

Northwest Clinical Registry Patient Companion Program Information Packet

Instructions:

1. Read all material included in the packet
2. Complete the Competency Evaluation
3. Sign the Patient Companion Program statement sheet
4. Return the Competency Evaluation and the Signature Page to Northwest Clinical Registry.

Thank you and good luck in your new position.

Codes

| CODE | DESCRIPTION | INITIAL RESPONSE | SECONDARY RESPONSE | FOLLOW-UP |
|--------------------|---|--|--|--|
| Code Red | Fire, smoke or the odor of something burning | <p>R.A.C.E. Rescue those in immediate danger if safe to do so. Activate the Fire Alarm (pull fire alarm pull station) Dial 88 State room number and Code Red clearly three times Contain the fire by closing all doors. Extinguish the fire if safe to do so. Evacuate.</p> <p>Do not use elevators. Do not use phones.</p> | <p>Use an extinguisher to put the fire out as follows: P.A.S.S. Pull the Pin on the extinguisher. Aim the hose at the base of the fire. Squeeze the handle. Sweep from side to side.</p> | <p>Evacuate if necessary. Stay together / Stay calm. Follow your evacuation route – Primary – horizontal (same floor). Secondary – vertical (down the steps, out of the building). Follow direction of hospital staff.</p> |
| CODE PINK | Attempted or actual infant / child abduction. | Stay with patient unless asked to assist. Exterior exits to the building will be secured. Look for person (s) carrying item that could conceal an infant / child. Notify Security staff immediately. | Facility will be searched – monitor all interior stairwells, closets, bathrooms, and rooms as well as exterior exits. | Follow direction of hospital staff. |
| Code 5 | aggressive / violent patient, visitor, intruder | All available employees respond as well as Security and "Code 5" trained staff | Control access to area. Diffuse situation | Follow direction of hospital staff. |
| Bomb Threat | Possible Bomb Threat. | Stay with patient unless asked to assist. May be asked to help in search all department areas. Look for suspicious or out-of-place package, box or container. DO NOT TOUCH IF FOUND! | If suspicious item is located notify staff member immediately. | Follow direction of hospital staff. |
| Code Trauma | Full or modified trauma emergency in ED | Stay with patient. | Follow directions of the head of the department. | Maintain normal work duties and follow direction of hospital staff. |
| Code 99 | Non responsive victim | Dial 88 announce department and Code 99. Repeat 3 times clearly. (Albany 8811) | Start CPR. Continue CPR until relieved by staff. | Follow direction of hospital staff. |

**To report an emergency– Dial 88 to access the overhead paging system
Samaritan Albany General Hospital Dial 8811**

CODE 99 or Pediatric CODE 99 – cardiac/respiratory arrest

All Clear will be announced over the PA system at the end of all emergencies.

INFECTION CONTROL GUIDELINES

Infection Control is essential in the health care setting to prevent the spread of infection.

Standard Precautions

Consider every patient to be infectious at all times. All blood and body fluids are handled using standard precautions. Assume that all body fluid secretions are potentially infected with blood-borne pathogens.

Handwashing

Handwashing is the number one means of preventing transmission of microorganisms. Hand washing is the most effective means to avoid cross contamination and to facilitate a sanitary environment. Hand washing should be a regular part of your daily routine and should be performed at the beginning of your work day, before putting on gloves, after taking off gloves, after handling soiled equipment, after touching patients, or handling patient care materials, after using the bathroom, before leaving the hospital at the end of the day, and any other time indicated by procedures you perform.

Hand Hygiene General Guidelines

- The use of gloves does not eliminate the need for handwashing.
- Rings should be kept to a minimum.
- Artificial nails, overlays, extenders and/or nail jewelry are prohibited for staff having direct or potentially direct patient care responsibilities.
- Natural nails should be clean and less than one quarter of an inch long.

Hand-Hygiene Techniques

Washing with Soap and Water – always do this when hands are visibly soiled.

- Wet hands with warm water (avoid HOT water)
- Apply soap.
- Rub hands together for at least 15 seconds
- Rub all surfaces of hands, fingers and wrists
- Rinse hands with water and dry thoroughly with disposable towel
- Turn faucets off with clean towel
- Dispose of used towels immediately

Decontaminating with Alcohol-Based Hand Rub

- Apply waterless alcohol product to palm of one hand.
- Cover all surfaces of hands and fingers, including areas around/under fingernails
- Rub vigorously until hands are dry

Cleaning and Decontamination

Blood spills on hard surfaces are to be cleaned by a staff member. Notify housekeeping so that the spill can be cleaned. If the spill on carpeting, is excessive, or covers a large area the area should be cordoned off.

Contaminated work areas must be decontaminated immediately, or as soon as feasible, after completion of procedures; when surfaces are visibly contaminated; or after any

spill of blood or other potentially infection materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning. Sani-cloths are available for cleaning. Wear gloves when using these wipes.

Gloves:

Located by the sinks in all patient rooms. (All are Latex free)

Gloves should be worn when it can be reasonably anticipated that the individual may have hand contact with blood or potentially infectious materials, mucous membranes, non-intact skin and/or when handling or touching contaminated items or surfaces

.Gloves should be replaced as soon as practical when contaminated or as soon as possible when torn, punctured, or when their ability to serve as a barrier is compromised. Do not leave work area with gloves on. Do not travel in hallway or out of department with gloves on.

Disposable single use gloves may not be washed or decontaminated for reuse.

Handling and discarding contaminated sharps:

Contaminated sharps and needles will be discarded in approved, puncture resistant, closable, leak proof containers. Placement will be easily accessible to personnel and located as close as possible to area of use. Needles are not to be bend, broken or manipulated in any way by hand. If you find a needle or other sharp instrument notify staff and let them dispose of it.

Laundry:

All contaminated laundry is handled using standard precautions, therefore, no additional labeling is necessary.

Contaminated linen must be handled as little as possible with a minimum of agitation. Used linen should be bagged at the location of use.

If used linen is wet and presents a reasonable likelihood of soak through or leakage in the container, it should be placed in additional bag which will prevent leakage.

Extra linen in a person's room is considered contaminated. Hold linens away from your clothing. Never put dirty linens on the floor.

Post Exposure Evaluation and follow-up:

Individuals sustaining exposure to blood or body fluids must report the exposure to their manager immediately and complete an incident report.

A confidential medical follow-up will be provided through the Employee Health department.

Investigation of the exposure and circumstances of the exposure will be done as well as a search for the identity of the source patient will be conducted.



Stop Sign on door:

Means that you must check with the nurse before entering the room.

Needle Sticks

KNOWN HIV (AIDS) -POSITIVE SOURCE

1. Wash affected area with soap and water. DO NOT SQUEEZE OR TRY TO ENCOURAGE BLEEDING.
2. Report incident to Department Manager, Assistant Department Manager or Supervisor. This person will call ER to announce your arrival. In addition, they should contact Employee Health.
3. GO DIRECTLY TO THE Emergency Department for evaluation and treatment. Complete an Unusual Occurrence report.

ALL OTHER NEEDLE STICKS

1. Wash affected area with soap and water. DO NOT SQUEEZE OR TRY TO ENCOURAGE BLEEDING. Complete an unusual occurrence report.
2. Report incident to Department Manager, Assistant Department Manager or Supervisor.
3. Call Employee Health to report the incident and for an evaluation of the needle stick.

Confidentiality

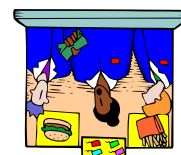
This means that patients have a right to control who will see their protected, identifiable health information. That communications with or about patients involving patient health information will be private and limited to those who need the information in order to provide treatment or payment.

Each day we have information about patients, the hospital, and perhaps, employees. This information is only to be shared on a **need-to-know-basis**.

Elevators, corridors, cafeterias and hallways are not the best place to talk about confidential subjects. Consider finding a **quiet, out-of-the-way area** to talk about these subjects. Always ask yourself if you can be overheard.

Also consider where you are and what you say when answering a phone. Are others close enough to overhear confidential information? Is the caller asking questions that are confidential?

We must think about:



The information we share

- Where we are discussing it, and;
- If the person we are giving it to has the right to have it.

Remember "KIC"

Keep It Confidential

Patient Companion Program

Name (Please Print)_____

I have read and understand the information for Patient Companions including:

1. Standard Precautions
2. Emergency Procedures
3. Confidentiality

Signature of Individual

Date

Initiated: 6/05

Revised: 2/06

Patient Companion Program

Competency Evaluation

NAME _____
PRINT YOUR NAME

DATE

1. What would you do if you found a fire when entering your patient's room?
2. List two different times you would wash your hands.
_____ and _____
3. What are the code words for fire and a cardiac arrest in the hospital?
Fire _____ Cardiac Arrest _____
4. What is the phone number you use to report an emergency at GSRMC? _____
5. Patient health information is only to be shared on a **need-to-know-basis**.
True ____
False ____
6. When dealing with an elderly person, speak distinctly and do not raise your voice unless the patient is hard of hearing.
True ____
False ____
7. Address the middle adult age patient by their last name, i.e. Mrs. Smith, unless they give you permission to use their first name.
True ____
False ____
8. The Patient Companion can provide total patient care while at the bedside.
True ____
False ____

