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Mission Statement

Provide the highest quality care to improve the health of our entire community through innovation, collaboration, service excellence and a commitment to patient safety.

Vision

To be the premier community hospital in Maryland.
SERVICE EXCELLENCE VALUES AND BEHAVIOR STANDARDS

Because we CARE

Communicate
- Use positive language at all times when talking to patients about the hospital and co-workers.
- Maintain confidentiality
- Share your plan of action, timeframes, reasons for any delays and expected results.
- Practice active listening.
- Adapt your style to meet the needs of your customer.

Anticipate and Respond
- Be an expert in your job and share your knowledge.
- Know your customers’ needs.
- Always ask your customers if they need anything else.
- Ask for help when needed.
- Be resourceful; find a way to say “yes.”
- Express empathy and understanding.
- Close the loop/follow up.
- Provide directions and escort guests to their destination.

Respect
- Maintain the dignity of every patient.
- Keep your physical surroundings clean and clutter free.
- Value the Howard County team with punctuality and good attendance.
- Offer assistance to your co-workers.
- Honor cultural differences.
- Practice basic courtesies such as elevator, phone and e-mail etiquette.
- Address all patients and visitors by Mr. or Ms. unless invited to do otherwise.

Engage
- Create a positive first impression by making eye contact, smiling and offering assistance.
- Follow your departmental dress code and wear your badge at chest level.
- Report unsafe conditions such as spills or quality concerns.
- Clean up litter when possible.
- Report equipment or furniture that is broken or in poor condition.
- Practice teamwork.
- Make things right, practice Service Recovery
- Be a good example
- Take personal responsibility.
DIVERSITY PHILOSOPHY

Our staff is committed to performing above and beyond the norm to exceed our customer's expectations not only in health care but also spiritually and emotionally but also recognizing and valuing individual differences. What we do for our patients, we must also do for ourselves. Just as a diverse group of patients feel comfortable at Howard County General Hospital, so too must our employees. Only by appreciating and valuing our own differences, can we truly serve our patients and their families. To this end, we commit to utilizing our diversity to strengthen our working relationships, by:

- Being considerate in our comments, challenging others and being open to feedback when statements are made regarding race, gender, ethnic background, religion, appearance, disability, sexual orientation, religion or any other dimension of diversity.

- Actively attempt to communicate and learn about people that are different from me. Valuing people who are different from me for the opportunity they provide to learn and view things from a different perspective.

- Supporting the organization in valuing diversity by accepting the responsibility to challenge or report instances of discrimination against any individual for whatever reason.

Steps in becoming culturally competent:

1. Understand your own cultural beliefs.
2. Learn about other cultures, especially attitudes toward health care and ways of communicating/interacting.
3. Ask for help. You cannot be expected to know all the nuances of each of the world cultures, customs and languages. You are, however, expected to ask for help when needed.

Family members, particularly children, should NOT be used for interpreting medical information.

Tips for Providing Culturally Competent Care

DO:
- Try to understand people’s values, since values will influence their behavior.
- Keep in mind that there is always individual variation within a group.
- Use translated patient education materials and charts from the Micromedix.
- Include and understand the family as much as possible.

DO NOT:
- Stereotype. Don’t project your own cultural perceptions and biases.
- Expect that all patients make their own decisions. In some cultures, important decisions are made by the family. In cultures where males are dominant, the husband may make the final decisions regarding the health care of their wife and children.
Age Specific Competency

Age-specific competency integrates developmental tasks with the health needs of specific age groups such as infants, toddlers, adolescents and adults. Each patient is unique. Every person grows and develops in his or her own unique way but follow general growth and development patterns.

Healthy Growth and Development

Infant (birth to 4 weeks)

- Physical growth and development are rapid
  - Primitive reflexes present
    - Dance/Step
    - Tonic neck
    - Grasp
    - Placing
    - Startle/Moro
    - Rooting
    - Gag, suck, extrusion of tongue
    - Corneal and papillary responses
  - Building muscle skill is important
    - Repetitious use of reflexes establishes a pattern of experiences
    - Lifts head intermittently & turns to side when prone
  - Developing trust and a sense of being loved is important
    - Enjoys being held, cuddled, rocked, touched, talked to, smiled at, or sung to
  - Communication
    - Cries when hungry or uncomfortable
    - Makes comfort sounds when fed
  - Major fear
    - Separation
    - Stranger anxiety
- Safety and Nursing Considerations
  - Needs a consistent, constant caretaker
  - Minimize separation from parents
  - Educate parents about maintaining a patent airway and risk of suffocation
  - Stress the need for checkups, screenings and immunizations
    - Keep neonate warm and watch for jaundice
  - Stress car seat use in automobile
Age Competency Cont.

Healthy Growth and Development

Infancy to Toddler (1 month to 3 years)
- Growth and development continue a rapid advance
  - Rolling and standing as an infant to running and drinking from a cup as a toddler
- Cognitive
  - Play is important to help build social and other skills
- Communication
  - Infants communicate by crying and making simple sounds
    - Becomes differentiated for hunger or pain
    - Socialization
      - Cries to obtain social stimulation
      - Smiles at 6-8 weeks in response to environmental stimulation or human face
  - Toddler
    - 4-6 words including names
    - Uses jargon
    - Asks for object by pointing
    - Understands simple commands
    - Uses head-shading to denote “no”
    - Socialization
      - Toddler views separation as punishment
      - Enjoys play with peers and stories
      - Sibling rivalry
      - Knows own sex
      - Sees gender differences
      - Tantrums/negative behavior decreasing
- Major fear
  - Infant
    - Separation
    - Stranger anxiety
  - Toddler
    - Separation
    - Loss of control
- Safety and Nursing Considerations
  - Educate parents about the need for checkups, screenings and immunizations
  - Ensure the child’s safety and comfort (crib rails up, toys, cuddling, soothing tones)
  - Explain procedures to parents and the child in simple terms
  - Allow time for questions
  - Use simple, concrete honest explanations
  - Let the child touch equipment, or use a doll or stuffed animal to explain procedures
  - Keep the child with parents if possible.
    - Limit exposure to large numbers of staff
    - Involve parents in care and demonstrate procedures to show understanding
    - Discuss questions and concerns about caring for child
    - Teach feeding, hygiene, safety and ways to promote healthy development
Age Competency cont.

Healthy Growth and Development

Preschool (4-6 years)

- Physical growth
  - 4 year
    - Jumps, climbs, goes up and down stairs
    - Fine motor skills increasing
  - 5 year
    - Skips, hops, draws pictures, uses buttons and ties shoes
    - Brushes teeth

- Cognitive
  - Can view another’s perspective
  - Uses time-oriented words
  - Primitive ideas about body
  - Difficulty differentiating a “good hurt” from “bad”
  - Can pretend
  - Difficulty separating fantasy from reality
  - Believes illness & separation caused by bad behavior, thoughts or wishes

- Communication
  - 4 years
    - Names colors, counts to 5
    - Comprehends “cold”, “tired”, “hungry”
  - 5 years
    - Counts to 10 syllable phrases
    - Knows days of week and names coins

- Socialization
  - Gets along well with parents
  - Uses play to express self
  - Enjoys board games, rhymes, riddles
  - Lives by the rules

- Major Fear
  - Loss of control
  - Bodily injury and mutilation
  - Fear of the unknown
  - Fear of the dark and being left alone

- Safety and Nursing Considerations
  - Give choices whenever possible
    - Allow time for the child to express feelings and ask questions
  - Avoid words like “cut”, “take out”, or “dye” due to misinterpretation
  - Provide information in advance for major procedures
    - Use pictures models, dolls, games to explain procedures
    - Include what the child will see, hear, feel, smell and taste
  - Reassure the child that the procedure is not a punishment
  - Encourage a younger patient to bring a security object, such as a blanket
  - Stress to parents the need for checkups, screening and immunizations as well nutrition, hygiene and safety as the child grown more independent.
Age Competency cont.

Healthy Growth and Development

Older Children (7 to 13)

- Physical Growth
  - Growth continues at a slower pace until puberty
  - Muscle skills continue to develop, jumps rope, catches ball
  - Can do a variety of activities, performs all self-help skills

- Cognitive
  - Literal
  - Beginning to understand the relationship between illness & therapy

- Communication
  - Uses all parts of sentence
  - Reads, writes, adds, subtracts, defines words

- Socialization
  - Cooperative family member
  - Loves peers
  - Easily distracted
  - Strives to be independent
  - Makes up simple stories, tells time, jokes and plays games (cheats to win)
  - Interest in God and religion
  - 10-13 years
    - Loves friends
    - Talks with them constantly
    - Has best friends
    - Beginning interest in opposite sex

- Major Fear
  - Loss of control
  - Bodily injury and mutilation
  - Failure to live up to the expectation of others
  - Death

- Safety and Nursing Considerations
  - Prepare for procedures days to weeks in advance to give child a sense of control
  - Use body diagrams, pictures and models
  - Allow time for the child to handle the equipment
  - Give child as many choices as possible
  - Help child maintain contact with peers
  - Emphasize “normal” things child can do
  - Reassure child that he/she has done nothing wrong
  - Emphasize that procedures or surgery are not punishments
  - Respect privacy
  - Teach healthy and safe behaviors (including alcohol, tobacco and drug use)
  - Encourage parents to talk with their child about drugs and sexuality
Healthy Growth and Development

Adolescent years (ages 13-20)

- Physical growth
  - Girls begin puberty approximately 2 years earlier than boys
  - Growth spurt may affect coordination
  - Sex features develop such as breasts in girls and facial hair in boys
  - Fine motor skills well developed
  - Participates in sports and extracurricular activities
  - Seeks employment outside the home

- Cognitive
  - Thinks abstractly
  - Analyzes arguments
  - Forms hypotheses
  - Applies theories and ideas
  - Considers potential alternatives to situations not yet experienced
  - Has limited understanding of the structure and function of the human body
    - May be self-conscious about body image
    - Eating disorders and depression may be of concern

- Communication
  - Verbal, reads and writes well
  - Emotional swings
  - Peer pressure

- Socialization
  - Peers are role models
  - Peers influence decision making
  - Identifies feelings of self and others
  - Considers own feelings to be unique
  - Interested in sports

- Major fear
  - Loss of control
  - Altered body image
  - Separation from peer group

- Safety and Nursing Considerations
  - Emphasize the continued need for checkups, screenings and immunizations
  - Maintain privacy
  - Allow decision making and control
  - Encourage safety regarding smoking, drinking, sexual activity and drugs
  - Provide information in a sensitive manner
  - Be an active listener, supportive and non-judgmental
  - Teach correct terms and visual aids
  - Discuss concerns
  - Teach coping techniques of relaxation, deep breathing and imagery
  - Teach healthy habits regarding seat belts, nutrition, exercise, hygiene and safety
Age Competency cont.

Healthy Growth and Development

Young adult (ages 21-39)

- Physical growth
  - Young adults reach sexual maturity and their adult height and weight

- Cognitive
  - More comfortable with their body image
  - Develop a personal identity and self-reliance
  - Experience sexual intimacy, choose a mate and raise a family
  - Establishment of a career that provides personal satisfaction, economic security and a feeling of contributing to the welfare of society
    - Support, honesty and respect
  - Establishing a personal set of values and formulating a meaningful philosophy of life
  - Evaluate new information in terms of their experiences

- Common health problems
  - Four major causes of death related to violence
    - Vehicular accident
    - Other accident
    - Suicide
    - Homicide
  - Anxiety and depression related to pressures of
    - Independence
    - Competition in the work place
    - Acceptance by peers
  - Stress and new-found freedom may lead to
    - Experimentation with various lifestyles
    - Contributes to substance use and abuse
  - Other physical health problems
    - Pregnancy complications
    - Cervical or breast cancer
    - Orthopedic injuries

- Safety and Nursing Considerations
  - Continue to encourage immunizations, checkups and screenings
  - Keep contact with family and friends
  - Assess for stress related to new adult roles
  - Encourage discussion about feelings and concerns regarding illness, injury, family and finances
  - Involve the patient and family members in decision making and education
  - Educate about injury prevention and a healthy lifestyle
    - Stress management
    - Resources and instructional courses in household management and parenting
    - Encourage exercise, weight control and hygiene
    - Awareness of the dangers of substance abuse
  - Encourage group learning situations and support groups
  - Periodic assessment to screen for hypertension, anemia, cholesterol, breast, cervical, and testicular cancer
Age Competency cont.

Healthy Growth and Development

Middle Adult (ages 40-64)

- Physical growth
  - Experience physical changes, such as decreased endurance
  - Women experience menopause
  - Illness or injury may interfere with plans
  - Chronic illness may develop

- Cognitive
  - Concern for the next generation
    - Help children gain independence
    - Helping children grow to become happy, responsible adults
  - Become active in the community
    - Achieve mature social and civic responsibility and involvement in altruistic activities and concerns
  - Balance work with other roles and prepare for retirement
  - Accept role reversal with aging parents
    - Sandwich generation (caring for parents as well as children)
    - Prepare emotionally for the death of living parents
  - Accept and adjust to physical changes of middle adulthood
  - Maintain healthful ways of living

- Common health problems
  - Major causes of death
    - Cardiovascular disease
    - Stroke
    - Lung cancer
    - Breast Cancer
    - Cirrhosis of the liver
  - Other Major health problems
    - Chronic respiratory disease
    - Hypertension

- Safety and Nursing Considerations
  - Annual physical exam to screen for hypertension, diabetes, respiratory disease and cancer
  - Assessment of nutrition, exercise, occupational hazards, sexual dysfunction and adjustment to menopause
  - Assessment of over the counter use of medications, alcohol and tobacco use.
  - Encourage self-care
  - Allow time to talk about frustrations, accomplishments, dreams and any concerns
  - Talk about stress
  - Assist client with referrals to meet health-care costs
  - Involve the patient and close family in decisions about care
Age Competency cont.

Healthy Growth and Development

Older Adult (ages 65-79)

- Physical growth
  - Experience changes in skin, muscles and sensory abilities
  - Higher risk of health problems such as infection and chronic illness
  - Sleep more, often napping during the day
  - Many older adults stay in good health

- Cognitive
  - Adapt to changes
  - Take up new activities and roles
    - Redirection of energy and talents to new roles and activities
  - May experience depression, loneliness and anxiety over changes or about the future
  - Development of a personal view of death that prepares one for this final stage of life
  - May have reduced attention span
  - May remember things more slowly

- Common health problems
  - Cardiovascular disease
  - Cancer
  - Diabetes
  - Respiratory disease
  - Gastrointestinal problems

- Safety and Nursing Considerations
  - Stress the need for immunizations, checkups and screenings
  - Encourage healthy habits and social activity
  - Educate client about safety measures that include
    - Fall prevention
    - Safe medication use
    - Caution with hot water
  - Provide a safe, comfortable environment
    - Night light
    - Temperature
  - Give the patient chances to reminisce to help promote a positive self-image
  - Speak clearly and avoid background noise during teaching
    - Use larger-print materials and adequate lighting
  - Encourage the patient and family to take an active role in care
    - Discuss concerns
    - Talk about family and other support systems
    - Involve patient in care decisions
Late Adulthood (80 and older)

- Physical growth
  - Higher risk of infection, dehydration, poor nutrition and chronic illness
  - Effects of chronic illness may be more severe
  - Mobility becomes difficult

- Cognitive
  - May feel isolated or upset due to loss of family, friends, sensory abilities or financial independence
  - May lose self-confidence as their abilities decline
  - Reflect on life and built toward the acceptance of death
  - Learning may be slower with a reduction in attention spans

- Safety and Nursing Considerations
  - Continue to stress the need for screenings, checkups and immunizations
  - Encourage physical and social activity
  - Encourage reminiscing
  - Promote, and assist with self-care and independence as much as possible
    - Allow choices whenever possible
    - Avoid treating the patient as a child
  - Assist with end-of-life planning
  - Monitor age-related risks
  - Ensure safety measures to prevent falls and burns
  - Educate about home safety and safe medication use
  - Educate in an appropriate environment with suitable materials
  - Involve the patient and family or other caregivers
  - Teach while the patient is a peak energy

(See appendix, pages 71-72 for competency)
Every patient treated at HCGH has the right to expect that personal and medical information will be kept confidential. Access to patient medical and non-medical information is permitted only to provide appropriate and necessary care, according to Maryland law and HCGH policy. To gain access to records for a personal reason, one must complete the necessary paperwork with HIM.

Confidential information includes the medical record, lab reports, lists of hospital admissions, procedure schedules, billing and insurance information.

**To protect patient confidentiality:**

- Avoid discussing patients in public places, such as elevators, hallways, and cafeterias.
- Protect the patient's medical record from use by unauthorized persons.
- Protect computer screens and phone conversations from unauthorized observers.
- Do not discuss patient information unless authorized by the patient or law.
- Do not look at medical record information unless you have a "need to know."
- Do not give information on the telephone.

**HIPAA Training**

All contracted employees are required to complete the following prior to starting on the units:

1. The Health Insurance Portability and Accountability Act (HIPAA) training prior to starting on the units.
2. Acknowledgement of HIPAA Security Awareness and Agreement to Comply for Howard County General Hospital- General Workforce Members

**Non clinical contracted employees** are required to complete the HIPAA Overview module, sign the Acknowledgement of HIPAA Security Awareness Agreement to Comply and the complete the HIPAA Overview Knowledge Assessment post-test.

**Clinical contracted employees** are required to complete the HIPAA modules: #1 General Privacy; #2 Tracking and Accounting; #3 Release of Patient Information. Contracted employees must also complete the HIPAA Overview Knowledge Assessment and the Acknowledgement of HIPAA Security Awareness Agreement to Comply. Completed tests must be kept on file at the contracted company.

The contracted company must be able to immediately present completed test and signed Security Agreement for any individual upon request from the hospital. Occasional audits are performed (See appendix pages 68-70 for competency and forms).
**Additional HIPAA Training (required)**

- Complete additional HIPAA training within 30 days of hire
- Training assigned at hire; according to department
If you have questions regarding HealthStream, contact Kate Jensen at 410-740-7732
Ask your manager for your mnemonic name.

Will be the first 3 letters of last name, then first 2 letters of first name. EX: GREEM (Gregg, Emilie)

If you have a popular name, ie Bob Smith, you will have a number following you mnemonic.

First time users will use the password “Education”
Employees and contractors are to complete additional HIPAA training on the Johns Hopkins Portal as well as Healthstream. To search for your JHED ID, use the search engine to find your name.
JOHNS HOPKINS HIPAA SECURITY AWARENESS

Introduction to Information Security

Johns Hopkins processes a lot of information. Most of what we do—whether in education, patient care, benefit administration or research and operations—demands that we protect sensitive information throughout various systems. We need that information to be accurate and on hand, and we must be able to trust that it will be used only by those who need it.

Since we use computers in our daily work duties, we should follow the best computer security practices. Our use of computers must be:

- Legal and ethical
- Considerate of others
- Proper in order to limit security problems

HIPAA

The Health Insurance Portability and Accountability Act is referred to as “HIPAA”. The HIPAA privacy regulations protect individually identifiable patient and health plan member information, no matter what form it is in—paper, oral, or electronic. This information is called Protected Health Information or PHI. The HIPAA security regulations cover only electronic forms of this information called Electronic Protected Health Information or E-PHI. The HIPAA security regulations are enforceable as of April 20, 2005. How you use your computer can impact the security and privacy of patient and plan member information.

To protect E-PHI, follow these steps:

- Avoid disclosing unencrypted E-PHI in e-mails and shared files over the Internet.
- Avoid saving E-PHI to your computer hard drive. Save files on a Johns Hopkins server.
- Never share your login with another user.
- Never store E-PHI on a handheld device that lacks strong security controls.
- Use only the E-PHI needed to do your job.
- Log off or lock your computer when you are not using it.
- Report computer security problems quickly.

Many computer systems track your actions. Be aware that inappropriate actions on computers can cause damage, and that such actions may be traced to a specific user.
Authorization to Use E-PHI

To do your job, you may be given access to some computer applications with E-PHI. But first, the security administrator of the computer applications must get authorization from your management. Also, you may have to go to computer training and sign a confidentiality agreement before access is given.

If you change jobs within Johns Hopkins, your computer access may change. You may be given access to other computer applications, and/or your existing access may be increased, reduced or removed.

User IDs and Passwords

Computer applications ask you to prove who you are before giving access. Proving who you are before you can do something is called “authentication.” For most computer applications, authentication consists of a user ID (for example, jsmith1) and a password. Good passwords can be effective security controls when you follow these steps:

- Make passwords that are at least eight (8) characters long.
- Make your passwords hard to guess. Use a mix of letters, numbers and special characters (!@#$).
- Do not use your user ID, your name, your birthday, or your child’s birthday as your password.
- Do not use names or other words found in a dictionary as your password.
- Adding a number at the beginning or end of a word does not make it a hard to guess password.
- Try using the first letters of a phrase that you will not forget and put in some special characters and numbers (e.g., Four Score and Seven Years Ago can become FS^a7YA; My Wife’s Birthday is January 1 can become MWBIJ1; etc.).
- Try using vanity license plates, such as UR2COOL, or try combining two words to make a good password (i.e., blue jays and hawks can become bj/hawks)
- Do not write down your password in your work area.
- Do not share your password with anyone other than your computer or LAN administrator to fix or maintain your computer.
- Change your password at least every 90-180 days.
- Avoid re-using old passwords.
- Change your password if you think someone knows your password or has used it. Also, tell your LAN administrator or Help Desk.
Preventing Viruses

Computer viruses are designed to damage or destroy a computer, even without you knowing it. It is standard practice to use and maintain anti-virus software on your computer. Follow these steps to help limit viruses:

- Make sure anti-virus software is on your computer. Use the software and update it often.
- Your computer should protect against new viruses or tell you when updates are available. Every Johns Hopkins user can get this software at http://www.jhu.edu/anti-virus/.
- Question all e-mail attachments. The attachments ending in .doc and .xls (MicroSoft Word or Excel documents) are mostly safe, but virus writers may trick users by using them.
- Do not open any e-mail attachments with extensions of .exe, .vbs, .js, .hta, .pif and .shs unless you know the sender and the contents of the file.
- Do not assume that all e-mails and attachments are virus free, even if the e-mail appears to come from someone you know.
- Be careful downloading programs from the Internet and ask your LAN administrator if you have questions.

Reporting Incidents

Even with good security habits, there will be incidents from time to time that need a response. An incident could be:

- Unauthorized access to gain the ability to monitor computer activity
- Unauthorized access to steal or alter data
- Tampering with or destroying a computer, handheld device or server
- A computer virus
- Belief that someone used your account when you were not using it (for example, when on vacation)

Incident reporting is important. You should watch for unusual activity and tell your LAN administrator or HELP Desk.

What You Can Do

You need to be aware of how you use computers. You need to think of how your actions might create a security issue. Report incidents and unusual activity. And, if you are not sure of what to do, always ask your LAN administrator.
JOHNS HOPKINS COMPUTER SECURITY TIPS

www.insidehopkinsmedicine.org/hipaa

✶ Keep your user ID and password to yourself.

✶ Make your password hard to guess and change it frequently.

✶ Use only the computer systems, programs and files you are authorized and required to access to perform your job.

✶ Make sure others are not looking over your shoulder at the screen while you are accessing PHI.

✶ Avoid sending protected health information (PHI) in e-mails over the Internet.

✶ Save PHI only to a secure network, not to your local PC drive or portable device.

✶ Beware of downloading or opening software, documents or e-mail attachments from unknown, untrustworthy sources.

✶ Log off or lock your computer when not in use.

✶ Promptly get your printed documents from the printer.

✶ Do not leave unattended printouts in an open area.

✶ Seek approval from your systems administrator before installing computer programs.

✶ Use and update antivirus software regularly.

✶ Report all security incidents to your Help Desk or LAN administrator.
**Johns Hopkins Health System (JHHS) Corporate Compliance**

**Ethics, Integrity and Values**

**JHHS Corporate Compliance:**

Who, What, When, Where & How

- What is Corporate Compliance & Why have a program?
- Who oversees Compliance?
- How does it affect me?
- When do I need to think about Compliance?
- Where do I turn to if I have questions?

**What is Compliance & Why have a program?**

**Compliance:** meeting the rules and regulations required by Federal, State & Local laws, rules, regulations and by contract.

The Compliance program is designed to assure that we:
- Protect our organization, employees, and customers;
- Preserve the level of integrity that JHHS is known for;
- Promote the continued effort do the right thing;
- Maintain effective internal controls that promote adherence to legal and ethical standards;
- Promote prevention, detection and resolution of illegal or unethical conduct.

**What do I need to know?**

- That JHHS is committed to following all applicable laws and regulations and in particular, those laws and regulations that address health care fraud, waste, and abuse and the proper billing of Medicare, Medicaid, and other government funded health care programs. This includes the Federal False Claims Act and State law or related enforcement policies.

- The reputation and integrity of both the organization and our employees are valued. JHHS recognizes its employees rights under these laws and are committed to abiding by them. We rely heavily on you, our employees, to help us comply with all of the legal and regulatory requirements applicable to us by identifying potential problems, reporting them and asking questions.

  ► Proper decision making is critical to continued financial success.

**Areas of Government Oversight: Civil Fraud**

- Civil: burden is a preponderance of the evidence.
- Civil penalties increased up to $11,000 per false claim and up to 3 times the amount of each claim as damages.

  ► Penalties include acts that the provider knew or should have known were not accurate.
Special Compliance Issues

- Compliance with policies or laws isn’t always easy, even with the best intentions.
  - The following areas can create complex situations where, due to complicated laws, or human nature, it is unclear what actions are needed to “Do the Right Thing”.

Interactions with Others

- Gifts
  - Is it edible or usable in the workplace?
  - Anything else should be questioned.

- Supplier, vendor and consultant relationships
  - JHHS and its staff may not accept gifts or contributions to influence with whom we do our daily business.

- Physicians and provider relationships
  - Contracts and other formal relationships should always be reviewed by our General Counsel.

Conflict of Interest

An Officer, Trustee or other Disqualified Person connected to JHHS Corporation is deemed to have a “conflict of interest” if the person has a financial interest, directly or indirectly, through business, investment or family:

- An ownership or investment interest in any entity with which the Corporation has a transaction or arrangement
- A compensation arrangement with the Corporation or with any entity or individual with which the Corporation has a transaction or arrangement
- A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Corporation is negotiating a transaction or arrangement.

- Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature.

Workplace Conduct and Responsibility

- Obey applicable laws, rules and policies
- Behave honestly, use good judgment with high ethical standards
- Strive for mutual respect and trust
- Avoid personal conflicts of interest
- Report actual or suspected violations to management or Compliance staff

Failure to follow the Code may put yourself, patients, co-workers, institutions and/or the System at risk!
Johns Hopkins Health System (JHHS) Corporate Compliance
Ethics, Integrity and Values, Cont.

Who Oversees Compliance?
The Office of Corporate Compliance is designed to educate and train employees, preserve continued ethical and legal conduct and protect organizational and employee reputations.

• Thomas Staffa, Chief Compliance Officer
• Compliance Office, 410-614-6693
• Visit our website at: http://www.insidehopkinsmedicine.org/JHHScompliance/

Who do I ask if I have some questions?
There are several options you have for answering questions about Compliance:
  1. Talk to your supervisor.
  2. Review written materials.
  3. Contact the Compliance Office: 410-614-6693
  4. Utilize the Compliance Hotline.

Where can I report Compliance and/ or Privacy Issues?
• Compliance Hotline: 1-877-WE COMPLY
• 24/7 availability
• Non retaliation
• Anonymous, confidential
PATIENT BILL OF RIGHTS

Patient Rights and Responsibilities

As a patient at Howard County General Hospital, we want you to be well informed, participate in your treatment choices, and communicate openly with your health care team. As a patient and as a partner, we want you to know your rights as well as your responsibilities during your stay at our hospital.

Patient Rights:

Provision of Care

- You have the right to receive considerate, respectful and compassionate care in a safe setting regardless of your age, gender, race, national origin, religion, sexual orientation, disabilities, diagnosis, ability to pay or source of payment.

- You have the right to be addressed by your proper name and to be told the names of the doctors, nurses and other health care team members involved in your care.

- You have the right to have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.

- You have the right to be informed by your doctor about your diagnosis and prognosis, as well as the benefits and risks of each treatment, expected outcome and options. You have the right to give written informed consent before any non-emergency procedure or treatment begins.

- You have the right to be informed about outcomes of care, treatment and services provided, including unanticipated outcomes.

- You have the right to be informed about pain and pain relief measures and to actively participate in your pain management plan.

- You can expect full consideration of your privacy and confidentiality in care discussions, examinations and treatments. The presence of a chaperone during any type of examination may be requested.

Provision of information

- You have the right to sign language or foreign language interpreter services. We will provide an interpreter as needed.
PATIENT BILL OF RIGHTS

- You have the right to be involved in your discharge plan. Prior to your discharge from the hospital, you can expect to receive information about follow-up care that may be needed after you are discharged.

- You can expect that all communications and records pertaining to your care are confidential, unless disclosure is permitted by law. You have the right to review or obtain a copy of your medical records and receive an accounting of disclosures regarding your health information, within a reasonable timeframe. You may also request amending your medical record by contacting the Health Information Management Department.

- You have the right to receive detailed information about your hospital and physician charges.

Personal rights

- You have the right to be free from restraints and seclusion in any form that is not medically required.

- You have the right to be free from all forms of abuse, neglect and exploitation.

- You have the right to access protective and advocacy services. The hospital will provide a list of state protection and advocacy groups upon request.

Refusal of Treatment

- You and your family, as appropriate, have the right to actively participate in decisions regarding your care, treatment and services provided, including the right to refuse treatment to the extent permitted by law and to be advised of the medical consequences of your refusal. If you choose to leave the hospital against the advice of your doctor, the hospital and doctors will not be responsible for any medical consequences that may occur.

- You have the right to agree to or to refuse to, take part in medical research studies. You may at any time withdraw from a study and it will not affect your usual medical care.

Advance Directives

- You have the right to make an advance directive, such as a living will, and appoint someone to make health care decisions for you if you are unable. If you do not have an advance directive, we can provide you with information and assistance to complete one. You have the option to review and revise advance directives.
PATIENT BILL OF RIGHTS

Concerns or complaints
- You have the right to voice your concerns about the care or services you receive. If you have a problem or complaint, you may talk with your doctor, nurse manager or a department manager. You may also contact the Quality & Patient Safety Department to assist you with your concerns by calling 410-740-7912, or by writing to Quality & Patient Safety Department, Howard County General Hospital, 5755 Cedar Lane, Columbia, Maryland 21044. If your concern is not resolved to your satisfaction, you have the right to request a review by the Maryland Department of Health & Hygiene, Office of Health Care Quality, Hospital Complaint Unit, Spring Grove Hospital Center, Bland Bryant Building, Catonsville, Maryland 21228, 410-402-8016.

Support
- Following discussion with your health care team, if you need to discuss an ethical issue related to your care, a member of the Ethics Service is available at all times. The Ethics Service can be contacted through members of the health care team.

Chaplains are available to assist you with your religious and spiritual needs or to contact your own clergy. A chaplain can be reached at 410-740-7898

Patient Responsibilities:

Provision of Information
- You are expected to provide complete and accurate information, including your full name, address, home telephone number, date of birth, Social Security number, insurance carrier and employer when it is required.

- You should provide the hospital or your doctor with a copy of your advance directive if you have one.

- You are expected to provide complete and accurate information about your health, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products and any other matters that pertain to your health, including perceived risks in your care and unexpected changes in your condition.

- You are expected to provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner
# 2013 National Patient Safety Goals

**Hospital National Patient Safety Goals**

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in healthcare safety and how to solve them.

<table>
<thead>
<tr>
<th>Identify patients correctly</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.01.01.01</td>
</tr>
<tr>
<td>Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment. Make sure that the correct patient gets the correct blood when they get a blood transfusion.</td>
</tr>
<tr>
<td>NPSG.01.03.01</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Improve staff communication</th>
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<tbody>
<tr>
<td>NPSG.02.03.01</td>
</tr>
<tr>
<td>Get important test results to the right staff person on time.</td>
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<table>
<thead>
<tr>
<th>Use medicines safely</th>
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</thead>
<tbody>
<tr>
<td>NPSG.03.04.01</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>NPSG.03.05.01</td>
</tr>
<tr>
<td>Take extra care with patients who take medicines to thin their blood.</td>
</tr>
<tr>
<td>NPSG.03.06.01</td>
</tr>
<tr>
<td>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 medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prevent infection</th>
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</thead>
<tbody>
<tr>
<td>NPSG.07.01.01</td>
</tr>
<tr>
<td>Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.</td>
</tr>
<tr>
<td>NPSG.07.03.01</td>
</tr>
<tr>
<td>Use proven guidelines to prevent infections that are difficult to treat.</td>
</tr>
<tr>
<td>NPSG.07.04.01</td>
</tr>
<tr>
<td>Use proven guidelines to prevent infection of the blood from central lines.</td>
</tr>
<tr>
<td>NPSG.07.05.01</td>
</tr>
<tr>
<td>Use proven guidelines to prevent infection after surgery.</td>
</tr>
<tr>
<td>NPSG.07.06.01</td>
</tr>
<tr>
<td>Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identify patient safety risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.15.01.01</td>
</tr>
<tr>
<td>Find out which patients are most likely to try to commit suicide.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prevent mistakes in surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>UP.01.01.01</td>
</tr>
<tr>
<td>Make sure that the correct surgery is done on the correct patient and at the correct place on the patient’s body.</td>
</tr>
<tr>
<td>UP.01.02.01</td>
</tr>
<tr>
<td>Mark the correct place on the patient’s body where the surgery is to be done.</td>
</tr>
<tr>
<td>UP.01.03.01</td>
</tr>
<tr>
<td>Pause before the surgery to make sure that a mistake is not being made.</td>
</tr>
</tbody>
</table>

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The Joint Commission Accreditation Hospital

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.
SAFETY

What can you do to promote patient safety?

• Think before you act.
• Use two patient identifiers.
• Ensure complete communication (using SBAR) during hand-offs of care.
• Speak out, report mistakes.
• Use write down, read-back confirmation to ensure accuracy of telephone or verbal communications.
• Label all medications and medication containers with drug, strength, and amount.
• Identify fall risk and institute recommended risk reduction strategies.
• Look for system flaws and assess your own practice for potential threats to safety.
• Share ideas for safety improvement.

**REMEMBER, PATIENT SAFETY BEGINS WITH YOU!**
What is Patient Safety Net (PSN)?

- A non-punitive web-based event reporting system
  - Prevention - NOT Blame!
    - The focus will be on a systems approach to understanding events and not on "punishing" the involved parties.
    - PSN is organized under a medical peer review committee structure. The information entered into the system isn't considered discoverable in litigation. In essence, entering the report into PSN actually protects the information.
- Available on all public workstations
- PSN is NOT a substitute for documentation or placing a service request.

PSN Features

- Captures patient, visitor, and service events
- "Near miss" reporting
- Reporting triggers e-mail alerts to appropriate manager(s), physician(s) and others

What do I report in PSN?

- Medication events
- Adverse drug reactions
- Equipment/supply and device events
- Falls
- Skin breakdown (pressure ulcers, burn, lacerations)
- Unexpected events during surgical or invasive procedures (break in sterile technique, incomplete sponge count (sponges, needles, etc.), inadequate preparation, wrong procedure, wrong site/side)
- Unexpected events during respiratory care procedures and treatments (self extubations, ventilator events, missed treatment, etc.)
- Events related to laboratory and/or radiology tests (test not ordered or performed, wrong test ordered or performed, specimen delivery problem, mislabeled specimen or results, delay, wrong interpretation)
- Unexpected complications of procedures, treatments, and tests (Death, CPR, unplanned transfer to ICU, wound dehiscence, DVT, pneumothorax, Anesthesia/sedation event, Maternal/neonatal complications, Nosocomial infections, IV site complications)
- Behavioral events (Assault by patient, visitor, or staff, Threat by patient, Patient self harm, Refusal of therapy)
- Communication and records (Inadequate communication, Records/charts unavailable, Records/chart incomplete, Access to care problem, Referral information problem)
- Miscellaneous (Discharge against medical advice, Elopements, Inadequate privacy, Missing or incorrect patient ID, Patient/family complaints)
- Other: Property damage or loss, Environmental hazard or fire, Narcotic discrepancy or drug diversion, Inappropriate behavior by staff
- Blood transfusion reactions
For more information, click the link **What is UHC Patient Safety Net (PSN)?**
The PSN online reporting system replaces the HCGH paper Adverse Event form and the Medication Variance form.

A list of what to report and what not to report in PSN can be found when you click on the PSN link.

To prevent incomplete reports from being submitted:
- Some fields are required, and you won’t be permitted to proceed to the next page unless they are completed.
- If you close the PSN before you submit the report, you will lose all the information you just entered.

For successful reporting—be prepared before you start entering information into PSN:

For all patient events, you will need:
- Patient name
- Patient MOO#
- For medication events, you will need the name of the medication and dose.
- For patient falls, you will need the most current Morse Score.
- For reporting any type of skin breakdown, you will need the most current Braden Score.
- To assign a HARM score. See the back of this sheet for HARM score examples.

There is a timer in the top right corner—you have 15 minutes to complete the report or it will kick you out and you will have to start all over! How can you avoid this?
- Fill out a report when you know you will not likely be interrupted. Periodically click on “reset timer”. This will “restart” the clock.
ADVANCE DIRECTIVES

Policy of HCGH

- Howard County General Hospital will honor a valid living will.
- Living wills made prior to October 1, 1993 will be honored even if not in accord with the requirements for living wills made after October 1, 1993.

Copies of Advance Directives will be found in the front of the patient chart. If the patient does not bring in a copy of the Advanced Directives, the documentation of the intent of the Advance Directive is found in the admission assessment (except 1N)

Stress to patient and the family the importance of bringing a copy of the Advance Directives to the hospital

If patient does not have Advance Directives, offer the patient the opportunity to formulate Advance Directives while they are in the hospital.

Inpatients

Inpatients who have elected not to be resuscitated in the event of a cardiopulmonary arrest will wear a blue bracelet. A physician’s order stating this must be written in the order section of the chart. Two nurses will complete the blue “Do Not Resuscitate” sheet and place it as the first page in the patient’s chart.

Outpatients

At the time of registration, outpatients who attend ongoing treatments (PT/OT/SLP, Cardiac Rehab, Pulmonary Rehab, The Center for Wound Healing, Anticoagulation, and EECP) are asked if they have advanced directives identified in the event of a cardiopulmonary arrest. The patients are to bring a copy of their advanced directives (especially individuals who are returning for ongoing treatments) and it is permanently placed in the patient’s active medical record. Each department will assure it is easily removable in the event of a cardiopulmonary arrest, to provide to the code team.
SAFETY MANAGEMENT/SAFETY PLAN

Emergency Notification

For all emergencies that require immediate response, dial 5151. This line is answered immediately. If you dial the operator, the call will be answered in the order in which it was received – the operator has no idea that any call is urgent.

Examples: cardiac arrest, fire, and threat of fire
- **For cardiac arrest:** Departments in the Ambulatory Care Center, state floor and location.

In addition, each bed has a code button, which immediately notifies the hospital operator to call a code for that unit. In most rooms, the button is located behind the bed on the nurse call system.

Fire Safety

1. Review of the CODE RED PROCEDURE:
   a. **Actions to take if the fire is in your immediate area:** RACE
      - **REMOVE:** anyone in immediate danger to a safe location.
      - **ALARM:** sound the fire alarm by: Pulling the nearest alarm pull station OR call the switchboard on ext 5151
      - **CONFINE:** the fire and smoke by closing all doors.
      - **EXTINGUISH:** the fire if you can do it safely.
   b. **Actions to take if the fire is NOT in your immediate area:**
      - Remain in your area until notified. DO NOT GO TO THE FIRE LOCATION.
      - Close all windows and doors
      - Locate all patients and staff
      - Clear exits and corridors
      - Call communications ONLY if you have information related to the fire.

Operating a Fire Extinguisher: **PASS**
   - **PULL** the pin.
   - **AIM** the nozzle at the BASE of the fire.
   - **SQUEEZE** the handle.
   - **SWEEP** the nozzle from side to side.

2. When a **Code Red or Code Red Drill** is announced, promptly:
   - Close all doors to the rooms.
   - Check the hallway for adequate clearance, clear stretchers and wheelchairs if needed.

Personal Safety - Incident Report

These reports are completed when something “out of the ordinary” happens to an employee, such as a needle stick, fall, etc. These reports are given to the manager on duty or Nursing Supervisor immediately if the unit manager is not present. The incident should be reported as soon as possible after the injury occurs. Typically, an employee is advised to see the Employee Health Nurse or go to the emergency department, when the Employee Health Nurse is not available, for assessment and treatment.
EMPLOYEE INCIDENT REPORT

Part I. Employee Information:
Name: (Last)_____________________________ (First)_____________________________ (MI)___________
Address:________________________________ City:_________________________ State:______ Zip Code:___________
Marital Status: Married ___ Single___ Widowed ___ Divorced ___ Male___ Female___ Date of Birth:____________________
SS#:_____________________ Job Title:______________________ Dept:__________________________
Phone#:________________________ Alternative Phone#:_______________________

Part II. Employee Incident Information:
Date of Incident:____________________ Time of Incident:__________ AM/PM Date Reported to Supervisor:_____________________
Time Work Day Began:________________ AM/PM If Applicable: Years of Clinical Experience:____________________
Location of Incident:________________________________ Building:____________________________ Room:_____________________

BODY
PART:________________________________ DETAILS:________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
Was there a safety procedure or mechanism available? Yes ___ No___ Was it in use at the time of incident? Yes ___ No ___
Is the activity part of the normal job duties? Yes___ No___ If Applicable: Date of last training session on safety equipment _______________.
Frequency of using safety equipment: always____ sometimes____ rarely/never _____
List names of anyone present at the time of the incident:____________________________________________________________________
Probable cause of incident (object or substance responsible for injury/illness):_________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
Is this a new or repeat injury to the same body part? New ____ Repeat ____
Date:_________________ Time:_________________ Employee
Signature:____________________________________________
I hereby affirm that these statements are true and correct to the best of my knowledge.

Part III: To be completed and signed by Supervisor or Dept. Head.
If indicated, what was discussed with employee to prevent recurrence?______________________________________________________________
________________________________________________________________________________________________________________________
Date:______________ Supervisor or Dept. Head
Name:________________________ Phone#:________________________

Note: Any additional comments you feel are pertinent to an investigation of this incident can be made on a supplemental sheet and attached.

Part IV: For Occupational Injury Clinic Use Only Inc.#.________________________________ ICD9 DX Code:____________________
Disposition: Full Duty ___ Restricted ___ Off Duty ___ Restrictions _____ not accommodated ___ Referral ___ (ED, Ortho, etc.)
EMERGENCY PREPAREDNESS PLAN

Location of Emergency Preparedness Manual/Content Overview


1. Notify Hospital Operator (Dial 5151).
2. Announce: “This is a Code Yellow Alert
3. Describe location, situation, and specific assistance needed.

The Emergency Preparedness Manual gives specific information on procedures for the following emergency situations:

- External Disaster
- Internal Disaster
- Bomb Threat
- Ethylene Oxide Mishap
- Fire
- Hostage Situation
- Loss of Power
- Weather Emergencies
- Loss of Telecommunications

Evacuation

The decision to evacuate is made by the Security Department and the Fire Department. There are three phases:

1. Remove patients to a safe area on the same level.
2. Remove patients to a safe area on the floor below.
3. Remove patients to a safe area outside the building.

Department/Position Specific Procedure

Statewide Code Notification (reminder call 5151 for all codes, never dial 0): See Uniform Emergency Codes on page 47

Please note that at HCGH, we have a dedicated Code Blue response team. Key members from certain units will always respond to a Code Blue.
DO YOU NEED THE RAPID RESPONSE TEAM?

WHY

To support staff that are caring for a deteriorating patient by providing critical care expertise at the bedside.

WHO

The Rapid Response Team (RRT) consists of:
The ICU charge nurse, a respiratory therapist and a physician.

WHEN

The criteria for calling the RRT include, but are not limited to, acute changes in:

- **Respiratory Status**
  - SpO2 sat less than 90% despite O2
  - Increased work at breathing
  - Respiratory rate less than 8 or greater than 30

- **Circulatory Status**
  - Pulse rate less than 40 and symptomatic
  - Pulse rate greater than 140
  - Systolic blood pressure less than 90 mmHg

- **Neurological Status**
  - Sudden decrease in level of consciousness
  - Repeated or prolonged seizures

- **Urinary Status**
  - Acute change in urine output to less than 50 ml in 4 hours

- **Hemostasis**
  - Acute significant bleeding

- **Other**
  - Failure to respond to treatment for an acute problem/symptom
  - Significant family concerns regarding acute change in patient condition unresolved by primary MD.

>>> Above all, notify the RRT for any patient you are seriously concerned about even if the patient doesn’t fit the above criteria.

HOW

Contact the RRT by calling 5151 and letting the operator know you need the "Rapid Response Team to room #____". The operator should then overhead page, "RRT to room #____".

>>> Remember, you also need to notify the attending physician PRIOR TO or AT THE SAME TIME that you call the RRT.
The Department of Health and Mental Hygiene with the State of Maryland has adopted regulations requiring all Maryland hospitals to use a uniform set of emergency security codes effective.

UNIFORM EMERGENCY CODES

Code Red

Code Pink

Code Blue Adult

Code Blue Child

Code Blue Infant

Code Green

Code Orange

Code Gray

Code Purple

Code Yellow
HAZARDOUS MATERIAL AND WASTE PLAN

Many of the cleaning materials and chemical solutions located in your work area can be hazardous if there is an accidental splash or spill. HCGH has an on-line Safety Data Sheet (SDS) program that enables you to search for a chemical should you need information. ChemWatch.net is available on the hospital Intranet page in the lower left corner by clicking on the icon shown below. This site will allow you to search Safety Data Sheets (SDS) and obtain the information you need.

Department Specific Information

- Soiled linen hampers should be kept covered at all times, and never be allowed to overflow.
- Clean linen should be kept covered with the cover of the cart and should not be stockpiles in patient rooms.
- Nothing should be kept beneath the sinks except for cleaning materials.
- Keep all chemicals properly labeled and stored to prevent mishaps.
- Sterile water and sterile saline bottles and irrigation sets should be dated when opened so that they can be discarded before they become contaminated.
- Supplies for measuring output need to be labeled with patient name to prevent cross contamination.
- Refrigerators for patient nourishment and medications need to have temperature recorded daily (maintain at 38 degree F or below) Medication refrigerators should contain only medications and patient nourishment refrigerators should contain only labeled food items.
- Employee food is to be kept in the employee refrigerator in the staff lounge. It is the responsibility of each employee to maintain a clean food environment.
SECURITY MANAGEMENT PLAN

Patient Security
Special Reminders to all staff:

1. Report any suspicious activity, especially in the areas of 1 North, MCU, ED and Pediatrics.

2. Visitors must have a pass at all times.

3. Security officers are on duty 24 hours a day, 7 days a week.

Security Notification

1. Non emergency number  7911

2. Panic button and/or Security button (these are present in the ED and 1 North depts.)

Parking

1. Free parking is available in the employee parking area, located off of Charter Drive

2. Do not park in designated patient parking areas.

Escort service is available 24 hours a day.
INFECTION CONTROL

Infection Control/Exposure Manual

Infection control information can be obtained in two ways:
1. The Infection Control Manager
2. Review the policies & procedures on infection control issues that can be found on the HCGH intranet—scroll to infection control

You must review the following policies:
• OH-13 – Healthcare Worker Exposure to Blood or Body Materials
• IC H-01 – Hand Hygiene
• IC S-03 – Standard Precautions

Personal Protective Equipment (PPE)

• Personal protective equipment must be available at the bedside
• Replace if you used it.
• When to use:
  Anytime you anticipate the chance of exposure to body fluids could occur. PPE is just like wearing a seat belt in a car—it doesn’t do you any good to put the equipment on AFTER the accident occurs.

Infection Control Measures on Your Unit:

1. Objectives:
   • Prevent hospital acquired infections
   • Prevent the transmission of all infections
2. Always comply with Standard Precautions
3. Hand hygiene before and after patient contact
4. No food or drinks in the unit except break areas
5. Equipment to be wiped down with disinfectant after each use with proper contact time maintained
6. Isolation Supplies – most units have a plastic caddy that is placed on the door of the patient’s room to store gowns, gloves, and masks. Be sure the appropriate isolation precaution sign(s) are visible at the entrance of the patient room.

Hand Hygiene

The following products are used for hand hygiene at HCGH:
• Waterless hand sanitizer – Acceptable alternative to soap and water hand washing unless there is visible soil on the hands. It effectively destroys organisms and penetrates under fingernails better than soap. It contains emollients and is less drying than soap and water.
• Soap and water – Take 15 seconds to vigorously rub together all surfaces of lathered hands and rinse under a stream of water. Dry with a paper towel. Use the paper towel to turn the faucet off.
• Specific hand washing procedures will be required for NICU and in the well baby Nursery.
INFECTION CONTROL Cont.

Artificial Nails

- Artificial nails, including overlays, gels wraps, acrylics, are NOT permitted when working in a clinical area.
- Nail length must not be longer than ¼ inch beyond the fingertips.
- Nail polish is permitted as long as it is not cracked or chipped.

Fragrance-free Policy

Fragrance products such as perfume, cologne, aftershaves, or strongly scented cosmetics, hair care products and skin lotions are associated with a variety of adverse health effects. Howard County General Hospital has instituted a fragrance-free policy. Please refrain from wearing scented or fragrance products while functioning in the clinical field.

Standard Precautions

- Standard precautions are to be used on all hospital patients, regardless of their diagnosis or presumed infectious status, when coming into contact (or risk of contact) with any of the following: blood, all body fluids, secretions and excretions except sweat, nonintact skin, or mucous membranes,
- Consistent and thorough hand hygiene.
- Extreme care to prevent needle stick and other injury from sharp instruments.
- Barrier precautions:
  - Gloves for contact with any body fluids or surfaces soiled with fluids.
  - Gowns, face masks, and eye coverings during procedures in which there is any expected spray or splash. High risk activities for spraying/splashing include: drawing arterial blood gases, suctioning respiratory secretions, emptying urine containers, changing dressings, administering blood.
- All equipment must be cleaned with a hospital approved disinfectant/ germicide following manufacturers recommendations.
- Follow unit policies for the management of soiled equipment
- When isolation is discontinued, the door sign is left in place until Environmental Services has completed cleaning of the room.
HIGHLIGHTS FROM THE EXPOSURE CONTROL PLAN

Standard Precautions will be observed at this facility in order to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

Standard Precautions applies to all patients and includes:
- Blood
- All body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood
- Nonintact skin
- Mucous membranes

Note – A person can look healthy and still transmit bloodborne disease such as HIV.

Work Practice Controls

Hand Hygiene – the use of gloves and other personal protective equipment (PPE) does not reduce the importance of hand hygiene. Hand hygiene needs to be performed after removing gloves.

When hands are not visibly soiled, an alcohol-based hand rub may be used to sanitize hands. When hands are visibly soiled, soap and water are to be used for handwashing. Hand hygiene reduces the risk of spreading infection.

To use the alcohol-based hand rub:

1. Hands should be free of visible debris.
2. Apply sufficient amount to wet hands thoroughly.
3. Rub hands together, covering entire surface, including nails.
4. Allow to dry completely

Needles/Sharps Disposal

Contaminated needles and sharps will not be bent, recapped, removed, sheared, or purposely broken.

Needle/sharp safety devices are required for use whenever they are provided by the hospital. Sharps containers are routinely changed by the vendor, but containers must be sealed and removed when ¾ full.
HIGHLIGHTS FROM THE EXPOSURE CONTROL PLAN

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious material, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Contaminated Equipment

In general, the hospital approved disinfectant meets all CDC and EPA guidelines for decontamination of environmental surfaces. Appropriate contact time must be adhered to for a cleaning solution. Employees must exercise caution when handling contaminated environmental surfaces. Personal protective equipment (PPE) and hand hygiene are essential.

Infectious Waste

Red is the universal symbol for infectious material. All infectious material is to be disposed of in a red bag or an infectious waste container lined with a red bag. Red bags are to be sealed when ¾ full. Red bags are not to be placed in containers with clear bags.

Personal Protective Equipment (PPE)

Uniforms, warm-up jackets and lab coats, purchased by individual employees are not to be used as PPE. If personal uniforms or scrubs become contaminated, notify your supervisor for assistance in obtaining clean scrubs and having the clothing laundered. Contaminated clothing should be removed in a manner to prevent inadvertent contamination of the body.

Disposable gowns that are fluid resistant and/or impermeable should be worn over uniforms or hospital scrubs whenever there is a need to prevent splattering or soiling of uniforms with blood, body fluids, or substances. They are not to be worn in the hallway. Gowns should be removed by gently pulling the gown off of the arms, turning it inside out to prevent contact/touching the outside.

Eye protection/face shields must be worn whenever splattering of blood or body fluids into the eyes is a possibility.

A surgical mask is to be worn when contamination of the mouth, nose, or nonintact skin of that area is anticipated. For example, wear a mask when you are in close range of another’s respiratory secretions. To remove, untie and hold by the strings to discard. The N95 (orange) mask is used in certain situations and is only to be used by those who have been fit tested.
HIGHLIGHTS FROM THE EXPOSURE CONTROL PLAN

Gloves must be worn when handling items contaminated with body fluids or when doing a procedure that may result in an exposure to body fluids.

Gloves are to be removed at the point of use and **not worn in the hallways.**

To remove gloves, peel one glove off from the top to the bottom and hold it in the other gloved hand. With the exposed hand, peel the second glove from the inside, tucking the first glove into the second. This minimizes the risk of touching the contaminated portion of the glove.

**Labels**

Look for the biohazard symbol, but keep in mind that labels to warn of biohazard are not required when:
- Red bags or containers are used.
- Containers of blood or blood products are labeled as to their contents and have been released for transfusion.

**Laundry/Linen**

All used linen is considered contaminated and potentially infectious. Used linen is to be handled as little as possible – When removing soiled linen from a bed prior to bagging wear gloves and a gown if necessary.
- Linen is not to be agitated, thrown on the floor, stored in patient rooms, or carried against the body.

**Hepatitis B Vaccine**

The best defense against acquiring Hepatitis B is vaccination. The vaccine is a non-infectious, yeast-based vaccine given in three injections, in the arm. Hepatitis B vaccine is available, without charge, to all employees in Category I – those who may have regular occupational exposure to blood or body fluids and substances of patients. New employees must be given the opportunity to start the vaccine series within 10 working days of beginning the job.

An employee who is eligible for the vaccine and declines to receive it must sign a waiver. Although the vaccine is recommended for all employees at risk, it is not required. If a waiver is signed declining the vaccine, the employee still has the right to change his/her mind and accept it at a later date if he/she remains in a job at risk.

At the current time, CDC does not recommend routine Hepatitis B vaccine boosters. If this should become a public health recommendation, the hospital will provide the booster vaccine free of charge to employees.

**Post Exposure Evaluation and Follow-Up**

In accordance with CDC guidelines, the OSHA standard, and Maryland State Law, the hospital provides post exposure evaluation and follow-up. The policy OH-13, Healthcare Provider Exposed to Blood or Body Fluids, can be found in the portal under Occupational Health Policy. In addition, it can be found in the Exposure Control Manual.
**Employee Responsibilities Following an Exposure to Blood or Other Potentially Infectious Body Fluids:**

Time is of the essence – Begin this process **immediately** after the exposure. Report to Employee health or to the ED within ½ hour following your exposure.

1. Wash the affected area with soap and water. For splashes to the eye, flush with water or saline.
2. Call your supervisor or designee to report the exposure.
3. Report to Employee Health. (During off-hours, report to the ED Triage Area.
4. If you were seen in the ED, call Employee Health (ext. 7838) on the next business day (Monday- Friday) to arrange for a follow-up appointment.

**TUBERCULOSIS INFORMATION SHEET**

Tuberculosis (TB) is a serious disease caused by a tiny germ called Mycobacteria tuberculosis.

The TB germ is spread from person to person through the air. The germ gets into the air when a person with TB disease of the lungs, or throat, coughs, sneezes, talks, or sings. The risk of getting TB is greater if a person spends long periods of time indoors with someone who has active TB.

A skin test called a PPD can determine when a person has the germ.
- A negative result means you probably do not have the TB germ.
- A positive result usually means you do have TB germs.

A person with a positive result will need a chest x-ray &/or sputum tests to determine if they have TB disease.

A person can carry the TB germ without having tuberculosis disease. This is referred to as TB infection. People with TB infection:
- do not feel or look sick
- are not infectious and cannot infect other people
- are not considered a case of tuberculosis
- usually have a positive PPD.

Medication is recommended, in some people, to prevent TB disease.

People with TB disease or active TB can infect others unless they are being treated for tuberculosis. People with TB disease or active TB usually show symptoms of illness such as:
- coughing up blood
- unexplained weight loss
- fever/chills
- cough of more than three (3) weeks duration

It is important that people with TB disease take the proper medication, for the correct period of time, to cure the disease.
Some people are at higher risk for TB disease. They include:
- close contacts of a person with TB
- people with HIV
- alcoholics and drug users
- people with certain medical factors (diabetes mellitus, chronic renal failure, silicosis)
- people who reside in high risk settings (correctional facilities, shelter, long-term care facilities)

TB transmission can be prevented in the hospital by:
- identifying patients with TB early in hospitalization &
- initiating Airborne Isolation for patients with known or suspected TB.
  This includes:
    Private room with negative air pressure.
    Keeping isolation room doors closed.
    Employee use of N-95 mask (orange) when entering the room. Patient wears regular surgical mask if they need to leave the room.

See Infection Control Procedure ICT-2.2 for specific steps to prevent transmission.
Policy/Procedure

1. Each department within the hospital operates under policies and procedures. The Patient Care Services division contains policies that are applicable to the Nursing units as well as some applicable to Ancillary Services departments. Many units also have additional policies and procedures that are specific to their unit.
   Some units that have additional policies and procedures are:
   - Emergency Department
   - Intensive Care Unit
   - Intermediate Care Unit
   - Ancillary departments such as Cardiac Rehab and Rehab Services (OT, PT, SLP)

   As an example, the staff on the IMC needs to be familiar with the entire General Nursing policies as well as the policies and procedure in the IMC Policy and Procedure Manual. The staff in the ED needs to be familiar with the General Nursing Policies and the ED specific policies, etc.

2. Policies and procedures are accessed through the Meditech library.

HOSPITAL MAPS

To locate a map of the hospital, use the link below:


For a campus map, use the link below:

http://www.hopkinsmedicine.org/howard_county_general_hospital/patient_visitor/preparing_visit/campus_map.html
COMMUNICATIONS

Telephone

1. **Voice Mail** -- When leaving a message, speak clearly and slowly; leave name, department and telephone number.

2. **Note:**
   - Numbers beginning with “6” **CAN NOT BE DIALED DIRECTLY**
   - Numbers beginning with “7” have an exchange of 410- 740
   - Numbers beginning with “8” have an exchange of 410- 720
   - Numbers beginning with “4” have an exchange of 410- 884
   - Numbers beginning with “3” have an exchange of 443- 718

How to Page

1. Dial 7500 (or 410-740-7500 from outside the hospital)
2. Enter the beeper number (called ID to page)
3. Enter the extension that you need the individual to call, then type # and hang up. Note: Please type this number slowly or the person you paged may not see your call back number.
4. The 10 digit page number is also an alternative and required when the system is malfunctioning.

Answering the Phones

- Answer phone courteously, clearly stating your department and name.
- Patients requesting medical advice refer to the charge nurse, or supervisor or manager (no medical advice over the phone)
- Do not give information about patients over the phone; allow the patient or family member to speak to the caller when possible or take a number to have them call back.
- Respect patient confidentiality.

Accessing the Phone Directory

You can visit the website [www.hcgh.net/Intranet/Main](http://www.hcgh.net/Intranet/Main)
There will be a link at the top for the Phone Directory
Directions To Hospital

Howard County General Hospital
5755 Cedar Lane
Columbia, Maryland 21044
410-740-7890

From Baltimore

- Take Baltimore Beltway 695 to Exit 16 - Route 70 West toward Frederick (this exit is after Security Boulevard.)
- Exit at Route 29 South - toward Columbia.
- Continue on Route 29 to Exit 18 - Columbia Town Center. Upon exiting, stay in the left lane and turn left at first light onto Broken Land Parkway.
- At second traffic light, turn left onto Little Patuxent Parkway.
- Continue on Little Patuxent Parkway for approximately 1 mile - you will pass Howard Community College and Central Maryland Oncology Center on your left.
- Turn left to enter Howard County General Hospital just before the traffic light at the intersection of Cedar Lane and Little Patuxent Parkway.

From Baltimore taking 95 South

- Take 95 South to Exit 38-B - Route 32 West.
- Follow Route 32 to exit 17 for Cedar Lane. Upon exiting, bear right onto Cedar Lane.
- Continue on Cedar Lane (approximately 2.5 miles) - after the third traffic light, stay in right lane and Howard County General Hospital is located on the right just before the intersection of Cedar Lane and Little Patuxent Parkway.

From Frederick

- Take Route 70 East towards Baltimore.
- Bear right onto 32 East towards Columbia.
- Follow Route 32 to Exit 17 for Cedar Lane. At the light, turn left onto Cedar Lane.
- Continue on Cedar Lane (approximately 2.5 miles) - after the third traffic light, stay in right lane and Howard County General Hospital is located on the right just before the intersection of Cedar Lane and Little Patuxent Parkway.

From Washington D.C. and Points South

- Take Route 95 North or Route 29 North from the Beltway 495 to exit 38B for Route 32 West towards Columbia.
- Follow Route 32 to exit 17 for Cedar Lane. Upon exiting, bear right onto Cedar Lane.
- Continue on Cedar Lane (approximately 2.5 miles) - after the third traffic light, stay in right lane and Howard County General Hospital is located on the right just before the intersection of Cedar Lane and Little Patuxent Parkway.

From Annapolis and Points East

- Take Route 50 West to Exit 21 for Interstate 97 North. Follow Interstate 97 to Exit
MEDITECH ACCESS FOR CONTRACTED EMPLOYEES

Instructions for requesting Meditech Access:

1) Complete one Computer Password Request form per employee, including all of the following fields:
   a) Date requested
   b) Date needed
   c) User’s First Name
   d) User’s Last Name
   e) User’s Middle Initial
   f) User’s phone number/extension (employee’s name)
   g) Users’ Supervisor
   h) Expiration Date (for contracted employees only)
   i) Signature of employee and manager

2) Fax completed forms to HCGH Information Technology department at 410-740-7565

3) IT department will complete requests within 1 week and will forward Password Request forms to appropriate department in envelope with employee’s name on outside

4) Department manager is responsible for picking up Password Request forms from and for training contracted employees.

5) Once training is completed, signed forms should be sent back to IT.
Dial x-5151 to report any of the following:

- Cardiac Arrest (Adult, Child, Infant)-“Code Blue”
- Emergency or Disaster-“Code Yellow”
- Fire-“Code Red”

**RACE:**

- **R** emove anyone in immediate danger
- **A** larm-sound the fire alarm
- **C** ontain-the fire and smoke (close the door)
- **E** xtinguish the fire if you can do it safely

- Hazardous Material Spill/Release-“Code Orange”
- Infant or Child Abduction-“Code Pink”

**Identification** - Contracted employees and faculty are required to wear identification specific to the agency.

**Parking** - Free parking is available in the employee parking area, located off of Charter Drive. Do not park in designated visitor parking areas.

**Security Emergency** - dial X-5151 (7911 non-emergency)

**Service Excellence-Hospital Mission:** Provide the highest quality care to improve the health of our entire community through innovation, collaboration, service excellence and a commitment to patient safety.

**Our goal is to communicate a caring attitude and to anticipate needs.**

**Always:**

- Greet the patient-make eye contact and smile.
- Introduce self. State role.
- When leaving the patient, ask “Is there anything else I may get for you?”
- Always identify a timeframe when you will return.
The Joint Commission

Official "Do Not Use" List

<table>
<thead>
<tr>
<th>Do Not Use</th>
<th>Potential Problem</th>
<th>Use Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>U (unit)</td>
<td>Mistaken for &quot;0&quot; (zero), the number &quot;4&quot; (four) or &quot;cc&quot;</td>
<td>Write &quot;unit&quot;</td>
</tr>
<tr>
<td>IU (International Unit)</td>
<td>Mistaken for IV (intravenous) or the number 10 (ten)</td>
<td>Write &quot;International Unit&quot;</td>
</tr>
<tr>
<td>Q.D., QD, q.d., qd (daily)</td>
<td>Mistaken for each other</td>
<td>Write &quot;dally&quot;</td>
</tr>
<tr>
<td>Q.O.D., QOD, q.o.d., qod</td>
<td>Mistaken for each other</td>
<td>Write &quot;every other day&quot;</td>
</tr>
<tr>
<td>(every other day)</td>
<td>Period after the Q mistaken for &quot;I&quot; and the &quot;O&quot; mistaken for &quot;I&quot;</td>
<td></td>
</tr>
<tr>
<td>Trailing zero (X.0 mg)*</td>
<td>Decimal point is missed</td>
<td>Write X mg</td>
</tr>
<tr>
<td>Lack of leading zero (.X mg)</td>
<td></td>
<td>Write 0.X mg</td>
</tr>
<tr>
<td>MS</td>
<td>Can mean morphine sulfate or magnesium sulfate</td>
<td>Write &quot;morphine sulfate&quot;</td>
</tr>
<tr>
<td>MSO₄ and MgSO₄</td>
<td>Confused for one another</td>
<td>Write &quot;magnesium sulfate&quot;</td>
</tr>
</tbody>
</table>

1 Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

*Exception: A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

Additional Abbreviations, Acronyms and Symbols
(For possible future inclusion in the Official "Do Not Use" List)

<table>
<thead>
<tr>
<th>Do Not Use</th>
<th>Potential Problem</th>
<th>Use Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; (greater than)</td>
<td>Misinterpreted as the number &quot;7&quot; (seven) or the letter &quot;L&quot;</td>
<td>Write &quot;greater than&quot;</td>
</tr>
<tr>
<td>&lt; (less than)</td>
<td>Confused for one another</td>
<td>Write &quot;less than&quot;</td>
</tr>
<tr>
<td>Abbreviations for drug names</td>
<td>Misinterpreted due to similar abbreviations for multiple drugs</td>
<td>Write drug names in full</td>
</tr>
<tr>
<td>Apothecary units</td>
<td>Unfamiliar to many practitioners</td>
<td>Use metric units</td>
</tr>
<tr>
<td>@</td>
<td>Confused with metric units</td>
<td></td>
</tr>
<tr>
<td>cc</td>
<td>Mistaken for the number &quot;2&quot; (two)</td>
<td>Write &quot;at&quot;</td>
</tr>
<tr>
<td>µg</td>
<td>Mistaken for mg (milligrams) resulting in one thousand-fold overdose</td>
<td>Write &quot;mcg&quot; or &quot;micrograms&quot;</td>
</tr>
</tbody>
</table>

Updated 3/5/09
ACKNOWLEDGEMENT OF HIPAA SECURITY AWARENESS
And
AGREEMENT TO COMPLY
FOR HOWARD COUNTY GENERAL HOSPITAL
GENERAL WORKFORCE MEMBERS

I am a user of one or more Howard County General Hospital information technology devices or systems that may include Electronic Protected Health Information ("E-PHI"). I hereby certify that:

1. I have reviewed the “Johns Hopkins HIPAA Security Awareness” handout and the "Johns Hopkins Computer Security Tips" handout.
2. I recognize the importance of maintaining the confidentiality and integrity of the E-PHI that I work with for my job duties.
3. I agree to abide by Johns Hopkins policies and procedures as explained in the Johns Hopkins HIPAA Security Awareness handout.

Witness my signature as of the date set forth below.

Signature _______________________________ Printed Name _______________________________

Date __________________________ Telephone Extension __________________________

Department _______________________________

Copies to be placed in personnel record and maintained in department where employee works.
3/17/05
HIPAA Overview – Knowledge Assessment

Circle the letter of your answer:

1. HIPAA is:

A. A state law covering patient privacy  
B. A federal law and regulation covering how medical information can and cannot be used.  
C. A Hopkins policy that is used to tell patients what they must do.  
D. All of the above  
E. None of the above

2. As a Hopkins employee you must:

A. Remove patient or plan member medical information from plain view of the public.  
B. Report suspicious activities related to patient or plan member information to supervision or security.  
C. Verify identity of anyone requesting patient or plan member information.  
D. All of the above  
E. None of the above

3. As an employee, you may work on one of the Wilmer units. It’s ok to tell your brother that Stevie Wonder is coming for an examination next week.

A. True  
B. False

4. Why was HIPAA passed?

A. Medical information was used inappropriately.  
B. Congress was asked to do something about insuring patient privacy.  
C. All of the above  
D. None of the above

5. HIPAA does not give any rights to patients regarding their medical records.

A. True  
B. False
6. What are some examples of Health information?

A. Patient’s name
B. Doctor’s name or office where a patient was seen.
C. Billing information
D. All of the above
E. None of the above

7. Bayview and Howard County Hospital are Hopkins Institutions that are not covered under HIPAA.

A. True
B. False

8. As an employee of Hopkins, I may:

A. Tell a co-worker my PC password
B. Open confidential envelopes that come to my work area.
C. Share patient information with anyone who asks me
D. All of the above
E. None of the above

9. As long as my supervisor knows about HIPAA, I have no responsibilities to know anything about the Federal Privacy Regulations.

A. True
B. False

10. My friend was treated at Hopkins on a unit where a co-worker is assigned. It is OK for that co-worker to tell me what they know about my friend or make a copy of the doctors’ notes for me.

A. True
B. False

3/07
Age Specific Competency Post-Test

**Directions:** Answer each multiple choice questions by circling the correct answer. There is only one correct answer for each question.

1. In caring for adults over the age of 80, staff members should avoid which of the following?
   - A. giving them choices whenever possible
   - B. positioning yourself in front of the patient when talking to him/her
   - C. treating him/her as a child

2. One method of establishing trust with the adolescent (13-20 years) is by using good communication skills. Which of the following will hinder communication?
   - A. active listening
   - B. providing encouragement
   - C. giving advice.

3. Which key health care issue needs to be explained to the parent of the neonate (1-28 days) prior to discharge?
   - A. keeping the neonate warm and watching for jaundice
   - B. placing gates on open stairways
   - C. baby-proofing the house

4. One action that may help reduce stranger anxiety in infants and toddlers (1 month-3 years) is:
   - A. limiting exposure to large numbers of staff
   - B. limiting parent visitation
   - C. speak in a loud voice to the child

5. The young child (4-6 years) has a vast imagination, which action will help the child understand what is happening to him/her?
   - A. have him/her keep a journal of the hospital stay
   - B. allow them to talk on the phone with friends
   - C. allow them to practice procedures on a doll or stuffed animal
6. Which of the following are needs of the young adult (21-39)?

A. owning a home  
B. having children  
C. support, honesty and respect

7. One of the concerns of middle adulthood (40-65 years) is likely to be:

A. a sense of being invincible  
B. caring for their parents and their children  
C. social contacts

8. Which of the following is a goal in caring for the older adult (65-79 years)?

A. prevent them from talking about the past  
B. avoid involving them in care decisions  
C. prevent isolation

9. Which of the following might be warning signs of depression in the adolescent?

A. spending a lot of time talking on the phone  
B. asking many questions  
C. lying huddled in a ball in the bed

10. Which of the following health teaching technique would be effective when working with the older child (age 7-12 years)?

A. allowing the child to handle equipment  
B. provide them with reading material  
C. have the child attend a support group
Howard County General Hospital Orientation

Safety
Hazard Communication Standard: Right to Know, Material Safety Data Sheets
Fire Prevention: P.A.S.S.; R.A.C.E.
Emergency Preparedness

Security
Security Department
Identification Badges
Parking

Communication

I acknowledge that I completed a review of Safety, Security & Communications documents. I understand that I am responsible for the awareness of this information and will ask questions of my supervisor if I need additional information regarding items covered in this handout. I acknowledge that I will abide by and observe the policies and procedures contained here.

_____________________________________                       __________________________
Print Name                                                      Sign Name

_____________________________________
Job Title

Date
ANNUAL MANDATORY TRAINING TEST

INFECTION CONTROL

Directions: Answer True (T) or False (F) to each statement.

______ 1. Universal Precautions apply to blood, nonintact skin, mucous membranes, and all body fluids, secretions, and excretions except sweat.

______ 2. A person can look healthy and still carry and transmit HIV (the AIDS virus).

______ 3. Vaccinations are available for Hepatitis B and Hepatitis C.

______ 4. Staff do not need to use safety needles if the patient does not have a bloodborne infection.

______ 5. Gloves are not to be worn outside of the patient care area (hallways, elevators, etc.).

______ 6. You can fight the spread of nosocomial infections by proper hand hygiene.

______ 7. Exposures to blood or other potentially infectious body fluids should be evaluated within 3 days of the injury.

______ 8. Patients who must leave the TB isolation room are required to wear a surgical mask.

______ 9. Hand hygiene is not necessary if gloves are worn.

______ 10. Doors to the TB isolation room must remain closed at all times.

3/07
LETTER OF CERTIFICATION

Mandatory Training
OSHA's Bloodborne Pathogen Standard

This is to certify that the following employee completed an educational/training program on TB Control and on OSHA's Bloodborne Pathogen Standard including AIDS, Hepatitis B & Universal Precautions

Employee's Signature ____________________________

Name (Printed) ____________________________

Department ____________________________

Position ____________________________

NOTICE of this certification is to be maintained on file in the employee's personnel record for the duration of his (her) employment.

Instructor's Signature  Barbara O'Connor RN MS  

Title  Education Control Manager  

Date of Class ____________________________

☆☆☆☆
INFECTION CONTROL
POLICY REQUIREMENT

I have read and understand the following policies:
(Place date and initials next to each)

* OH-13 Healthcare Worker Exposure to Blood or Body Materials

**IC H-01 Hand Hygiene

IC S- 03 Standard Precautions

________________________________________________________________________

Employees Signature and Date

To find these policies, please go to www.hcgh.net/Intranet/Main under Policies.

Please contact Barbara O’Connor – Infection Control Manager at X7765 or pager during off-shifts (410)890-5594 for any questions or comments on this material. Thank you.

*OH- Occupational Health
**IC- Infection Control