

General Orientation

Contingent Workforce

in a **Clinical Facility**

Peaks Region Edition
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Introduction

Intermountain Health

- Headquartered in Utah with locations in six primary states and additional operations across the western U.S., Intermountain Health is a nonprofit system of 34 hospitals, 400 clinics, a medical group of more than 4,800 employed physicians and advanced care providers, a health plan division called Select Health with more than one million members, and other health services.
- With more than 68,000 caregivers on a mission to help people live the healthiest lives possible, Intermountain is committed to improving community health, and is widely recognized as a leader in transforming healthcare. We strive to be a model health system by taking full clinical and financial accountability for the health of more people, partnering to proactively keep people well, and coordinating and providing the best possible care.
- Many hospitals in our network continue the legacy of faith-based healthcare. Our Catholic health ministry and mission is entrusted to us to honor the sacred dignity of human life and the inherent worth of every person and are aligned with our common values. This mission of our Catholic entities is “We reveal and foster God’s healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.
- 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 Health employees, volunteers, students, and contingent workers are expected to exhibit behaviors consistent with the Mission, Vision, and Values of the organization.

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.

Our VALUES



Contingent Worker Requirements

Read the Contingent Workforce Orientation Booklet

This orientation booklet provides a list of responsibilities for contingent workers at Intermountain Health facilities. Contingent workers are subject to the general rules, policies, and regulations of Intermountain specified herein.

Contingent workers will be provided department-specific (also referred to as “environment of care”) orientation independent of this booklet.

Complete Contingent Worker Compliance Forms

Along with this booklet, workers should receive a contingent workforce forms packet (or clinical instructor forms packet if applicable). This packet must be completed before services are provided.

Identification Badge

Once the forms packet is completed, workers can obtain an ID name badge. The ID badge must be worn at all times when on-site at an Intermountain facility. At the end of the work assignment, the badge must be returned to the department supervisor or Security. With few exceptions, contingent workers are not provided with security access on their ID badges.

Campus Conditions

Tobacco Free

To promote public health and safety and reduce the health and safety risks associated with smoke and tobacco products, Intermountain Health maintains smoke and tobacco-free facilities. Tobacco products include cigarettes, cigars, pipes, smokeless tobacco (chew), marijuana, and any lighted or heated plant product intended for inhalation such as hookah, e-cigarettes, vapor cigarettes, or other electronic devices.

Parking

All workers must follow facility-specific parking guidelines. Check with your manager for facility specific instructions. These guidelines ensure parking is available for all who need access to Intermountain facilities. Obtain vehicle parking identification where required and park only in lots and marked parking spaces designated for employees. Parking in patient/visitor parking is prohibited and is subject to facility specific enforcement, which may include notices, citations, and towing.

Roles & Responsibilities

Intermountain Facility Role / Responsibility

The Intermountain facility will:

- Accept any contingent worker otherwise qualified without discrimination on the basis of any protected class under state or federal law.
- Orient contingent worker to Intermountain’s mission, philosophy, and general physical structure. Inform worker of facility rules, policies, and regulations with which they are expected to comply.

Contingent Workforce Role / Responsibility

Contingent worker will:

- 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.
- Wear an appropriate ID badge, which identifies the worker's employer.
- Refrain from soliciting employees, patients, or visitors for products, memberships, or any other reason, nor may they distribute literature for any purpose. (See Intermountain's *Solicitation and Distribution Policy* for additional information.)
- Adhere to general rules, policies, and regulations of Intermountain.

In addition, contingent workers, who are patient care providers, will:

- Adhere to all policies and protocols pertaining to clinical operations.
- Receive patient information and provide care as appropriate.
- Perform patient care functions within the assigned department and within clinical expertise and scope of practice. A clinician must have an appropriate, current license (or healthcare certification) for the state the care is performed.
- Respectfully support the patient's rights.
- 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.

Lost or Stolen Items

Intermountain is not responsible for personal items lost or stolen. Workers are encouraged to lock up all personal items necessary to have on site during their work assignment.

Professional Image

Intermountain employees and contingent workers create and present a professional image which helps our patients and visitors feel safe, confident, and comfortable during their hospital experience.

Personal Identification

An Intermountain contingent workforce name badge must always be worn in a visible location on the upper torso area. Only Intermountain Health provided badge reels, lanyards, pins or stickers are permitted in Immediate Patient Care Areas. They must not be offensive or interfere with the visibility of the photo, other identifying information on the badge, or with the operations of the technology in the badge.

Personal Appearance

Employees and contingent workers may dress in a manner that is not offensive yet reflects their own personal style while adhering to the guidelines outlined below. All employees, regardless of the department they work in, are to be dressed and maintain personal hygiene standards for a professional healthcare and business environment. Workers working in Surgical Services are to comply with additional standards outlined in the Surgical Attire Surgical Service Policy.

- Worker are expected to present an appearance appropriate to their job, considering their daily activity.
- Workers are expected to manage personal hygiene habits to ensure cleanliness and avoid body odors.
- Strong perfume, cologne, or lotions should not be used.
- Hair must be well maintained and appropriately restrained so it does not come in contact with others.

- Facial hair must be well maintained. In clinical areas, facial hair must not interfere with the ability to properly perform job functions or use required Personal Protective Equipment (PPE).
- Natural nails must be clean, short, and should not extend past the fingertip. Do not wear artificial fingernails, extensions, or nail jewelry. Nail polish should be well maintained and without visible chips or cracks.
- Visible tattoos that are offensive are strictly prohibited in the workplace and must be covered using a suitable method.

Jewelry

- Jewelry, gauges, and earrings must not impair the ability to perform job functions, interfere with work, or pose a safety hazard to others.
- Jewelry and body piercing must not be Offensive.

Attire

- Workers must dress appropriately for their role, taking into consideration their interactions with patients, members, clients, and visitors.
- If standard department attire is required (e.g., scrubs, lab coats, uniforms, etc.), workers are expected to meet set standards.
- In immediate patient care areas, workers are prohibited from wearing attire that includes words and/or sayings, graphics, slogans, or advertising, except for attire issued by Intermountain Health.
- Casual dress, when permitted, must not be offensive or conflict with the ability to perform the job.
- Attire should meet set safety standards, including appropriate footwear to avoid slips, trips and falls.

Patient Rights & Responsibilities

Intermountain Health 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.

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

Patient Respect and Dignity

Intermountain is committed to treating patients, members and caregivers in a dignified and respectful manner and this includes respecting their cultural and personal values, beliefs, and preferences.

Cultural Competency

Consider these questions and practices in the context of your interactions with others.

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

Acquire basic knowledge of the cultural values, beliefs and practices of customers or patients served:

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

Be sensitive to personal health beliefs and practices

- 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. When there's a cultural difference, it's especially important to check and make sure you communicate clearly.
 - 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

Workers should call Security when they:

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

Emergency Code Response

When an emergency occurs, it is critical that all providers, caregiver, patients, and visitors are informed and can take appropriate action to ensure their own safety and the safety of others.

Colorado and Montana facilities use “plain language” in all care sites (instead of color-coded language) when communicating an emergency. Plain language emergency codes use a phrase to identify the type of emergency, the alert itself and the location of the emergency and/or actions to take. The format will use the following format “Alert Type” – “Event Type” – “Additional Information.” For example “Facility Alert: Fire Alarm, Room 1100.”

There are five types of emergency notification:

- **Facility Alert** — notifies caregivers, patients and visitors of an event that may affect all or part of the facility.
- **Medical Alert** — notifies various response teams of a medical emergency that requires specialized support.
- **Security Alert** — notifies caregivers, patients and visitors of a security situation that is occurring within the facility or campus.
- **Technology Alert** — notifies caregivers of a technology application that is not fully operational.
- **Weather Alert** — notifies caregivers, patients, and visitors of a significant weather event that requires monitoring or sheltering.

Approved Plain Language Emergency Event Types are summarized in the table below

Alert Type	Event Type	Detailed Meaning
Facility Alert	Fire	Confirmed fire
Facility Alert	Fire Alarm	Fire alarm or reported fire
Facility Alert	Hazardous Materials Spill	Hazardous Materials spill Additional detail: - Internal - External (Community)
Facility Alert	Incident Command Center Activation	Incident Management Team (IMT) activation
Facility Alert	Incident Command Center Briefing	Site briefing by the IMT
Medical Alert	Cardiac Alert	Myocardial infarction / Cath Lab Activation
Medical Alert	Hemorrhage	Emergency bleeding event
Medical Alert	OB Emergency	Emergency OB event
Medical Alert	OB Hemorrhage	Post-Partum Hemorrhage
Medical Alert	Rapid Response Team	Emergency patient care event Additional Detail: - Adult

		- Pediatric - Neonatal
Medical Alert	Resuscitation	Cardiac/Respiratory Arrest Additional Detail: - Adult - Pediatric - Neonatal
Medical Alert	Stroke Alert	Stroke Additional Detail: - Brain Bleed Confirmed - LVO/Neuro IA
Medical Alert	Sepsis Alert	For patients who meet criteria for sepsis per the Electronic Health Record
Medical Alert	Trauma Team Activation	Trauma patient meeting activation criteria Additional Detail: - Full - Limited
Security Alert	Active Threat	Any situation that poses an immediate threat to persons or property
Security Alert	BEST Alert	Behavior Health Intervention
Security Alert	Code Pink	For incidents involving missing or abducted children, ages 17 years and younger, including infants, children, and all pediatric populations
Security Alert	Missing Person	For incidents involving missing or at-risk individuals age 18 years and older
Security Alert	Search Plan	(Bomb threat) When a threat of a device (bomb) is received, based on the information, initiate the search for the device, and response plan. Isolate and evacuate as needed
Security Alert	Secure Campus	When restricted access measures are implemented due to a potential external threat
Security Alert	Security Assist	Any situation requiring an immediate Security response
Security Alert	Suspicious Package	Any package causing concern as to its content because of its appearance or labeling. Avoid the area
Technology Alert	N/A	An event impacting technology applications or systems
Weather Alert	Severe Thunderstorm Warning	Confirmed Severe Thunderstorm Warning for the site
Weather Alert	Tornado Warning	Confirmed Tornado Warning for the site
Weather Alert	{event} Watch or Warning	Other weather events may be communicated as necessary. However, generally they should be at the watch or warning level.

Fire Prevention and Response

Workers 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 Intermountain's smoking policy.
- Find out when and who should turn off medical gas valves.
- Learn your 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 to allow fire-fighting efforts to occur. 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.

Fire Alerts

The alert used to describe a confirmed fire is “Facility Alert – Fire.” “Facility Alert – Fire Alarm” is the term used for a possible fire. The location of the fire will be announced with the overhead paging alert.

RACE

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 immediate 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

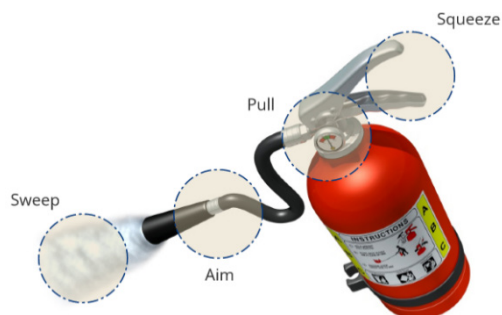
Take time before an emergency to locate the fire extinguishers in the area. If a fire is small and manageable, use the nearest fire extinguisher. Follow the steps in *PASS* to help you properly extinguish a fire.

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! Departments within the facility may also have specific evacuation routes and plans. Workers will be provided with department-specific information.

Active Threat

An active threat 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 threat is within the facility, employees must make rapid decisions and take immediate steps to reduce or eliminate further injuries or death. Give the following information when reporting an active threat. (Note: do not delay an escape. Report as soon as possible after establishing a safe or secure location.)

- Type of incident
- Number of potential or active shooters, if known
- Number of people involved, etc.
- Last known location of the shooter
- Name of caller

Hospital operators will announce overhead “Security Alert - *Active Threat*” and give the locations. Employees will implement the Run-Hide-Fight Plan. All workers should participate and assist as 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 wheelchairs, encourage them, along with guests and co-workers, to accompany you. Do not stay behind if they refuse to come.
- **Hide - lock or barricade!** If possible, 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 and other audible devices. 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 the very last option and 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.
- **Shelter In Place – seek safety where you are!** Do not attempt to evacuate, as you may move into the active threat area. Follow the “Hide” principles. Shelter in place if located on a higher floor than the threat, or if an active threat situation is just outside your facility.

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.

Employee 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. Workers 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

Intermountain Health uses Standard Precautions as well as Transmission Based Precautions. Standard Precautions are a group of infection control prevention practices that apply to all patients, regardless of suspected or confirmed diagnosis or presumed infection status. Standard Precautions is based on the principle that all blood, body fluids, secretions, excretions, non-intact skin, and mucous membranes may contain transmissible infectious agents. The aim is to minimize the 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.
- **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 biohazardous.
- **Blood Spills:** Clean up with disposable materials (i.e., paper towels or spill kit), clean and disinfect the area. Notify Housekeeping for thorough cleaning.

Transmission Based Precautions are a set of isolation prevention measures used in addition to Standard Precautions for patients known or suspected to be infected or colonized with infectious agents to effectively prevent transmission. Transmission Based Precautions include Droplet, Contact, and Airborne Precautions.

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, epiglottitis), 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 Precautions

Contact isolation is used when patients have a disease process that is spread by contact with wounds or body fluids. These include: Diarrhea (*Rotavirus*, *Clostridioides 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.
- Gown and Gloves: All hospital personnel wear gloves when entering 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 *Clostridioides 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
- COVID-19**
- **COVID-19 patients require use of an N-95 respirator mask, which requires a fit test, or a Powered Air Purifying Respirator (PAPR) when entering the room. A negative pressure room is not required.

Airborne Precautions include:

- Place the patient in a private negative pressure room. Keep door closed except to enter / exit.
- Wear an N-95 respirator mask, which requires a fit test, or a Powered Air Purifying Respirator (PAPR) when entering the room. Contingent workers 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 your hands upon entering the patient's room, removing gloves, and when leaving the patient's room.

Other Infection Prevention and Control Concerns include

Artificial Nails Policy

- Workers in patient care areas, including those who handle food, medications, or laboratory specimens cannot wear artificial nails, wraps and nail jewelry. Regular nail polish is permitted but must be chip free.

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. Workers 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.
- Controlled substance containers are located next to the medication dispensing machine and are used to dispose of controlled substance pharmaceuticals such as narcotic medication.

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 workers would 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'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 of 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 to prevent frequent twisting of your back.

Injury / Illness Reporting

All on-the-job injuries or illnesses must be reported immediately to the department manager and your employer. If a life-threatening or serious injury occurs, report to the facility Emergency Department ("ED") for initial treatment. The ED will assess injuries and determine the risk level, treatment options, and medical services required. You and/or your employer will be responsible for follow-up care and to pay for services provided.

Hazardous Materials

Contingent workers are expected to fully comply with all OSHA standards.

Hazardous Materials

Workers should know the hazardous materials within their work area. Report the spill of any of these materials.

"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.

Corporate Compliance

Compliance with Applicable Laws

Intermountain Health is committed to comply with federal, state, and local laws, rules, and regulations. These laws protect the patient, our organization, and our employees. All workforce 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 to maintain high standards in the performance of their responsibilities. Workers 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
- 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

Each of us is responsible for reporting concerns and suspected misconduct that could violate federal or state laws, Intermountain's Code of Conduct, or Intermountain policy. Workers should report any and all suspected compliance violations. Workers who report concerns will be protected from retaliation and intimidation. There are multiple options for reporting suspected violations, asking questions, or discussing concerns. These are:

- Contact your department supervisor, manager, or director
- Contact your local compliance officer
- Call the Compliance team at 800-442-4845
- E-mail the Compliance team at ContactCompliance@imail.org
- Report Online at ComplianceResources.com/hotline

Privacy & Security of Health Information

HIPAA (the Health Insurance Portability and Accountability Act) is an important federal law that protects the privacy and security of patient and member health information. Everyone who performs work or services for a Covered Entity including caregivers, volunteers, and Business Associates must follow HIPAA rules on how we use, share, and protect health information.

HIPAA Privacy Rule

The HIPAA Privacy Rule defines what health information must be protected and outlines the rights patients and members have regarding their Protected Health Information (PHI). PHI is any identifiable health data used or shared by healthcare entities. HIPAA requires us to protect 18 identifiers which include:

- | | |
|---------------------------|---|
| • Name | • License number |
| • Address | • Vehicle identifiers, including license plate numbers |
| • Dates | • Device identifiers and serial numbers |
| • Telephone numbers | • Web Universal Resource Locators (URLs) |
| • Fax numbers | • Internet Protocol (IP) address numbers |
| • Email address | • Biometric identifier, including finger and voice prints |
| • Social Security numbers | • Photo/Videos |
| • Medical record numbers | • Any other unique identifying characteristic including clothing or tattoo or other physical feature. |
| • Health Plan number | |
| • Account numbers | |

PHI can be found almost everywhere you may work – it can appear in everyday situations. For example, PHI may be found in conversations with patients, families, visitors, or co-workers; printed documents; patient or member records; screens, printers, or fax machines; photos or videos.

Minimum Necessary Rule

Always use only the minimum amount of PHI needed to complete your task.

- Access records only when required for your job.
- Don't leave PHI unattended.
- Share PHI only with those involved in care
- Be mindful of who may overhear conversations
- DO NOT SNOOP! Peeking in medical records out of curiosity is a violation of Intermountain policy. Snooping includes searching for records of family, friends, coworkers, political or church leaders, events in the news, etc. If you are not directly involved in the care, and those you are sharing with are not either, don't do it!

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, 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 access systems you are not authorized to access. Access only information needed to do your job.
- Before discarding any client or patient-identifiable information, make sure it is properly shredded, discard in a locked bin designated for destruction of Protected Health Information, or locked in a secure bin to be destroyed later. Do not leave information intact in a trashcan or discard any Protected Health Information in a recycle bin.
- Verify recipient is correct before sending email, fax, or when approved – text
- Workers, including contingent clinical staff and medical residents, may convey medical information, which includes transmission of Protected Health Information, in a secured email if relevant to one's job and patient treatment. Include "PHI" in the subject line of the email. This will enable encryption of the Protected Health Information for proper HIPAA compliance transmission.

Intermountain Social Media and Visual Image/Audio Recording Policy Provisions

Social Media is digital media based on social interactions, in which messages are primarily disseminated and received among users on a peer-to-peer basis. Examples include, but are not limited to, personal blogs and other websites and applications such as Facebook, LinkedIn, Twitter, YouTube, Reddit, Metaverse, Instagram, etc.

Visual Image and Audio/Video Recordings are defined as photographs, videos, video streaming, and digital or similar types of image and sound recordings.

- Do not use cell phones or other electronic devices to take or send photographic images and audio/video recordings of work areas, patients and/or medical information. Identifiable images/recordings are considered PHI and may only be disclosed according to HIPAA and/or Intermountain policies and procedures.
- 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.

- Do not publish or post medical information, photo images or audio/video recordings of employees, patients, visitors, members or facilities on websites, blogs, chat rooms, networking or social media sites unless the posting is approved through Intermountain Public Relations/Communications and is done in compliance with the HIPAA Privacy Rule and State Law. This includes de-identified and “virtually” identifiable information. Workforce members are personally responsible for their posts on social media platforms.
- Always assume that anything posted on social media can be viewed by a fellow student, colleague, supervisor, partner, supplier, competitor, board member, patient, or potential patient. Workforce members are personally responsible for their posts on social media platforms.
- If you identify your affiliation with Intermountain Health, make it clear that you are speaking for yourself and not on behalf of Intermountain Health. Your social media activities should be consistent with Intermountain Health standards of professional conduct.

HIPAA Security Rule

The HIPAA Security Rule focuses on electronic PHI and the safeguard required to protect it during storage and transmission. Here are some things you should do to protect electronic PHI:

- Use a strong, unique password to protect systems and sensitive data. Do not share your Intermountain computer systems access or password with anyone.
- Watch for fraudulent attempts to obtain patient or worker personal information. Suspicious e-mails and texts often appeal to emotions through promises, strict deadlines, rewards, or problems with your account. Do not click suspicious links and report suspicious activity by using the report suspicious button atop emails or contacting cybersecurity@imail.org.
- Ransomware is created to disrupt care and work activities. It may be found on USB drives, websites, email links etc. Promptly report any suspicious activity to cybersecurity@imail.org.
- Include “PHI” in the subject line of emails that contain Protected Health Information
- Secure mobile devices that access Intermountain data by using a password or PIN, keeping your operating system updated, avoid clicking suspicious links, limit use of public Wi-Fi
- Print only when necessary. Keep PHI digital whenever possible.

Additional steps to protect a patient's privacy

- Don't allow someone else to use your login
- Lock your computer screen when you walk away
- Stay alert for phishing attempts. Do not click on suspicious links or attachments
- Don't approve unexpected authentication prompts
- Report suspicious activity to cybersecurity@imail.org

Patient Rights

HIPAA grants patient and members certain rights related to their health information. These rights include:

Notice of Privacy Practices

The *HIPAA Privacy Rule* gives patients the right to be informed of the privacy practices of Intermountain Health, as well as to be informed of their privacy rights with respect to their personal health information. The Notice of Privacy Practice (NPP) brochure needs to be offered to each patient on their first visit. The NPP brochure informs patients how their PHI will be used and disclosed; Includes information on how to file complaints; Is posted in all locations available in a printed brochure, and found on all Intermountain websites.

Accounting of Disclosures

Individuals have a right to request and receive an accounting of certain disclosures of their PHI made in the last six years prior to the date of the request. Because of this requirement, we must document certain disclosures we make as a Covered Entity, and those to or by our Business Associates.

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.

Right to Request Access or Amendment

Intermountain provides patients access to their medical information through patient portals. Printed copies can be requested through the medical records department at the care site. When a patient or member wants to amend their medical record, they should follow the amendment process outlined in the Notice of Privacy Practices (NPP).

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 team (800-442-4845).

Quality Assessment Performance Improvement

Intermountain Health 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 delights the customer.
- Develop and share Intermountain Health 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
- Monitoring & correcting quality control issues
- Response to fire drills
- Storing things safely /
- Using equipment safely
- Refrigerator temperatures
- Crash cart checks
- Protecting medication

Act

Intermountain Health 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 worker's time is spent in day-to-day tasks. The remaining 10-20% of the worker's time should be spent improving the 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 are responsible to look for ways to improve daily work processes, customer satisfaction, and quality outcomes.

Always Safe

At Intermountain Health, 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 Always Safe and 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.

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 Health, like other high reliability organizations, is working hard to reduce errors in order to become even more reliable.

To gauge our success, Intermountain Health 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 to avoid any event that can cause harm.

Serious Safety Events

Serious Safety Events occur when an individual or team in a high-risk situation or environment practices 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 Health 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.

Intermountain's 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

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, including the following 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, four specific phrases are used. They support effective communication, awareness, and further promote a psychologically safe environment. These phrases are helpful in any situation, especially high-risk work environments. You will see Intermountain employees use these phrases in day-to-day interactions. A brief summary of each Common Language of Safety is included below.

"I have a clarifying question."

We ask respectful, problem-focused questions.

- Our questions aim to understand the issues, not to find fault
- Asking one or two questions provides reassurance

"I have a concern."

We speak up with safety concerns and follow the chain of command when needed.

- **Ask** a question, **Request** a change, voice a **Concern**, follow **Chain** of command.
- Listen up when questions and concerns are raised.

“I Stop, Reflect, and Resolve.”

We stop, reflect, and resolve – then proceed when we understand the correct course of action.

- Take time to pause and be fully present.
- Questioning Attitude, Critical Thinking and situational awareness.
- Complete double checks where appropriate.

“I Repeat Back, Read Back and Teach Back.”

We ensure clear and complete communication.

- Confirm repeat backs by saying, “That’s correct”
- Use the phonetic alphabet as needed
- Write it down, don’t rely on your memory for crucial information

National Patient Safety Goals

Intermountain Health 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 make sure that each patient gets the correct medicine and treatment.

Improve Staff Communication

- Get important test results to the right staff person on time.

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.
- 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. Give the patient written information about the medicines they need to take. 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.

Prevent Infection

- Use hand cleaning guidelines established by the *Centers for Disease Control and Prevention* or the *World Health Organization*. Set goals for improving hand cleaning.

Identify Patient Safety Risks

- Reduce the risk for suicide..

Improve Health Care Equity

- Improving health care equity is a quality and patient safety priority. For example, health care disparities in the patient population are identified and a written plan describes ways to improve health care equity.

Prevent Mistakes in Surgery

- Make sure that 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.

Harassment-Free

Treating individuals with mutual respect is one of Intermountain Health's core values. A key component of this value is ensuring all workers 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

Call or email AskHR. Phone number is: 801-442-7547; email is: askhr@imail.org

AskHR will forward all issues to Employee Relations. 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.

Drug and Alcohol Awareness

Workers have a shared responsibility to create a safe and productive workplace. It's important to identify and address alcohol, drug or other substance misuse that may impair a worker's ability to perform properly.

When taking any prescription/legal drug:

- Consult with your provider to review relevant dosing instructions to determine whether the use of a medication could lead to impairment.
- Notify your supervisor, if advised or based on drug profile, when a prescription is likely to impair job performance (e.g. drowsiness or diminished ability to focus).

Signs of Possible Impairment

- Odor of alcohol
- Sleepy or hyperactive while working
- Glassy or pinpoint eyes
- Incoherent speech, blackouts, confusion, altered sense of time, or memory loss while at work
- Over focus on themselves, withdrawal from team, neglecting patient needs
- Excessive errors or near misses
- Causing an injury or accident

Sources of Abused Substances

- Prescriptions
- Excessive over-the-counter medications
- Drugs – active use of drugs or alcohols before or during work

- Rx diversion – using prescriptions intended for others
- Drug diversion – diverting drugs from patients or medication dispensing cabinets

Reasonable Suspicion

What is reasonable suspicion?

Reasonable suspicion is based on documented objective findings or inconsistent practices.

Reasonable Suspicion to Drug Test

You must have a legitimate reason, direct observation, or report by others to have reasonable suspicion to drug test.

- No Guessing - Reasonable suspicion cannot involve guessing.
- No Speculation - Reasonable suspicion cannot involve speculation.
- No Discrimination - Reasonable suspicion cannot involve discrimination.

Recognizing Behaviors of Drug Diversion

- Consistently uses more drugs for cases than colleagues.
- Frequent volunteering to administer narcotics, relieve colleagues of casework, especially on cases where opioids are administered.
- Heavy wastage of drugs; Does not follow proper wasting procedure and/or delays wasting procedure.
- Consistently arrives early, stays late, or frequently volunteers for overtime.
- Frequent breaks or trips to bathroom
- Drugs and syringes in pockets

Recognizing Signs of Drug Diversion

- Anesthesia record does not reconcile with the drug dispensed and administered to a patient.
- Patient has unusually significant or uncontrolled pain after anesthesia or after pain medication is given.
- Higher pain score as compared to other patient care providers.
- Inappropriate drug choices and doses for patients
- Missing medications or prescription pads
- Drugs, syringes, needles improperly stored.
- Signs of medication tampering, including broken vials returned to the pharmacy.

Do Not Enable Impaired Caregivers

- Do not cover up for caregivers.
- Do not rationalize or excuse behavior (e.g. associate going through a tough time).
- Do not avoid or “look the other way”.
- Do not be misled by sympathy.
- Do not act as a counselor or provider.
- Do not discuss weekend or party drug and alcohol use.
- Refer and guide caregivers to accessible resources.
- Remind caregivers of the Drug & Alcohol policy and resources for seeking help.
- Contact the supervisor, HR, Security, or the House Supervisor during off-shifts.

Your Obligation to Report

What should you do if you suspect a co-worker is working while impaired by drugs or alcohol?

The **best** option for our patients is to report your suspicion to a supervisor and Human Resources immediately **or**

Report your suspicion to the House Supervisor /Human Resources immediately **or** Call the Compliance team at 800-442-4845.

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 quality assessment performance improvement (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.
- 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. 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 The 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 any patient
- Unanticipated death of a full-term infant

- Homicide of any patient receiving care, staff member, visitor, or vendor while providing care or supervision to patients
- Any intrapartum maternal death
- Severe maternal morbidity
- Sexual abuse/assault of any patient receiving care
- Sexual abuse/assault of a staff member, visitor, or vendor while on site at the
- Physical assault (leading to death, permanent harm, or severe harm) of any patient or staff member while on site at the organization or while providing care or supervision to patients
- Surgery or other invasive procedure performed at the wrong site, on the wrong patient, or that is the wrong (unintended) procedure
- Discharge of an infant to the wrong family
- Abduction of any patient receiving care, treatment, and services
- Any elopement (that is, unauthorized departure) of a patient from a staffed around the-clock care setting (including the ED), leading to death, permanent harm, or severe harm to the patient
- Administration of blood or blood products having unintended hemolytic transfusion reactions, or transfusions resulting in death, permanent harm, or severe harm
- Unintended retention of a foreign object in a patient after an invasive procedure,
- Severe neonatal hyperbilirubinemia
- Fluoroscopy resulting in permanent tissue injury
- Any delivery of radiotherapy to the wrong patient, wrong body region, unintended procedure, or >25% above the planned radiotherapy dose
- Fire, flame, or unanticipated smoke, heat, or flashes occurring during patient care
- Fall with serious injury

Reporting Workplace Violence

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.).

Workers 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 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 nursing 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 confrontation 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 via the electronic event reporting system or call the Compliance team at 800-442-4845.

EMTALA

The Emergency Medical Treatment and Labor Act (EMTALA) is a federal law that requires hospitals to provide a medical screening exam to all individuals who request emergency care, regardless of their ability to pay.

- Provide assistance to all individuals (adults and children) requesting emergency care by helping them to the Emergency Department. This includes areas inside the hospital or outside on campus and parking areas.
 - 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* if appropriate.
 - Never direct a person seeking emergency care to go to another hospital or clinic for any reason.
 - If you are asked whether emergency care is needed for an individual, encourage the individual to go to the emergency department for a medical screening exam by a provider.
 - Do not force individuals 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. Notify a provider to have that conversation with the individual.
 - It is **vital** to document the individual's refusal of treatment on the Treatment Refusal LWBS/LAMA form.

Special Topics: For Workers Near Radiation Sources

Radiation Safety

Although radiation has very important medical uses to diagnose and treat diseases, it can cause damage to other healthy tissues. It is very important to take safety precautions. The ALARA Program, which stands for “**As Low As Reasonably Achievable**,” aims to reduce the amount of radiation exposure to patients, caregivers, and the public. For example, caregivers who work with radiation on a regular basis are given radiation monitors to check the amount of radiation they are getting.

Radiation Risks

American Association of Physicists in Medicine statement:

“At the present time, there is not convincing epidemiological evidence of increased cancer incidence or mortality from low radiation doses (<100 mSv). Because medical imaging exposures are typically much lower than 100 mSv, when such exposures are medically appropriate, the anticipated benefits to the patient are highly likely to outweigh any small potential risks.”

There are specific radiation risks for fetal exposure

- Fetal exposure to radiation can cause development problems in an unborn baby.

- For exposure at work and most diagnostic imaging exams, the risk is extremely low to the fetus.
- Policies are in place to monitor and reduce how much radiation pregnant patients and caregiver working with radiation may get.

Sources of Radiation

Radiation X-ray machines are typically used in the following areas: Medical Imaging, GI Lab, Bronch Lab, CT, OR, Interventional Radiology, Mammography, Cardiac Cath Lab, Emergency Department, and Radiation Oncology

Radioactive Material is used in the following areas: Nuclear Medicine, Posted inpatient rooms, Radiation Oncology OR Interventional Radiology, PET Imaging

Radiation Safety Precautions

X-Ray Safety

- Lead in the walls and doors of the rooms with x-ray machines reduce radiation outside the room to negligible levels.
- Radiation is only being given off when the x-ray machine is turned on.
- Lead aprons protect any caregivers near portable x-ray machines.
- Radiation oncology treatment rooms have locks to prevent accidentally entry to the room when radiation is in use.

Radioactive Material – Nuclear Medicine

- Radioactive Material in the hospital is mainly used in Nuclear Medicine and PET Imaging.
- Patients are given radioactive drugs that concentrate in different areas of the body.

Storage of Radioactive Waste

- Radioactive material and waste are labeled and stored in a well-marked area call the Hot Lab or the Decay Room.
- Radioactive waste is stored until it is safe to place it in the normal waste stream.
- These rooms are locked. Associates may only enter the Hot Lab or Decay Room with a trained associate.
- They are posted with a “Caution, Radiation Area” sign and emergency contact information. **Only trained staff may enter the Hot Lab. Other associates can only enter the area with trained staff.**

Inpatient Radiation Safety

Occasionally patients are isolated with radiation precautions. Their room doors are posted with a “Caution, Radiation Area” sign as well as a “NO HOUSEKEEPING” sign. Follow all posted signs.

Report Radiation Safety Concerns

It is important that you report any radiation safety problems or concerns to your manager, the Radiation Safety Officer (RSO), Radiation Safety Committee representative, or the Medical Imaging Director for your facility