

Students are responsible to recognize an emergency situation and respond appropriately.

The emergency codes listed below are standard for all Intermountain facilities. They can be heard throughout the facility (overhead paging system) as needed in the emergency identified.

- Code **RED**: Fire
- Code **BLUE**: Cardiac Emergency
- Code **GREEN**: Security Incident (manpower)
- Code **PINK**: Abduction
- Code **YELLOW**: Bomb Threat
- Code **DISASTER**: Implement Disaster Plan
- Code **ZULU**: Helicopter Crash (on hospital campus)
- **Active Shooter**: Person actively firing or displaying a weapon with the intent to use (location identified)

Some Intermountain facilities have additional codes. These are found in the *Facility Information booklet*.

### Active Shooter

An active shooter is defined as an individual who is brandishing (displaying in a threatening manner) a firearm or is actively engaged in using the firearm to kill or injure people in the hospital, clinic or grounds. This also includes the use of an edged weapon such as a knife. When an active shooter is within the facility, employees must make rapid decisions and take immediate steps to reduce or eliminate further injuries or death.

An employee will activate the alarm process by calling 33333 and 911 or by pressing the round button on their VOCERA and stating: *Call Active Shooter*. The employee will give the logistics and specifics of the incident.

Hospital operators will announce overhead *Active Shooter* and give the location. Employees will implement the Run-Hide-Fight Plan. Students should participate and assist if instructed.

### Run-Hide-Fight Plan

- **Run- get away!** If possible, quickly exit the area and the building to a safe location. Take the closest safe exit route. Do not worry about personal belongings. If patients are ambulatory or in wheel chairs, employees will encourage them, along with guests and students, to accompany them. Do not stay behind if they refuse to come.
- **Hide- lock or barricade!** If asked, students can help employees relocate guests, patients and other staff members behind closed doors. Lock or barricade doors using any means possible. Turn off the lights, computer screens and silence cell phones. Hide behind a thick wall, furniture or other items and remain quiet. Lay down on the floor if possible. Do not come out until told to do so by police or after the *all clear* is given.
- **Fight- be quick, be forceful, be aggressive!** This is your very last option and should only be used as a last resort. Where possible, gather a group and plan an attack together. Improvise a weapon from means possible. Confront the shooter and take an aggressive attitude, use violent force of action. Fight for your life, do not give up.

If confronted by law enforcement, participants in the event should ALWAYS keep hands visible, empty and fingers spread. Follow policy instructions immediately without question. Police will be concerned about locating and eliminating the shooter before any attention is given to victim injuries.

### Fire Prevention and Response

Promoting fire safety by recognizing and correcting fire hazards, and appropriately responding to any fire incident at work is a shared responsibility of everyone.

Students can apply simple safety measures that will help prevent fires:

- Properly store and dispose of combustible materials.
- Comply with electrical equipment policies.
- Report any defective wiring (frayed cords, brown fuses, etc.)
- Enforce the facility's smoking policy.
- Find out when and who should turn off medical gas valves.
- Learn the department evacuation plan.
- Maintain clear and unobstructed hallways, doorways and aisles.

Intermountain hospitals are designed to contain a fire behind closed doors for a period of time. Closed fire doors allow areas of the facility away from the fire to remain functional. Do not block or prop doors open in any way.

### Code RED

Code Red is the term used for a possible or actual fire. "Code Red" and the location of the fire will be announced (overhead paging system). Alarms and strobe lights are used to identify the scope of the fire emergency. Fire drills will be announced as a "Code Red Drill".

Strobes	Alarm	Meaning	How to Respond
✓	✓	The fire is in <i>YOUR</i> area!	Follow the department/facility fire response plan. Enact <b>RACER</b> as appropriate.
✓		There is a fire somewhere in the building, but not in your exact location.	Follow department/facility fire response plan.

## RACER

### R – Rescue

Rescue anyone (including patients, visitors, employees and yourself) in immediate danger from flames or smoke.

NOTE: Many patients are connected to oxygen tanks and monitoring equipment. These items need to be moved with the patient whenever possible.

### A – Alarm

Activate the nearest fire alarm pull box and call your facility emergency number or 911. Take the time before a fire emergency to locate the fire alarm pull boxes in your work area.

### C – Contain

Keep the smoke and fire from spreading to other locations within the facility by closing any open doors or windows. If the fire is in a patient's room, turn off the oxygen flow meter and remove from the wall.

### E – Extinguish

### R – Relocate

## PASS

Take time before an emergency to locate the fire extinguishers in your area. If a fire is small and manageable, use the nearest fire extinguisher. Follow the steps in *PASS* to help you properly extinguish a fire.

- **P:** Pull the pin
- **A:** Aim the nozzle
- **S:** Squeeze the handle
- **S:** Sweep at the base of the fire

Follow the facility's evacuation procedure and move everyone to a safe location. Use an evacuation route that leads away from the fire. Do not use elevators!

## EMTALA

The *Emergency Medical Treatment and Labor Act* is a federal law that requires hospitals to treat all people who request emergency care.

### Intermountain's Responsibility

Students should not act independent of their assigned Intermountain preceptor/supervisor.

- Provide assistance to all people (adults and children) needing emergency care.
- If help is required to transport the person, call the hospital operator. State the problem and the location. Request Security to help transport the patient.
- Initiate a *Code Blue*, if appropriate.
- Never direct a person seeking emergency care to go to another hospital or facility if a patient requiring treatment for an emergency medical condition refuses to stay at the hospital.
- The hospital cannot force an individual to receive treatment.
  - If the individual insists on leaving or going elsewhere for treatment, it is important to give them information regarding the possible risk and benefits involved in staying or leaving
  - It is **vital** to document the individual's refusal of treatment.

# Student Health

---

## Infection Prevention and Control

The purpose of an infection prevention and control program is to prevent the transmission of infections within a healthcare facility. Students can protect themselves and patients by adhering to basic infection prevention and control principles. Standard precaution procedures should be used routinely when caring for patients, regardless of their diagnosis.

### Standard Precautions

Standard Precautions is the name of the isolation system used within Intermountain Healthcare, and is used for every patient, regardless of diagnosis. The aim is to minimize risk of exposure to blood or body fluids. To accomplish this, personal protective equipment (PPE) (i.e. gloves, gowns, masks, and goggles) is used for potential contact with body fluids from any patient.

Standard Precautions include these principles:

- Hand Hygiene: Wash hands with soap and water or sanitize with an alcohol-based hand rub before and after each patient contact, and after removing gloves. See *Hand Hygiene Policy*.
- Gloves: Use when touching any body fluids or non-intact skin.
- Gowns: Wear if splashing or splattering of clothing is likely.
- Masks and goggles: Wear if aerosolization or splattering is likely.
- Needles: Activate sharps safety devices if applicable, then discard uncapped needle/syringe and other sharps in containers provided for this purpose. Use safety products provided.
- Patient Specimens: Consider all specimens, including blood, as bio-hazardous.
- Blood Spills: Clean up with disposable materials (i.e., paper towels or spill kit), clean and disinfect the area. Notify Housekeeping for thorough cleaning.

### Droplet Precautions

Droplet Precautions are used when patients have a disease process that is spread by contact with respiratory secretions. These include: Respiratory infections (RSV, Human Metapneumovirus, Parainfluenza, Influenza), *Neisseria meningitidis* (meningitis or sepsis), Invasive *Haemophilus Influenza* type B (meningitis, sepsis, epiglottises), Diphtheria, Pneumonic Plague, Mumps, Parvovirus B19, Rubella.

Droplet Precautions include:

- Private Room: One patient per room, or patients with similar diagnosis. The patient is confined to the room until directed by Infection Prevention and Control.
- Mask and Gloves: Worn by all hospital personnel upon entering the room.
- Gown: To be worn if there is a possibility of contact with bodily fluids.
- Hand Hygiene: Wash or sanitize hands upon entering patient room, removing gloves, and when leaving the patient room.

### Contact Isolation

Contact isolation is used when patients have a disease process that is spread by contact with wounds or body fluids. These include: Diarrhea (Rotavirus, *Clostridium difficile*, *E. Coli* 0157:H7, Shigella, Salmonella, Hepatitis A, *Campylobacter*, *Yersinia*.), open draining wounds, infection or colonization with multi-drug resistant organisms (MDROs)

Contact Precautions include:

- Private room: Private room or rooms with a patient who has a similar diagnosis. Patients who are un-diapered and incontinent of stool should be confined to the room.
- Gloves: All hospital personnel wear gloves when entering the room.
- Gown: To be worn if clothing will have contact with patient or objects in the room.
- Hand Hygiene: Wash or sanitize your hands upon entering patient room, removing gloves, and when leaving the patient room.
- NOTE: For patients with Clostridium Difficile (C-Diff), do not use a hand sanitizer or other products which contain alcohol. Use soap and water only.

## Airborne Precautions

Airborne precautions are used when the infection is spread through the air. Examples of diseases requiring airborne precautions are:

- TB (tuberculosis)
- Measles
- Chickenpox

Precautions include:

- Patients are placed in a private negative pressure room. Keep door closed except to enter and exit.
- Wear an N-95 respirator mask, which requires a fit test, or a Powered Air Purifying Respirator (PAPR) when entering the room. **Students will not be assigned these patients** due to OSHA's medical evaluation and fit testing requirements for the use of respirators.
- Use proper hand hygiene. Wash or sanitize hands upon entering patient room, removing gloves, and when leaving the patient room.

## Other Infection Prevention and Control Concerns

Artificial Nails Policy

- Workers/students in patient care areas, including those who handle food, medications, or laboratory specimens cannot wear artificial nails, wraps and nail jewelry. Gel and shellac nail polish is not allowed. Regular nail polish is permitted but must be chip free.
- Workers/students working in surgical areas are prohibited from wearing artificial nails, wraps, nail jewelry and any type of fingernail polish.

Sharps Containers

- All sharps should be placed in a sharps container after use. These containers are placed throughout clinical departments. Containers should be changed before full (pay attention to the "fill line" on container).

Waste

- Red bags are used for bio-hazardous waste and must be used if blood or other body fluids can be squeezed or crushed out of the container.
- Yellow bags are used for hazardous drugs. Drugs are classified as hazardous if studies in animals or humans indicate that exposures to them have a potential for causing cancer, developmental or reproductive toxicity, or harm to organs. Employees, students, etc., who have not been trained and authorized should not handle hazardous drugs or anything containing a hazardous drug due to the potential for surface contamination. If hazardous drug waste (yellow bag) is found in an unsecured area, notify your Intermountain supervisor/preceptor and facility chemical safety officer immediately.

- Black disposal containers are used to dispose of EPA / RCRA regulated pharmaceuticals and bulk hazardous drugs.

#### Linen

- All soiled linen is considered contaminated and should NOT be carried so that it touches the body or clothing of the person transporting it. Wet linen must be wrapped with dry linen or placed in a plastic bag before putting into linen bag to prevent seep-through. If the linen bag is leak proof, no special handling of wet linens is necessary.

## Ergonomics

Ergonomics focuses on creating an environment in which the worker/student does not experience physical problems associated with their work assignment.

Examples of work design that may lead to physical stress include:

- Poor work-station layout
- Improper work methods, such as poor posture

Improper work design can cause repetitive force or movement of the body without an adequate rest period for tissues to recover. Over time, this may lead to damage of tendons, bones, nerves or muscles, typically in the hands, elbows, shoulders, neck and back. An example would be tendonitis progressing to carpal tunnel syndrome.

Certain workers are more at risk for developing problems than others. Examples include those who:

- Perform repetitive tasks for a long time period
- Use forceful hand motion
- Must stay in a fixed position for extended periods
- Work in awkward positions
- Use excessive bending or twisting motions of the wrist
- Have continuous contact with the edge of a work surface
- Experience temperature extremes
- Use inappropriate hand tools
- Have improper sitting position

Symptoms that may appear include pain, swelling, numbness, tingling, restricted range of motion, or weakness in the affected body part, with varying degrees of severity.

Obesity, pregnancy, recent weight gain, smoking, lack of general physical condition, and emotional stress may contribute to the development of these disorders. Additionally, activities and hobbies at home can contribute to these symptoms.

At the first sign of discomfort, the worker should discuss medical treatment options with his/her family care provider.

## Back Safety

Every year many healthcare workers suffer back injuries. Even the simplest activity, if done incorrectly, can strain a back and cause permanent injury. Some of these injuries lead to permanent loss of work. Prevent injuries by following these simple safety guidelines.

### Lifting

- Use additional staff and mechanical equipment as needed to safely transfer, reposition or lift patients. Never attempt to reposition a patient without help. Don't overestimate the weight you can lift. (See Intermountain Healthcare's *Safe Patient Handling policy* for more information)

- Feet should be kept apart, with one foot next to the object being lifted and one foot slightly behind. This gives greater stability and upward thrust.
- Let your legs do the work, not your back. Backs should be straight with knees bent, keeping the knees in line with your feet.
- Use your entire hand when lifting. Fingers alone have very little strength. Wrap fingers around the object, with firm pressure from the palm.
- Bring the load in close to the body with arms and elbows tucked in close.
- Position your body so that weight is distributed inside the feet. This gives better lifting strength and better balance. Lift by using the strength of the legs and not the back.
- Never twist your body from side to side when lifting or transferring. This is a major cause of back injuries. Move your feet if a change direction is needed.
- Don't lift or carry objects above shoulder level.

## Moving Patients

To move a patient between a bed and a stretcher, position the two surfaces close to each other with their heights as level as possible. Lock both the bed and stretcher in place. Get assistance and slide the patient over. Avoid reaching all the way over the bed and pulling with your back. It may be helpful to use a bed sheet under the patient to assist with the move. If necessary, kneel next to the patient for better leverage and control. (See Intermountain's *Safe Patient Handling policy*.)

To move a patient from a bed to a wheelchair, lower the bed and place the wheelchair beside the bed. Lock the wheelchair in place. While facing the patient, bend your knees and keep your back straight. Rock the patient to a sitting position. Rotate the patient gently so he/she is sitting on the edge of the bed with both feet on the floor. Place one of your knees against one of the patient's legs for support. Bend your knees slightly, and while keeping your back straight, place the patient's arms on your shoulders. Pivot and lower the patient into the wheelchair.

## Reaching

Do not bend your back when reaching. Decrease the distance between you and the object you are reaching as much as possible. If you can't keep your back straight, you are reaching too far. This is a major problem with moving patients. Reach with your arms and legs, not your back. If you can't comfortably reach something above you, then use a ladder or stool.

## Standing

Standing properly is important for your back. Stand straight with knees slightly bent, hips slightly flexed, pelvis tilted forward. If standing for long periods, ease some of the back strain by putting one foot on a low stool or box.

## Sitting

Sit straight in a chair that supports your lower back. Keep both feet on the floor and, if possible, position knees slightly below your hips. Avoid slouching in chairs as slouching increases back strain. Situate your workstation in order to prevent frequent twisting of your back.

## Student Injury / Illness Reporting

Students must immediately report all on-the-job injuries or illnesses to a school instructor, department manager or the assigned supervisor/preceptor. If a life-threatening or serious injury occurs, report to the facility Emergency Department ("ED") for initial treatment. A two hour window is optimal for medical intervention of an OSHA defined accident (such as a needle stick or body fluid exposure). ED will assess injuries and determine the risk level, treatment options, and medical services required. The student and/or their school are responsible for follow-up care and pay for services provided.

# OSHA: Occupational Safety & Health Act

---

Students are expected to fully comply with all of the following OSHA standards Hazardous Materials.

## Hazardous Materials

Workers/students should know the materials, within their work area, which are considered hazardous. If there is a spill of any of these materials, the worker should contact the MSDS hotline. The MSDS phone number for all Intermountain facilities is: 1-800-451-8346.

### “Sharps” protective devices

Use protective devices at all times to prevent needle sticks

### “Sharps” disposal containers

Immediately dispose of all sharp objects in the “sharps” disposal containers.

## Personal Protective Equipment (PPE)

Wear personal protective equipment when there is potential for handling or coming in contact with bodily secretions or fluids. PPE should be located in areas where such exposures are likely to occur.

Students can ask questions or request additional information from their Intermountain preceptor/supervisor.

# Corporate Compliance

---

## Legal Compliance

Intermountain Healthcare is committed to comply with federal, state, and local laws, rules and regulations. These laws protect the patient, our organization and our employees. Workers and students are accountable to ensure that all activity by or in behalf of the organization is in compliance with applicable laws.

## High Ethical Standards

Intermountain expects its workers and students to maintain high standards in the performance of their responsibilities. Workers and students commit to the following core principles and to the specific guidelines that govern their work and responsibilities:

- We are committed to a healing experience
- We perform our jobs with honesty and integrity
- We know and abide by all laws, and we know and understand the details of the policies and procedures that apply to our jobs and to us as individual employees
- We speak up with concerns about compliance and ethics issues
- We report observed and suspected violations of laws or policies. We agree to report any requests to do things that we believe may be violations
- We cooperate with any investigations of potential violations

## Reporting Requirements

As part of Intermountain’s compliance with applicable laws, regulations, and rules, workers and students are required to report any and all suspected compliance violations. There are three options for reporting suspected violations, asking questions or discussing compliance concerns. These are:

- The department manager or director

- Facility compliance officer
- The Intermountain Healthcare Compliance Hotline (800-442-4845)

## Privacy & Security of Health Information

---

Certain laws and regulations require that practitioners and health plans maintain the privacy of health information. In general, privacy is about who has the right to access personally identifiable health information. Privacy regulations, such as the *Health Insurance Portability and Accountability Act* (HIPAA) covers all individually identifiable health information in the hands of practitioners, providers, health plans, and healthcare clearinghouses.

Intermountain facilities take privacy regulations very seriously. HIPAA impacts students in the following ways:

- Patient records may not be photo copied or printed from a computer terminal for personal use (i.e. writing care plans or other papers).
- Students must not release any patient information independently. Any request for patient information should be directed to the student's Intermountain preceptor/supervisor.
- Violations of HIPAA may result in termination of the student experience.

### Identifiable Information

The following is considered identifiable information by HIPAA and must not be accessed or shared for any purpose other than patient care.

- Names or initials
- All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code
- All elements of dates relative to an individual, including birth date, admission date, discharge date, date of death, and all ages over 89
- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social Security numbers
- Medical record numbers (including EMPI or EMMI)
- Health plans beneficiary number
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code, derived from the information listed

Do not use any of the above elements when writing reports or making presentations. De-identified patient information is still considered confidential and may not be disclosed without Intermountain's permission.

### Other Protected Information

While this section primarily addresses the requirements of the *HIPAA Privacy Rule*, additional protections and requirements may apply to certain types of sensitive information, such as substance abuse records, genetic test results, Social Security numbers and credit card numbers. If a student assignment includes accessing or disclosing these types of information, ask your supervisor/preceptor for relevant policies and procedures.

### Additional steps to protect a patient's privacy

- Close room doors when discussing treatments and administering procedures.

- Close curtains and speak softly in semi-privacy rooms when discussing treatment and performing procedures.
- Avoid discussions about patients in public areas such as hallways, the cafeteria/cafe, waiting rooms, restrooms and elevators.
- Do not discuss patients with family or friends.
- Do not leave patient charts, schedules, or computer screens containing patient information in plain view.
- Do not allow visitors or patients in staff areas, dictation rooms, chart storage areas, etc.
- Do not hold telephone conversations or conduct dictation in areas where confidential patient information can be overheard.
- Call out the patient's name only in waiting rooms, not their diagnosis or procedure.
- Do not share your Intermountain computer systems access code or password with anyone. Take precautions to prevent others from learning your access code and password.
- Do not access systems you are not authorized to access. Access only information needed to do your assigned rotation.
- Before discarding any patient-identifiable information, make sure it is properly shredded or locked in a secure bin to be destroyed later. Do not leave information intact in a trashcan.
- Do not use cell phones or other electronic devices to take or send photographic images and audio/video recordings of patients and/or medical information.
- Do not publish medical information, photo images or audio/video recordings on networking web sites or blogs, such as *Twitter* or *Facebook*. This includes de-identified and "virtually" identifiable information.
- If a patient asks, a worker may take a picture of the patient using the patient's personal device only. Do not take a picture of a medical procedure or one of a sensitive/personal nature.
- Employees may convey medical information in a secured email if relevant to one's job and patient treatment. However, email communication is not permitted as a means for student learning. (Refer to Intermountain's: *Protected Health Information Email procedure*)

## Facility Patient Directory

Certain patient information may be included in a facility patient directory. Each patient or personal representative should be asked, upon admission, if they wish to be listed in the patient directory, and their preference noted in the admitting system.

The following protected health information (PHI) may be included in the directory:

- Patient's name
- Patient's location
- Patient's general condition (usually a one word description, such as: undetermined, good, fair, serious, critical, or treated and released)
- Patient's religious affiliation (optional)

Not all patients are listed in the facility directory. Circumstances include: patient choice, sensitive admission, or treatment is subject to privacy laws and regulations. These admissions are noted as "No Information" (NI) status. NI status means the patient has decided he/she does not want Intermountain to provide PHI, or any information related to admission, to all callers and guests (including family, friends, media, neighbors, etc.).

When a patient is unable to express a preference (unconscious, medicated, etc.), the patient is given an interim status of "Did Not Provide" (DNP). Intermountain may assist family or friends to locate a DNP patient, but should be careful not to disclose to the media or other callers that the patient is present in the facility. The patient or personal representative should determine a preference as soon as it is feasible.

## Accounting for Disclosures

Privacy regulations grant the patient the right to receive a summary of certain disclosures by Intermountain.

- Intermountain must account for certain releases of information outside of its operating units. Specifically, releases made for reasons other than treatment, payment, healthcare operations, or without the patient's written authorization.
- Healthcare operations are business activities undertaken by Intermountain, such as quality improvement studies, peer review, credentialing, medical reviews, and fraud and abuse investigations.
- For more information about the disclosures which must be documented and how to record them, see the *Protected Health Information Disclosure Accounting procedure*.

Students must not release any patient information independently. Any request for patient information by the student should be directed to their Intermountain preceptor/supervisor.

### Verification of Identity

When information is requested about a patient, regardless of who is requesting the information (i.e. law enforcement, "parent", physician's office) please direct the request to your Intermountain preceptor/supervisor who will verify identity of the requestor. Students must not release any patient information independently.

### Notice of Privacy Practices

The *HIPAA Privacy Rule* gives patients the right to be informed of the privacy practices of Intermountain Healthcare, as well as to be informed of their privacy rights with respect to their personal health information. Intermountain's Notice of Privacy Practices is generally distributed to patients on the first day of treatment. Intermountain is required to attempt to obtain written acknowledgment that the patient was offered a copy of the Notice.

### Privacy & Patient Care

Treatment of patients should be essentially unobstructed by the Privacy Rule. For some purposes (such as providing treatment, obtaining payment, and healthcare operations), the Privacy Rule permits Intermountain to use and disclose health information without the patient's permission and with only a few restrictions. Intermountain may disclose, without the patient's permission, information necessary for the treatment or payment activities of another healthcare physician or provider if both entities have a relationship with the patient.

Examples of permitted uses and disclosures include:

- When sending a specimen to a lab for testing, the physician's office may send the laboratory the patient's health plan information so that the laboratory may be reimbursed by the patient's health plan for services rendered.
- A physician's office may send health information to another physician's office for the treatment of a patient. As long as both have a relationship with the patient, physicians and other providers may share health information as needed for treatment purposes.
- A physician's office may send health information to a pharmacy so that pharmacy may fill a prescription for a patient. The physician's office may also send the patient's health plan information so that the pharmacy may be reimbursed for filling the prescription.
- A health plan may share certain member information with another health plan to coordinate benefits.
- A health plan may collect data directly from paneled physicians' medical charts for purposes such as completing HEDIS performance measures or other Quality Improvement studies.
- A hospital's Quality Management department may abstract data from charts at the facility to conduct a study designed to improve patient care.

## Disclosures to Patients' Family & Friends

Only Intermountain employees may disclose health information to a family member, other relative, close personal friend of the patient or any other person identified by the patient. This is never the responsibility of a student.

## Student Access to Medical Record after Patient Discharge

Students needing access to patient information post discharge must provide a written request approved by their supervisor/preceptor to the facility Health Information Management (HIM) department. The request should include patient name at a minimum with encounter number and discharge date if possible. Every effort will be made to provide access to the medical record as soon as possible. Students are not allowed to have copies of the medical record.

## Information Privacy and Security Incidents

If a situation arises where patient health information has been shared with the wrong person, or the privacy and/or security of patient health information has been compromised in any way and regardless of whether it was intentional or accidental, immediately report the situation to your supervisor/preceptor or call the Intermountain Compliance Hotline (1-800-442-4845).

# Quality Assessment Performance Improvement

---

Intermountain Healthcare is committed to providing quality care and strive to meet customer needs through using a quality assessment performance improvement (QAPI) approach. The QAPI I model used is: Plan, Do, Study, and Act. (PDSA). This model is used to answer the question: What changes can we make that will result in improvement?

## Plan

The planning part requires that Intermountain:

- Defines quality. Intermountain defines quality as: meeting or exceeding the customer's expectations 100% of the time. Quality is delighting the customer.
- Develop and share Intermountain Healthcare goals.
- Develop department and individual improvement goals.
- Identify processes, related to the goals that can be improved and lead to better quality care.
- Identify customers.

## Do

Do is the action part of the process; collecting and analyzing data or meeting with involved parties.

## Study

Study means to analyze data for process improvement. Some focus areas of improvement are:

- Clinical Outcomes
- Cost
- Access to Care
- Satisfaction
- Community Service
- Regular Satisfaction Surveys
- Monitoring & correcting quality control issues such as:
  - Response to fire drills
  - Storing things safely
  - Using equipment safely
  - Refrigerator temperatures
  - Crash cart checks

- Protecting medication

## Act

Intermountain Healthcare believes that teamwork is the best way to improve processes. A team consists of a small number of people with complementary skills who are committed to a common purpose. Each team member holds him/herself accountable for the team's success. Teams test new ideas and continue to improve quality.

In a QAPI culture, 80-90% of a workers time is spent in day-to-day tasks. The remaining 10-20% of the workers time should be spent improving quality of work.

This may involve the following:

- Being on an improvement team
- Collecting measurement data
- Doing quality control monitoring
- Identifying job improvements
- Identifying customers' expectations
- Learning about quality improvement

Poor quality costs the organization money. However, each person can make a difference. Workers and students are responsible to look for ways to improve daily work processes, customer satisfaction, and quality outcomes.

# Continuous Improvement: Zero Harm

---

At Intermountain Healthcare, we are known for our commitment to evidence-based care and safety. Our endeavor to ensure that every patient is safe in our care is called Continuous Improvement – Zero Harm. Zero Harm helps us improve patient safety by consistently applying best practices across the system. These best practices are based on the science of high reliability and have been demonstrated to improve safety in other high-risk industries like nuclear power, aviation, and the military.

## High Reliability

Put simply, reliability is the likelihood that an individual, system, or team will work the way it's expected to over time. You can also think of reliability as excellent performance minus the error rate. Intermountain Healthcare, like other high reliability organizations, is working hard to reduce errors in order to become even more reliable.

To gauge our success, Intermountain Healthcare focuses on data and metrics. This is how high reliability organizations determine their level of reliability. We track clinical and operational performance data over time, so that we have a better idea of how to get to the goal of Zero Harm. We want to avoid any events that can harm employees and patients.

## Serious Safety Events

Serious Safety Events occur when an individual or team in a *high risk situation* or environment practices a *high risk behavior*. Examples of high risk situations include complex environments, distractions and high workloads. Examples of high risk behaviors include bypassing safety devices or recommendations, taking shortcuts and proceeding in the face of uncertainty. You can't always control the environment that you're in, but you *can* control your behavior.

Serious Safety Events are usually not the result of just a single person's error. They almost always happen because of multiple personnel and system failures. Intermountain Healthcare has redundant safeguards build into systems and processes that should, ideally, stop an error from reaching a patient. But sometimes all of those barriers are breached.

## Getting to Zero Harm

At Intermountain Healthcare, we combine both tactical and cultural approaches to achieve our goal of Zero Harm. The tactical approach applies Intermountain's evidence-based tools like checklists, toolkits and bundles to provide the best and safest care to patients.

The cultural approach focuses on the people in all areas of our organization. It is the combination of psychological safety, mutual respect, behavioral expectations, communication skills, and encouragement to speak up to prevent safety events.

## Psychological Safety and Mutual Respect

Psychological safety is essential for achieving and maintaining a culture of Zero Harm. It's the belief that no one will be punished or humiliated for speaking up with ideas, questions, concerns or mistakes. It's a positive attitude towards reporting events that helps us identify and mitigate issues as soon as possible.

When a person feels psychologically unsafe, they are reluctant to admit that they made a mistake. They see mistakes as shameful or a sign of incompetence. This leads to inaccurate or less frequent reporting. It means the culture is not transparent or truly open to finding and fixing problems. Remember, we are humans first and experts second. The following behaviors and attitudes encourage a psychologically safe environment:

- Frame problems or mistakes as learning opportunities
- Recognize and admit your own fallibility
- Model curiosity and ask lots of questions
- Show appreciation to others for asking questions

## Behavioral Expectations

Another cultural strategy is the behavioral expectation of safety. Every individual working at Intermountain Healthcare has a responsibility and expectation to keep patients and co-workers safe. Each of us shares the following Zero Harm commitments to safety:

- "I speak up for safety"
- "I have respectful, timely, and accurate verbal and written communication"
- "I 'think it through' and ensure that my actions are the best."
- "I focus on the task at hand to avoid unintentional slips or lapses."

## Error Prevention Techniques

In order to follow through on our safety commitments, six specific tools have been implemented as "Error Prevention Techniques". They support effective communication, awareness, and further promote a psychologically safe environment. These techniques are helpful in any situation, especially high risk work environments. You will see colleagues demonstrate these techniques in day-to-day interactions. A brief summary of each Error Prevention Techniques is included below.

- **ARCC**  
Using the lightest touch possible, **A**sk a question, Make a **R**equest, Voice a **C**oncern. If no success, use the **C**hain of Command
- **Standardized Handoffs**  
Use current tools when transferring information, authority, and responsibility during patient care transitions or project transitions. Handoffs should take place prior to transfer of care and/or responsibility.
- **SBAR**  
When communicating issues or concerns requiring some else to take action or make a decision, introduce yourself and who is involved. Then provide the **S**ituation, **B**ackground, your **A**ssessment and your **R**ecommendation.
- **Read and Repeat-Back**  
Verbally acknowledge others by reading or repeating back information received. Ask one or two clarifying questions if necessary. The sender acknowledges the accuracy of the repeat back.
- **Stop and Resolve**  
Do not proceed in the face of uncertainty. Do not ignore safety concerns. Resolve the concern.
- **STAR**  
Check yourself and pay attention to detail when performing tasks. Avoid unintentional slips and lapses using these mental steps: **S**top; **T**hink; **A**ct; **R**eview.

Talk with your manager or supervisor and visit the Zero Harm website. Here you will learn more about Zero Harm and the Error Prevention techniques and how they can best promote patient and employee safety in your area.

# National Patient Safety Goals

---

Intermountain Healthcare hospitals follow *National Patient Safety Goals* established by *The Joint Commission* to improve patient safety. The goals focus on problems in health care safety and how to solve them.

## Identify Patients Correctly

- Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to ensure each patient receives the correct medicine and treatment.
- Ensure the correct patient receives the proper blood during a transfusion.
  - Two-person double check: one individual must be a licensed healthcare provider transfusing the blood/blood product and the second individual must be a trained staff member.
  - One-person verification can be done using barcode technology.

## Improve Staff Communication

- All critical test results must be reported to the patient's physician.

## Use Medications Safely

- Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- Take extra care with patients who take medicines to thin their blood.
- Separate look-alike and sound-alike medications.
- Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicine to take when they go home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

## Use Alarms Safely

- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.
  - When an audible or electronic clinical alarm is activated, the nearest available clinical staff responds promptly to the patient's bedside and assesses the patient's needs.

## Prevent Infection

- Use hand cleaning guidelines established by the *Centers for Disease Control and Prevention* or the *World of Health Organization*. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
- Use proven guidelines to prevent infections which are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use proven guidelines to prevent infection after surgery.
- Use proven guidelines to prevent infections of the urinary tract caused by catheters.

## Identify Patient Safety Risks

- Determine which patients are most likely to try to commit suicide.
  - Implement appropriate prevention strategies and CPG suicide precautions protocol based on patient risk using the suicide high risk checklist.

## Prevent Mistakes in Surgery

- Conduct a pre-procedure verification process using a checklist.
- Ensure the correct surgery is done on the correct patient and at the correct place on the patient's body.
- Mark the correct place on the patient's body where the surgery is to be done.
- Pause before the surgery to ensure a mistake is not being made.
  - Perform an interactive "time out" involving members of the procedural/surgical team immediately prior to starting an invasive procedure or making an incision.
  - The "time out" should be led by the licensed healthcare provider performing the procedure.
  - Document the "time out" using the checklist.

## Reduce the risk of patient harm resulting from falls

- Evaluate patient assistance level and use safe patient handling equipment and lifts to assist in moving patients.
- Educate patients and families about fall prevention strategies in both the inpatient and outpatient areas.
- Intermountain has created "Falls Risk" magnets should be placed on the door frames of patients at risk for falls.

## Pressure Ulcer Prevention

- Evaluate risks for ulcers.

Reduce the risk for an ulcer by:

- Using standardized care products;
- Turning the patient at least every 2 hours;
- Keeping the skin clean and dry;
- Reassessing the patients' skin each shift.

# Event Reports / Incident Reports

---

An incident is any event that is not consistent with the normal, routine operation of a department, which may result in or have potential for injury and/or property damage. The person discovering the incident should report the event via the electronic event reporting system. This report should be submitted within 24 hours of the event.

Event reports are used for the improvement of the quality of patient care and the reduction of any circumstances, which might cause the event to be repeated. When used in this manner, event reports become a tool for the QAPI process.

## Report Facts

- The event report is used as a means of gathering data to identify repeated events, possible preventative actions, and educational needs. Event Reports are to be filled out electronically via the web event system.
- The event report is not part of the medical record and should never be printed and placed in the chart. The medical record should, however, state the pertinent facts and responses about the event, without the mention of an event report being filed. When documenting an incident in the medical record, state the objective facts only, i.e., what you actually saw or heard when you discovered the incident.
- Event reports are confidential documents and are protected from disclosure by Utah or Idaho code. Do not mention event reports in the medical record.
- According to the *Safe Medical Devices Act*, event reports must be filled out if there is a malfunction of a piece of medical equipment. The FDA requires healthcare facilities to report when circumstances "reasonably suggest" that a medical device has caused or contributed to the death, serious injury, or serious illness of a patient. This type of event must be reported to the manufacturer and/or the FDA.

## When to Complete an Event Report

- Breach of department policy, patient injury, delays dealing with anesthesia/surgery/delivery
- Behavioral actions and attitudes dealing with AWOL, AMA, violent/agitated behavior or communication problems
- Patient care management problems dealing with consents or patient misidentification
- Complications of diagnosis and/or treatment, delays, or omissions of diagnostic tests/procedures
- Falls of patients and/or visitors
- Patient/staff/hospital property missing or damaged should be reported to Security
- Medication errors as in, incorrect dose/ patient/ medication/ time/route. IV related and pharmacy related errors
- Incidents occurring when using equipment as in equipment failure, user error, etc.
- Thefts, vandalism or other criminal activity should be reported to Security
- "Near Misses" are events that could have caused serious damage to the patient or staff, but were discovered and averted prior to reaching the patient.

## Sentinel Event

Sentinel events, as defined by Joint Commission, require immediate notification of Risk Management. A sentinel event, in most cases, is an event that results in unanticipated death or major permanent loss of function, not related to the natural course of the patient's illness or underlying condition.

Additional sentinel event categories include:

- Suicide of a patient
- Infant discharge to the wrong family
- Abduction of a patient of any age
- Rape
- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities
- Surgery on the wrong patient or wrong body part
- Wrong surgical procedure performed
- Unintended retained foreign object
- Neonatal hyperbilirubinemia
- Prolonged fluoroscopy or radiation therapy to the wrong body part

Students can ask their Intermountain preceptor/supervisor, school instructor and/or Risk Management department questions about event reporting or sentinel events.

## Violence in the Workplace

---

Workplace violence is conduct which is sufficiently severe, offensive, intimidating or disruptive to cause an individual to reasonably fear for his/her personal safety or the safety of his/her family, friends or property. Intermountain has a number of measures in place to help keep employees and patients safe from workplace violence (e.g. emergency phones in parking lots, reinforce visitation policy, etc.).

Students can assist by learning:

- To recognize the warning signs.

- How to respond appropriately.
- What to do to prevent workplace violence.
- How to report offenders.

## Recognizing the Warning Signs

Workplace violence and its warning signs can take many forms.

- Emotional: Paranoia, manic behavior, disorientation, excitability.
- Physical: Frequent change of posture, pacing, easily startled, clenching fist, aggressive behavior.
- Verbal: Claims of past violent acts, loud forceful speech, arguing, making unwanted sexual comments, swearing, threatening to hurt others, refusing to cooperate or obey policies.

A person with any of the following could also be a potential threat:

- Psychiatric or neurological impairments.
- History of threats or violence.
- Loss of power or control.
- Strong anxiety or grief.
- Alcohol or substance abuse.

## Responding to Situations that could become Violent

- Don't reject all demands outright.
- Don't make false statements of promise.
- Don't bargain, threaten, dare or criticize.
- Don't act impatient.
- Don't make threatening movements.
- Do respect personal space.
- Do keep a relaxed but attentive posture.
- Do manage wait times.
- Do listen with care and concern.
- Do offer choices to provide a sense of control.
- Do avoid being alone.
- Do ask security or police to stand-by (an officer nearby can provide a quick response if needed, or may stop the misbehavior altogether.).

## Preventing Workplace Violence

By simply avoiding situations that are potentially unsafe, workers/students can decrease the occurrences of workplace violence.

### **ALWAYS**

- Walk to cars in groups or call security for an escort.
- Have car keys ready before leaving the building.
- Check around, under and inside the car.
- Secure belongings.

## **NEVER**

- Go in deserted departments or dark hallways.
- Share personal information with strangers.

### **When Prevention Does Not Work**

Remember these important points:

- Remain calm.
- Secure personal safety.
- Call security and/or immediate supervisor so they can follow up.
- Cooperate fully with security and law enforcement.
- Inform security and law enforcement of restraining orders.

### **Patient care areas**

- Set limits and boundaries.
- Limit the number of visitors and define visiting hours.
- Define staff space versus visitor space.
- Contact security if someone is becoming worrisome.
- When confront is necessary, kindly ask the offending person to “please come talk with me out here”—then step out of the room to a more public place.

## **Reporting Workplace Violence**

Report all workplace violence incidents no matter how insignificant they may seem. Record the event electronically via the web event system or call the compliance hot line, 801-442-4845.

# **Harassment-Free**

---

Treating individuals with mutual respect is one of Intermountain Healthcare’s core values. A key component of this value is ensuring all workers/students are treated in a manner in which each individual’s unique talents and perspective are valued, and providing a work environment in which they feel safe.

Harassment also includes sexual harassment, which is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to or rejection of this conduct affects an individual’s work performance or creates an intimidating, hostile or offensive work environment.

Examples of harassment or inappropriate behavior may include:

- Oral or written communications that contain offensive name-calling, inappropriate sexual connotations, jokes, slurs, negative stereotyping or threats including those that target individual groups based on age, disability, gender, national origin, ethnicity, race or color, religion, sexual orientation or veteran status.
- Nonverbal conduct, such as staring or leering, giving inappropriate gifts.
- Physical conduct, such as assault or unwanted touching.
- Visual images, such as derogatory or offensive pictures, cartoons, drawings or gestures.

## **How to Report Harassment**

Contact the facility Human Resources department. The Human Resources department is responsible for conducting a prompt, thorough and confidential investigation. All investigations surrounding incidents of harassment will be conducted

confidentially to the extent reasonably possible. Only individuals with a need to know will have access to confidential communications resulting from the receipt and investigation of a complaint.